Volume 13, Issue 1
Winter and Spring, 2025
pp. 195-208

*Journal of Applied Linguistics and Applied Literature:
Dynamics and Advances*

The Normative I / Eye of the Postcolonial Disability in Octavia Estelle Butler's "The Evening and the Morning and the Night"

Melika Ramzi[1*]

[1]*Corresponding Author: PhD Candidate in English Language and Literature, Department of English, Faculty of Letters and Humanities, Shahid Beheshti University, Tehran, Iran, ORCID: 0000-0001-5497-4378*
Email: m_ramzi@sbu.ac.i

Abstract

Differently formed bodies are treated as negatively marginalized in ableist, normative societies that intend to homogenize them. This study explores the intersection of postcolonial theory and disability studies through an analysis of Octavia E. Butler's (1991) short story entitled "The Evening and the Morning and the Night" (2001). The main objective of this study is to address the problem of societal marginalization and control mechanisms applied to disabled individuals, analogous to colonial oppression. The research methodically develops the argument by first outlining the societal unease and stigmatization of disabled bodies, comparing it to racism and colonialism. It then examines Lynn's journey and her experiences at Dilg, highlighting how the facility's operation mirrors colonial control systems. The findings suggest that Butler's narrative deconstructs the binary opposition between healthy (non-DGD) and unhealthy (DGD), presenting a hybrid identity that challenges dominant societal norms. Major conclusions show that the story critiques the social structures that label and control differently formed bodies, emphasizing the fluidity of disability and the complex interactions between power, identity, and autonomy. Finally, the results contribute to the broader discourse by demonstrating how science fiction can be a powerful medium for social commentary, indicating the dynamic nature of disability that resists a static, limiting definition.

Keywords: ableism, disability studies, hybrid identity, Postcolonial theory, societal control

ARTICLE INFO

Research Article
Received: Monday, June 3, 2024
Accepted: Tuesday, January 28, 2025
Published: Tuesday, April 1, 2025
Available Online: Tuesday, January 28, 2025
DOI: https://doi.org/10.22049/jalda.2025.29800.1697

Online ISSN: 2821-0204; Print ISSN: 28208986

Introduction

When it comes to disabled bodies, society frequently feels uneasy toward them. Due to the fear of contamination, "healthy" and "normal" individuals often demean and stereotype those with disabilities, causing them to suffer from negative perceptions of difference. This has societal repercussions comparable to racism and colonialism. In 1987, Octavia E. Butler (1947-2006), the American science-fiction author whose works deal with the mentioned concepts (Knutson, 2023), penned her critically acclaimed short story entitled "The Evening and the Morning and the Night" which succussed to receive the Science Fiction Chronicle Reader Award in the same year. The story starts years after a cancer treatment was discovered. The children of those who used it suffer from "Duryea-Gode Disease" (DGD), a hereditary, fictional illness characterized by severe insanity, obsessional self-mutilation, occasionally mutilating other people, unstable states, and even self-cannibalism. This genetic condition is more likely to run in a family if it affects at least one parent. The terrible consequences of this painful disorder appear inevitable, and even for those who follow a very strict diet and lifestyle, the onset is only slightly postponed (Butler, 1991, p. 477). Some second-generation patients, however, question the value of these efforts due to the severe social isolation they endure and the knowledge that the advent of symptoms is undeniable.

The main character, Lynn Mortimer, a young woman, is a double DGD, meaning that she inherited the sickness from both of her parents. Offsprings whose parents had treatment for cancer with a novel medicine are genetically predisposed to develop the disease by middle age. Lynn has fought to learn how to cope with the disease as well as the inequality that she has experienced ever since she was a child. When she goes to Dilg, a well-funded retreat facility with a good reputation where DGD carriers who are out of control are kept, she gets a firsthand look at what these individuals are capable of doing. At Dilg, the patients are not physically bound; instead, they are making art and coming up with new technologies. The story is not essentially about racial diversity in the conventional sense, even though it does touch on issues of marginalization and identity. The text instead looks at more complex, postcolonial ideas that go beyond race differences. The narrative explores how society creates and upholds "normalcy" and "otherness" categories, emphasizing how people are alienated more because of their medical and mental health issues than their race or ethnicity. This story's underlying meaning is about how racism and ablism, two societal diseases, impact the characters' lives, rather than being about the impairments they are physically suffering from.

The present study highlights the dialectic between colonizers (from a postcolonial perspective), or "able subjects," and colonized people, or "disabled subjects," in "The Evening and the Morning and the Night." This reading seeks to explore how individuals marginalized by specific disabilities align themselves with the broader concept of the "Other," in a manner analogous to the relationship between the colonized and the colonizer. At its core, this study argues that the emergence of a degraded "Other" is a prerequisite for the emergence of the able-bodied rational subject, which is the all-pervasive agency that establishes the parameters of the dominant discourse.

Literature Review

In the realm of science fiction, according to Elisabeth Anne Leonard (2003), a significant portion of the genre addresses the issue of race by omitting it, which is evident from how the races of the characters are superfluous to the plot. In her understanding, such omissions can be interpreted as an attempt to envision a cultural community where “a non-racist society comes into being” (p. 254). She is on point in asserting that race is not openly acknowledged in the majority of science fiction. The issue with her statement, however, is that many publications in science fiction do not aspire to convince readers that human beings have moved beyond the era of colonization and racism. Instead, such works, like the short story at hand, highlight how other criteria are increasingly becoming decisive in allowing those in power to encode and constrain differently formed bodies (either physically or mentally), that is, new racial structures are showing up. In believing so, not only does a “non-racist society” continue to be out of touch, but this also makes it more difficult to define what constitutes racism since, after all, is not ableism just another form of racism in which health comes before color?

According to Florian Bast (2013), the narrative of this short story balances the development of the self through linguistic strategies, such as shifting we-versus-they distinctions within the first-person perspective, to underscore the narrator’s agency. Beyond that, this paper argues that as a way to fight the dominant discourse, this time the first-person narrator fights normative bodies by calling the latter “they,” centralizing the bodies who have been regarded as outcasts in this fictional, though realistic society. Yet, more significantly, this “we-versus-they” is also called into question, given that the primary objective of postcolonial theory is to deconstruct such dichotomies (Bhabha, 1994). As will be demonstrated in the discussion section, even this previously thought “we” of DGD patients emerges to form a new plurality that cannot be homogenized into a unity of agency.

Similar to Bast (2013), Isiah Lavender (2014) argues that racial identity is an important component of Butler’s (1991) narrative and that her writing brings racist themes to the forefront by focusing on the we-versus-they dichotomy, as well as the desire Alan, Lynn’s fiancé who is also a double DGD individual, expresses to eliminate a disabled person’s reproductive potential. Remarkably though, Lavender (2014) points out that the dread associated with DGD is that it transforms its patients into terrifying “self-mutilating monsters” (p. 71) that might unprovokedly attack those who are not affected arbitrarily. Interestingly, historical racist and sexist discourses have frequently used the word “monster” to describe “people with congenital impairments” (Garland-Thomson, 2002, p. 8). The manner in which the ableists in this narrative are treating the DGD population is reminiscent of how colonists, for centuries, have characterized the colonized as “uncivilized,” in need of being “humanized,” educated, and civilized.

In certain respects, Lavender’s (2014) argument resembles another put forth by Cindy Marie LaCom (2002), which posits that colonized individuals frequently endeavor to attain liberation by establishing a “new category of monsters—the disabled, the deformed, the mad” (p. 141). Disabled bodies are doubly alienated in this context since they are denied by both the colonizers and the colonized, as LaCom (2002) puts it. The idea of the disabled body's being double times alienated has not been addressed in the previous readings of this short story which will light up a new understanding of the text.

Prior research has mostly focused on Dilg as a productive environment where patients live in safety and comfort and remain creative as opposed to other hospitals mentioned in the story where patients are treated like prisoners (Green, 1994 & Bast, 2013, among others). Dilg is further seen in a positive light by Sami Schalk (2017), who describes it as "an alternative to state institutions, as an engagement with the deinstitutionalization movement" (p. 143; emphasis added). This view describes Dilg as a venue that promotes empowerment and self-determination for the patients. Nevertheless, this viewpoint will be called into question in the present study when Dilg is analyzed as a type of reinstitutionalization instead, for despite its apparent lack of brutal severity, it practically sustains comparable systems of oppression that are prevalent in more conventional institutional environments. Consequently, the question is whether Dilg is indeed "better" than other facilities that house disabled bodies, or if it is just a new, alternative method of regulating them. As the present research will demonstrate, Dilg signifies the transition from the disciplinary approach of sovereign societies to the monitoring and encoding method of control societies, which is just as harsh, if not more so, though ornamented with fancy emblems.

Method

With ideas from both postcolonial theory and disability studies, this paper takes a qualitative approach to examine the text. The purpose of this multidisciplinary approach is to augment knowledge about how disabled bodies realize their potential power over normative, colonial bodies within the story. The postcolonial framework will be utilized to investigate themes of identity, power relationships, and resistance at Dilg. In addition, disability studies will offer a prism through which to view how society constructs normality and how difference is embodied. "Normate" was initially coined by Rosemarie Garland-Thomson (2017, p. 8), who is a well-known disability studies scholar. Garland-Thomson (2017) developed this concept to describe society's perception of the non-disabled body as the standard. The notion is crucial for understanding how cultural standards and views of "normal" bodies may marginalize and exclude people with disabilities. Now, cultural traits serve as the main target of discrimination instead of physical traits.

As noted by Michael Foucault (1976), the act of observing (referred to as "glance") holds a position of authority when it comes to ascertaining the truth regarding a disease; in other words, the "truth" is determined by the glance. Thus, to be unhealthy is to be looked at and dreaded as "Other" before learning, if at all, what is different. In Butler's (1991) short story, when the media's promotion of dread of the DGD population leads to the realignment of social borders to protect "healthy people" (p. 479), the same Foucauldian worldview becomes applicable. This is how ableists label a body experiencing an unfamiliar disease as what Timothy Morton

(2010) has called "the strange stranger" (p. 42). Describing the strange stranger, Morton (2010) writes it is "something or someone whose existence we cannot anticipate" and one would "never know them fully" (p. 42).

Disability "is not really a fixed category most clearly signified by the white cane user or a crutch user. Rather it denotes a fluid and shifting set of conditions" (Ghai, 2003, p. 32; emphasis added). This viewpoint appeals to the Deleuzean concept of "becoming" as fluid and the more general concerns in postcolonial theory. First, it needs to be made clear what "postcolonialism" means in this study. The goal is not to examine historical events that occurred after colonialism ended, hence the term "post-colonialism" does not apply. Leaving that hyphen aside, postcolonialism is not a term that refers to the end of colonialism, but rather to new ways of opposing colonial control and its legacy (Loomba, 2015). Postcolonial criticism can be defined as an analysis of the dynamics of dominance that exist both among and within territories, ethnicities, or cultures, and acknowledges that these systems of dominance have their origins in the historical context of colonialism (Moore-Gilbert, 1997).

According to Anita Ghai (2003), identities and social norms are not seen as static or rooted in a single tradition, but rather as evolving, influenced by numerous overlapping histories, cultures, and systems of power which aligns with postcolonial emphasis on hybridity and multiplicity. In addition, rigid classifications and hierarchies, including attitudes toward and approaches to disability, have frequently been prescribed by colonial powers. In accordance with postcolonial critiques of the repercussions of colonialism, acknowledging disability as fluid challenges these imposed structures. Following the same manner of thought, the present textual analysis adopts an interdisciplinary critical approach that connects disability studies and postcolonial theory.

Identity, Exclusion, and the Othering of DGD Individuals

Both healthy and unhealthy persons are assigned to distinct categories, each with its own membership. According to the legislation, individuals suffering from DGD are taken out of their home neighborhood and put in an isolated setting where they are made to feel like outcasts and confined in their world, treated like the "subaltern," a term developed by Gayatri Chakravorty Spivak (Morris, 2010) which means to be excluded from hegemonic power framework. Lynn goes into great detail about her experiences as a DGD carrier, including the marginalization that follows. She even labels those who experience it as "DGDs" and those who are normative bodies as "non-DGDs" (Butler, 1991, p. 478). This demonstrates how the prevailing, majoritarian discourse that governs society ends up encoding, otherizing, alienating, and further suppressing the bodies that deviate from its predetermined standards. In other words, DGD persons, like colonized "Others," are classified in such a manner that they are perceived as part of a jumbled, confused, and unnamed collectivity, rather than as members of the regular human society. Furthermore, when these patients are addressed by the name of the disease they suffer from, it becomes clear that ableist ideology not only reduces their identities to the "negatively" different aspects of their bodies but also implies how dangerous these single-functional bodies are. Besides, the fact that Dilg is the only retreat where research is conducted in addition to patient care and that the majority of the personnel are DGD individuals (Butler, 1991, p. 492) speaks much about how closely patients are watched over there.

The focus of disability studies mainly lies not in the disabilities themselves, known as impairments, but rather in the social, cultural, and environmental obstacles that people with disabilities must overcome (Oliver, 1990). When she is about to walk through a corridor and see offices where DGD carriers are working, Lynn knows that "[s]cars didn't bother [her] much. Disability didn't bother [her] much. It was the act of self-mutilation that scared [her]" (Butler, 1991, p. 484). Indeed, Lynn's dread of self-mutilation presents a more complex view of bodily autonomy and the difference between intentional body modification or injury and inherent differences in human bodies (such as those resulting from impairment or scars). Stated differently, what is terrifying is not the impairment itself, but rather it becomes so the moment that a disabled body interprets any deviation from the norm or differences as "bad" or inferior and turns into a masochistic body.

Lynn is explicitly identified as racially distinct due to her disease, as she does not like "the way people edged away from [her] when they caught sight of [her] emblem. [She]'d begun wearing it on a chain around [her] neck and putting it down inside [her] blouse, but people managed to notice it anyway" (Butler, 1991, p. 478). Interestingly, her biological race is not mentioned in the story, which depicts how now medical conditions, mixed with genetics, are coding people into certain classifications. As a result, the colonizer is no longer only white, European, and a member of the nuclear family in an able-bodied society, but also a genetically dominant variant. Of course, by being dominant, I do not mean numeric dominance, but rather qualitative dominance in terms of those who wield power regardless of their numbers. What makes Lynn's biological race being unmentioned more intriguing is that white readers would be just as invested in her experience as non-white readers, putting everyone on the verge of futilely trying to empathize with her. This supports Alice Hall's (2015) view that "[w]hile the uneven dynamic of pity is possible, the reciprocal relationship of empathy remains . . . unavailable" (p. 35). The realization that the definition of a disabled body and the criteria for its classification are not easily discernible makes the readers more invested and alert. As Lynn points out, the diagnosis of DGD is "only a matter of when: now or later" (Butler, 1991, p. 477). In other words, each individual is either a disabled person already or has not yet become one. In the words of Hall (2015), "everyone is 'temporarily able-bodied' (TAB) or not yet disabled" (p. 6). In fact, Lynn's statement emphasizes this indeterminacy of what a "healthy" body is.

At the midpoint of the narrative, Alan and Lynn visit Dilg, the elite private DGD facility overseen by Dr. Beatrice Alcantara. There, every patient is an "out-of-control" DGD (Butler, 1991, p. 478). Originally spelled Alcántara, Alcantara is a Spanish surname, and it is not implausible that she had altered the form of her name to Anglicize in order to obtain financing for the property in Los Angeles (Lavender, 2014). From a postcolonial perspective, her act might be recognized as what Bhabha

(1994) refers to as “mimicry” (p. 56), which refers to the times when the observer is observed, i.e., the colonizer feels threatened by the discourse begun by themselves. The return of the image in the form of a parody, which allows the colonized to copy the colonizer, is what worries the colonizer (Bhabha, 1994). This act of return breaks racial supremacy in the sense that the colonized people can emulate the colonizers’ conduct and become like them. This is how the ambivalence of imitation is shown in the last name of Dr. Beatrice.

Dr. Beatrice believes a “haven” is created in Dilg where patients intend “to be very territorial” (Butler, 1991, p. 490), and DGD individuals use their differences to create art as therapy there. Considering this situation, two questions might be raised: First, how beneficial is it for people with DGD to develop a sense of territoriality? Second, is Dr. Beatrice trustworthy in her role as the matriarchal supervisor in charge of maintaining the establishment’s positive reputation?

In response to the first question, it is necessary to direct one’s attention towards Dilg as a building that is characterized as “an elaborate old mansion” (Butler, 1991, p. 482). A postcolonial perspective identifies three meanings of a grand mansion: 1) the presence of enslaved labor in the masters’ big residences; 2) the possibility that enslaved individuals who resided in the grand mansion had the chance to narrate their experiences (Eldar & Jansonn, 2023), and 3) the persistence of colonial hierarchies of power in the postcolonial setting (Kloo, 2009). Alan and Lynn, the two new visitors to Dilg, initially perceive it as a place of refuge because they are unable to believe that DGD patients are capable of engaging in activities other than self-harm as if they have reclaimed their lives (Butler, 1991, p. 483). Nevertheless, this utopian image is disrupted by noticing Dr. Beatrice and Lynn’s capacity to influence others through their scents. Readers are left wondering if these patients have really learned to control themselves or if they were tricked into thinking they had. Furthermore, despite the fact that these “out-of-control DGDs create art and invent things” (Butler, 1991, p. 483), Dr. Beatrice mentions that if they get distracted, it will “be breaking [their] routine” (Butler, 1991, p. 488), which seems quite paradoxical to find creativity as a routine, given that, logically, creativity is meant to lead one free of a routine. Dr. Beatrice is contradicting herself, which answers the second question about how trustworthy she is.

Dr. Beatrice’s age is an additional factor raising questions about her reliability. She seems to be around sixty years old, which Lynn finds shocking because DGD patients do not live to that age (Butler, 1991, p. 483). It is highly possible that Dr. Beatrice is not a DGD patient at all, but rather claims to be one to win the empathy of these disabled bodies and gain their confidence so that she might enter their territory to control them. Doing so, she eventually achieves her goal when she informs Lynn that they are the only two female members with double DGD due to a confluence of factors including the disease’s hereditary nature and the sex-linked chromosomes who possess the ability to exercise authority over others (Butler, 1991, p. 490). Whether she is being truthful or not, she is able to navigate her way through the hearts of those who have been colonized.

Aging, as defined by Garland-Thomson (2002), is "a form of disablement that disqualifies older women from the limited power allotted to females who are young and meet the criteria for attracting men" (p. 19). Women typically endure growing marginalization and invisibility as they get older and deviate from society's standard definitions of beauty, which is similar to what happens to persons with disabilities. This serves as more confirmation of the claim that everyone is, or will eventually become, somewhat disabled. Dr. Beatrice is sixty years old, and she may have experienced some type of disability as a result of not only her age but also the perception of her power and influence within the DGD community. This may be the reason she is enticing Lynn, a young woman, to follow her profession.

Particularly pertinent to Alan's character and his DGD situation is the idea of double alienation. Alan, similar to his fellow DGD patients, encounters a sense of detachment within society at large, where healthy colonizers could be interpreted metaphorically as the dominant majoritarian bodies (Butler, 1991, p. 481). Nonetheless, this feeling is not limited to this one societal layer for him, as Alan additionally encounters a secondary form of alienation, which is present within the DGD community, specifically at Dilg. Alan is further marginalized due to the absence of a specific pheromone-induced scent linked to the disease in women who are double DGDs, such as Dr. Beatrice and Lynn (Butler, 1991, p. 490). His divergence from the "new" norm establishes him as an outcast in his own community. As Dr. Beatrice notes, "[t]here aren't enough of [their] kind to know what's normal for [them]" (Butler, 1991, p. 491). In this scene, the narrative delves into the multi-faceted nature of becoming different. Therefore, even within marginalized groups, there is the potential for hierarchies and forms of exclusion to emerge as soon as they have the opportunity to do so.

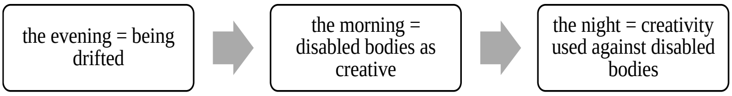
Being double DGD carriers makes Lynn and Dr. Beatrice what Homi K. Bhabha (1994) refers to as a "hybrid identity" (p. 38). These individuals are able to transcend both their native identities (DGD patients who take the disease from just one of their parents) and their colonizers' identity (normative), existing in a space that is in between the two and incorporating aspects of both. A third space, a positive, affirming new identity that is similar to the Hegelian synthesis and a combination of the positive aspects of both their identities, the colonizer and the colonized, is created by going beyond this binary opposition of healthy vs. unhealthy. This synthesis, in the instance of double DGD carriers, is a new identity that combines elements of normative society (the colonizer aspect) with the resiliency and experiences of living with DGD (the colonized aspect).

Similar to how the colonized mirrors the opposite of everything the colonizer embodies, each negative attribute is projected onto the differently formed bodies. Furthermore, the colonizer may experience a proud sense of generosity if the colonized are treated "kindly" out of sympathy. In the narrative, Dr. Beatrice makes the same observation as a colonizer noting that "[w]e offer DGDs a chance to live and do whatever they decide is important to them" (Butler, 1991, p. 493; emphasis added). One might inquire as to who determines the validity of the term "important" and what standards an action must meet to be labeled "important." It is undoubtedly predictable that Dr. Beatrice, in her position of authority, would hold such a decision-making and rule-establishing stance as the “wise” one.

Connecting the previous discussion to the short story’s title reveals that the second-generation DGD carriers are predisposed to the disease as the “evening” of their lives progresses, anticipating the arrival of the night. However, the title defies our expectations by tying the evening to the “morning” rather than the night. This is how things appear at Dilg: the pretense of encouraging patients’ creativity hides the unpleasant truth, making it look as bright as the “morning,” which becomes apparent at “night” when it becomes clear that the patients’ so-called creativity is nothing more than a routine, not creative in the abstract sense, but rather like the way days go by in a monotonous routine. The process is depicted in the figure below.

Figure 1

The Evening and the Morning and the Night” of the Bodies at Dilg



Upon witnessing DGD carriers producing art and technology artifacts, Alan expresses astonishment and says he “expected to find them weaving baskets or something” (Bulter, 1991, p. 484). This point in the narrative emphasizes how ableist views about disability and a colonial ideology overlap. This ideology, which has its roots in imperialism, tends to undervalue the abilities and contributions of colonial populations, limiting them to basic or menial labor. Consequently, Alan’s presumption is shaped by both society’s prevalent belief that people with disabilities can only perform basic, unsophisticated activities and the imperialistic worldview, which views the colonized as primitive, uncivilized human beings incapable of handling more complex tasks. Their goal is to instill self-loathing in these bodies. The outcome of internalizing racism is Alan’s self-loathing and bitterness (Butler, 1991, p 480). It is apparent that having this condition generates psychological issues that arise out of societal perceptions of the health conditions rather than the patient’s regular experience of the biological illness. Thus, this concept of internalization serves as an indicator of what W. E. B. Du Bois (2015), an influential African American civil rights activist, calls it “double consciousness” (p. 5).

With this presumption, the disabled have been informed on multiple occasions that they are deficient, such as when Lynn refers to herself and those who are afflicted as the “victim” rather than the “sick” (Butler, 1991, p. 477), since the former connotes the presence of an aggressor, whereas the latter does not convey any accusation. This leads to the Otherized being so thoroughly dehumanized that the only thing left to become is an object or a tool to further the interests of the colonizer. Dr. Beatrice regularly mentions that her “people” (Butler, 1991, pp. 483, 487, 491, 493), by which she means the patients, work in glass offices, implying that they are always under her dictatorial gaze. In this case, within the realm of non-disabled individuals, the fundamental aspiration is for the disabled to exist to serve the interests of the colonizer, that is, to undergo a complete transformation into harmless colonized beings. The entity that is colonized ceases to exist as an independent subject and only retains characteristics that are absent from the colonizer. When Dr. Beatrice tells Lynn and Alan that one of the patients at Dilg has devised "the p. v. locks" (Butler, 1991, p. 483) that secure the institution, she does so with a sense of pride. However, she does not discuss the mechanism behind the invention in any greater detail. Alan does not experience the lock's terrifying effects until later when he gets trapped in the same p. v. lock (Butler, 1991, p. 492). It is strikingly similar to how the colonizers eventually utilized the labor of the colonized to their detriment when they stopped being purely obedient.

However, the postcolonial body has been described as "an incalculable object, quite literally difficult to place" where "the demands of authority cannot unify its message nor simply identify its subjects" (Bhabha, 1994, p. 62; emphasis added). The body does, in fact, transcend the idea of an object as defined in relation to a subject since it is incalculable and unplaceable. When Alan's mother Naomi breaks her usual routine to visit her son, this is what occurs in the narrative. As it is, after all, a facility for out-of-control DGD patients, Dr. Beatrice is presently apprehensive and speaks forcefully to Naomi out of concern that her "gentleness could turn in an instant" (Butler, 1991, p. 490).

In the previous sections, en passant there was a reference to the transition from disciplinary societies to control societies. DGD cases that are under control are housed in hospitals that are similar to prisons because it is much simpler to treat them according to the standards of discipline. Such hospitals are practically "reminiscent of early nineteenth-century Bedlam" (Link, 2013, pp. 1-2). Lynn emphasizes that DGD carriers are required to wear badges that resemble "a chain around [the] neck" (Butler, 1991, p. 478) to encode them. In general, chains evoke associations with constraints, limitations, and dominion. The symbol functions as a continuous reminder of the person's "fixed" identity as a DGD carrier in this particular context, an identity that is imposed by society and from which they are unable to break free. They may potentially face societal disapproval, discrimination, dread, pity, or "stupid generalizations and short attention spans" as a result (Butler, 1991, p. 479). This reductionism is a widespread issue in the case of persons with disabilities, as they are frequently viewed solely in terms of their impairment, rather than as complex human beings with various identities and experiences. Furthermore, an association can be drawn between this and the methods by which colonizers bound and label their victims. On the other hand, cases that are not under control are not homogeneous, the same, or united, which makes it more difficult to have their bodies obedient. The unpredictable nature of these DGD carriers makes them more dangerous and subversive since colonists cannot forecast the moment of subversion, therefore they cannot control or prevent it. This is how the colonized wield power over the colonizer.

When DGD bodies that are out of control cease temporarily behaving as the system intends, they resemble what Graham Harman (2012) refers to as the "broken hammer" (p. 187). To go beyond this, Harman's (2012) concept of the broken hammer serves as an example of how things have a hidden functioning that is revealed when they break or fail to operate. A hammer is typically regarded as a mere implement, and its very existence is determined by the purpose it serves for humans. When it breaks, though, it demands attention all of a sudden, as a thing with an existence and attributes of its own apart from its use to humans. Comparably, in the field of disability studies, bodies that do not conform to conventional or anticipated classifications of functionality and aptitude are referred to as impaired, non-normal, or "broken" bodies. These bodies, like the broken hammer, show depths and intricacies that defy accepted knowledge. In this narrative, the DGD bodies show the limitations of Dilg, a society built on specific ideas of productivity and aptitude by deviating from normative expectations. Ultimately, "Dilg" is a term that sounds a lot like "dig," a word that is used several times in the story to paint a graphic picture of how these disabled individuals rip their own skin. Now, considering that the name of the organization is so close to the function that it is bound to restrict, one could ask if Dilg is essentially the same as digging into bodies from the exterior this time, with a little bit of a decoration added to it. Thus, there are parallels established between "broken" bodies and "broken" civilizations.

A disabled body is described as an abject figure in the story "tearing . . . through skin and bone, digging . . . to reach [the] heart, . . . half their faces ruined, . . . bit [one's] own arm, [and] tore at the wound . . . with the nails of the other hand" (Butler, 1991, pp. 477, 485-486). In approaching the abject, as Julia Kristeva (1982) has it, "[i]t is thus not lack of cleanliness or health that causes abjection but what disturbs identity, system, order. What does not respect borders, positions, and rules. The in-between, the ambiguous, the composite" (p. 4). Following this definition, these "disgusting," abject images also seem unappealing to the reader, much more than they do to Lynn and Alan, because the community they grow up in has been differently formed, not that it is an inherent feature of DGD carriers' bodies and act that is disturbing. Had these images been comprehensible and known to the reader, one would have identified the familiar image. This adds more interest to why Butler has not chosen an already existing disability but has come to create a realistic one.

Conclusion

This study shed light on the intricate relationships between colonizers and colonized, able and disabled bodies, and how these categories are deconstructed and reinstructed differently within the narrative. As seen by the emergence of a hybrid identity that subverts prevailing discourses on colonialism and disability, DGD carriers in Butler's (1991) novel, especially through the personas of Lynn and Dr. Beatrice, transcend conventional limits and subvert the system though they become identified differently soon and an absolute freedom remains inaccessible. Dr. Beatrice and Lynn exemplify Bhabha's (1994) idea of hybrid subjects, particularly when they transcend traditional cultural forms associated with either DGD or non-DGD carriers to reach the ultimate point of difference. As stated, their identities and experiences move through a liminal space that lets them act authentically. In contrast, Alan's encounter diverges from theirs in that he contends with an unresolved form of double consciousness.

Deeper insights into institutional control and autonomy have been gained from examining Dilg as a system that simultaneously empowers and constrains DGD carriers. The results of this research emphasize how important it is to see disability as a dynamic, changing experience that interacts with larger sociocultural and political processes rather than as an inflexible category. By employing science fiction as a vehicle to critique ableist and colonialist ideologies, the narrative offers a potent commentary on the persistent obstacles encountered by marginalized communities. For future research, it would be insightful to apply this multidisciplinary approach to Butler's and other science fiction authors' works, analyzing how different narratives connect with and challenge the conceptions of disability. Furthermore, examining how innovation and technology function in this narrative may provide clues into how societies of the future may deal with concerns of power, ability, and diversity.

Acknowledgments

The author wishes to express her gratitude to *JALDA* editors and reviewers.

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Author's Biography

Melika Ramzi received her B.A. and M.A. in English Language and Literature from Arak University (Arak, Iran) in 2019 and 2022 respectively. She is currently a Ph.D. student of English Language and Literature at Shahid Beheshti University. Her areas of interest include Philosophy and Literature (Deleuzian Studies), Poststructuralism, and Adaptation Studies.