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The Cruelty of the Curative

by Alanna Veitch and Jen Rinaldi

Abstract: In this paper, we take up Lauren Berlant's (2011) theoretical framing of *cruel optimism* to ground our critique of normalizing scripts around disability, recovery, and healing which shape conceptualizations of health. We argue that these scripts do little to account for the multitude of disability experiences that meet and cycle through intersections of race, gender, class, culture, sexuality, and personhood. This work first requires engaging with mainstream perspectives on recovery and healing which undergird Western rehabilitative practices, and a turn toward Black and Indigenous conceptualizations of health and healing as practices grounded in community and social justice. We situate our review and discussion within a North American and Canadian context. Next, we describe the arts-informed counter-narrative methodology we utilize to share glimpses into our digitized disability stories. Our stories comprise moments of disruption, vulnerability, and isolation, enabling us to transform silence into language and action, and to reflect on the intricate dance between disability, health, and illness we are bound up in and continue cycling through. We show how our counter-narratives, when brought together, challenge the "getting better" meta-narrative. We target notions of getting better because, like the cruel promise of recovery, they idealize a return to "normal" and dismiss histories that bear on the present in felt and embodied ways. Rather than "getting better," bound up in fantastical promises, we find the authenticity of our own failures and vulnerabilities generative, indecipherable, and enduring.

Keywords: counter-narrative; cruel optimism; digital storytelling; affect; healing

Résumé : Dans cet article, nous nous appuyons sur le cadre théorique de l'*optimisme cruel* proposé par Lauren Berlant (2011) pour fonder notre critique des discours normatifs sur le handicap, le rétablissement et la guérison, lesquels influencent les conceptions de la santé. Nous soutenons que ces récits ne tiennent pas compte des expériences du handicap, qui se situent et évoluent à l'intersection de la race, du genre, de la classe, de la culture, de la sexualité et de l'identité personnelle. Ce travail nécessite d'abord de remettre en question les perspectives dominantes sur le rétablissement et la guérison qui sous-tendent les pratiques de réadaptation occidentales, puis de se tourner vers les conceptions noires et autochtones de la santé et de la guérison, ancrées dans la communauté et la justice sociale. Notre étude et notre discussion s'inscrivent dans un contexte nord-américain et canadien. Nous décrivons ensuite la méthodologie de contre-discours fondé sur les arts que nous utilisons pour offrir des aperçus de nos récits de handicap numérisés. Nos récits comportent des moments de perturbation, de vulnérabilité et d'isolement, nous permettant de transformer le silence en langage et en action, et de réfléchir à la dynamique complexe entre handicap, santé et maladie, dans laquelle nous sommes pris et que nous continuons de vivre. Nous montrons comment la mise en commun de nos contre-discours permet de contester la métanarration du « aller mieux ». Nous nous intéressons aux notions d'« aller mieux » parce que, comme la promesse cruelle du rétablissement, elles idéalisent un retour à la « normale » et minimisent les histoires qui influent sur le présent de manière vécue et ressentie. Plutôt que d'« aller mieux », notion imprégnée de promesses fantastiques, nous considérons l'authenticité de nos échecs et vulnérabilités comme génératrice, indéchiffrable et persistante.

Mots clés : contre-récit; optimisme cruel; récit numérique; affect; guérison

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Introduction

> [T]he *affective structure* of an optimistic attachment involves a sustaining inclination to return to the scene of fantasy that enables you to expect that *this* time, nearness to *this* thing will help you or a world to become different in just the right way. But…optimism is cruel when the object/scene that ignited a sense of possibility actually makes it impossible to attain the expansive transformation for which a person or a people risks striving. (Berlant 2011, 2)

In this passage from *Cruel Optimism*, Berlant (2011) directs our attention to the trouble with optimism—that feeling of hopefulness, that commitment to striving, grounded in an at-times impossible belief that things will get better. Secure work, medical coverage, the best new therapy become the means attached to that better future. For Berlant, the cruelty of these attachments is in their disregard for lived and material realities, the positivity and certainty they drum up for futures that might well be fantastical. As disability scholars who ourselves experience different forms of lifelong disablement, we argue that attachments to recovery mirror Berlant's affective structure of optimistic attachments when they entail returning to a state that no longer exists or is merely fantasy. There is nothing to return to, no "normal" embodiment or health state waiting in our futures. There is only an enduring now with a complicated history, and uncertainty about what will come next.

In this paper, we take up Berlant's theoretical framing of cruel optimism to ground our disability-based critique of normalizing scripts around disability, recovery, and healing. We argue that recovery scripts do little to account for the multitude of disability experiences that meet and continue to cycle through intersections of race, gender, class, culture, sexuality, and personhood. In what follows, we parse out depictions of recovery and healing by engaging with mainstream (Western) and cultural (Black, Indigenous, and disability) perspectives within a Canadian and North American context. Next, we describe the arts-informed counter-narrative methodology (Rice and Mündel 2018; Satija 2023; Simplican 2017) we used to create and analyze our digitized disability stories. We show how our counter-narratives, when brought together, challenge the "getting better" meta-narrative. We target notions of getting better because, like the cruel promise of recovery, they idealize a return to "normal" and dismiss histories that bear on the present in felt and embodied ways. Rather than "getting better," bound up in fantastical promises, we find the authenticity of our own failures and vulnerabilities generative, indecipherable, and enduring.

Depictions of Recovery

The concept of recovery in North America emerged in the 1980s following the anti-psychiatry and deinstitutionalization movements (Davidson 2016; Anthony 1993; De Ruysscher et al. 2019)—a violent and recent history (Reaume 2010)—garnering attention in fields of psychology, psychiatry, mental health, and rehabilitation whose practices are premised on ideals of normalcy. One well-cited scholar, Deegan (1988), defined recovery as the process most disabled people share regardless of their distinct disabilities. That is, recovery is the process of "*recovering* a new sense of self and of purpose within and beyond the limits of the disability" (emphasis in original), the real-life experience of "accept[ing] and overcom[ing] the challenge of the disability" (Deegan 1988, 11). With a focus on mental health, Anthony (1993) similarly viewed recovery as a process requiring a shift in one's attitude, sense of self, and skills to contribute meaningfully to society. However well-intentioned and critical in some ways—in arguing that disabled people are active in their care, in demonstrating that disability is complex, and in acknowledging the real material consequences of disability—the emphasis on changing one's attitude and on overcoming disability shapes disability as an obstacle or shortcoming.

The object of recovery has justified intervening in the lives of disabled persons (De Ruysscher et al. 2019; Groven and Dahl-Michelsen 2022; LaMarre and Rice 2020; Leamy et al. 2011) and building institutionalized care to fix disabled embodiments (Davidson 2016; Kaiser et al. 2020; Woods, Hart, and Spandler 2022). For instance, Leamy et al. (2011) developed a conceptual model for recovery: the CHIME model, composed of five recovery processes, specifically Connectedness, Hope and optimism about the future, Identity, Meaning in life, and Empowerment. Stuart, Tansey, and Quayle (2017) later added "difficulties" to the CHIME model, noting how the model disregarded the more grievous aspects of adapting to disability. While recovery is framed as a nonlinear process in the model, CHIME-D is still predicated on the possibility of "getting better," on ultimately overcoming disability. Where getting better is considered possible, recovery becomes necessary for living a full life and a responsibility to carry through.

This critique of recovery narratives is familiar to disability scholars who take issue with the insidious ways neoliberal capitalism individualizes health and the ways structural ableism problematizes disability (De Ruysscher et al. 2019; Erevelles 2011; Garland-Thomson 2005; McRuer 2018; Titchkosky and Michalko 2017). Clare (2017, 179) critiques cure as a seductive and violent ideology shaped by the institutions that benefit from sustained attachments to curative strategies: "the medical-industrial complex taps into our desires. …Through cure, it assures us that we can control and reshape our body-minds; restore them to some longed-for, imagined, or former state of being." This logic drives state-level normativity projects that promise to rehabilitate or convert away embodied differences with surgeries, therapies, diet plans, experimental treatments, and other assortments of snake oil. The promises themselves may well be false no matter how relentless and invasive the intervention. Drawing on Clare's *Brilliant Imperfection*, Kim (2017, 14) argues "cure is what actually frames the presence of disability as a problem and ends up destroying the subject in the curative process." This for Kim is a violence because when the cure is portrayed as the only route to a liveable life, no political or cultural space gets carved out for living with disability or in disablement. No social services or physical and architectural structures get built with disability in mind.

Related to recovery, healing is a process of striving for wholeness and good health (McNeal, Harris, and Oliphant 2024; Lavallee and Poole 2010; Scott et al. 2017). As a holistic approach to health, illness, and disability, healing takes into account the physical, emotional, cognitive, and spiritual aspects that comprise a person. Holistic care and justice-seeking practices, including community-based mental health and occupational therapy services (Bailliard et al. 2020; Davidson 2016; Groven and Dahl-Michelsen 2022), followed the recovery movement in response to calls for person-centred and culturally sensitive care. Despite these developments, Scott et al. (2017, 1), whose definition of healing most accurately portrays mainstream societal views and practices, understand healing as a process of "recovering a sense of integrity and wholeness after experiencing illness and suffering." This definition sits uncomfortably close to the previous definition of recovery by emphasizing (or promising) that it is possible for a person to overcome their illness, disability, or trauma, and that getting better is necessary if a person wishes to be whole.

While work has been done to sever the harmful ties between recovery and healing (Lavallee and Poole, 2010; McNeal, Harris, and Oliphant 2024; Satija 2023), much has been shouldered by Black, Indigenous, and racialized communities seeking justice (Doetsch-Kidder and Harris 2023; Gonzalez et al. 2023; Lavallee and Poole 2010; Mupotsa-Russell 2022; Page 2010). Turning to the accounts of Indigenous People in Tkaronto/Toronto Canada, Lavallee and Poole (2010, 279) describe healing as cultural practices that go "beyond Western notions of recovery" to establish balance and mend the spiritual wounds inflicted by colonization to Indigenous identity. For Indigenous Elders across Canada's Midwest, health and healing are grounded in spiritual connectedness and the Anishinaabe language (Gonzalez et al. 2023), underscoring a history of cultural practices that cannot simply be integrated into biomedical or rehabilitation practices, but that are cultivated within and by community.

Without conflating the injustices experienced by Indigenous, Black, racialized, and disabled individuals, the struggle for justice—against oppression, intervention, exploitation, and prejudice—is integral to healing (Doetsch-Kidder and Harris 2023). Yet, whereas Whiteside (2023) views healing as inseparable from justice, Clare (2017, 184) notes in contrast that any lingering attachment to cure "will never give us justice." For Lakshmi Piepzna-Samarasinha (2016, 27), healing justice is a praxis cultivated in political organizing work, representing a "fundamental—and anti-ableist—shift in how we think of movement work—to think of it as a place where many pauses, where building in healing as well as space for grief and trauma to be held, makes the movements more flexible and longer lasting." Whereas institutionally entrenched recovery models atomize the individual and build out strategies for personal restoration to wellness that function as conditions for (re)entry into full community membership, just forms of healing generate strategies to make room for embodied differences in order to restore communities to wholeness.

Digital Storytelling as Counter-Narrative: Introducing and Describing Our Stories

We, the authors of this paper, seek to find and interrogate the recovery and healing narratives threaded through our own lives. We each come to this work carrying with us our disability histories and confrontations with curative violences. We created our digitized disability stories in two separate digital storytelling workshops with the Re•Vision Centre for Art and Social Justice affiliated with the University of Guelph. The digital storytelling methodology developed by Re•Vision threads through a wide range of participatory action, arts-informed research projects (Rice et al. 2015; Rice et al. 2018). Under this methodological umbrella, varied research teams have spent over ten years bringing together researchers, participants, and artists for multi-day workshops that provide the video editing tools and support needed to produce short video documentaries two to ten minutes in length showcasing a wide representative range of disability and difference.

Digital storytelling begins with honing a short autobiographical script that is shared in a story circle with workshop participants then audio-recorded, typically but not necessarily in the voice of the script author. The digital story production process pairs that recording with visuals that could include animations, old and current photography, drawings and sketches, text, and special effects. The participant narrating their story has the editing tools, artistic insight, and decision-making power to create their own videos. Those creators are the owners of their own work, and can choose how and whether their work is used in research or public dissemination. Creators can also determine whether or not their name is featured in association with their video, and whether or not photography identifying them is used for visual content. Re•Vision's enormous archive of digital stories that accumulated across the last decade contains great variation, for expressions of embodied difference disrupt dominant narratives about disability and illness (Brushwood Rose and Granger 2013). This methodological approach is a kind of life-writing used in feminist disability scholarship to cultivate what Simplican

(2017, 54) considers "estrangement" from ableist assumptions that threaten conformity. By doing so, this approach aligns with Satija's (2023) claim that narrative writing and healing connect to reclaiming agency over one's (ill or disabled) body, and to cultivating communities of care and knowledge in the face of structural inequity.

Jen (one of this article's co-authors) participated in three separate digital storytelling research projects, serving as project lead for the later two. She created the digital story featured in this paper when she first joined Re •Vision as a study participant in 2013. The workshop took place on Toronto Metropolitan University campus, across the span of three intensive days. She contributed a video to a project called Mobilizing New Meanings of Disability and Difference, which took as its task studying how the counter-narratives of disabled people call into question cultural expectations around disability representation. Alanna (also a coauthor) attended the Digital Storytelling Workshop for Research and Advocacy hosted Re•Vision February 13 through February 27, 2024. The hybrid workshop consisted of four online evening sessions and two in-person daytime sessions for those able to travel to Re•Vision's Lab space at the University of Guelph. For workshops, participants are provided an overview of digital storytelling as a method and hands-on experience using video editing software. Attendees are given prompts and one-on-one support to create short digital stories that counter the harmful ways disability and lived difference are represented. While intensive, workshop organizers cultivate a relaxed space to carry out this emotionally demanding work.

The specificity to these personal narratives, their nonlinear and cyclical dimensions, their reconciliation with bodies that are never fully restored to factory settings—all these aspects to the two stories presented here carry the power to deconstruct and disassemble curative ideology. In what follows we first describe each story and their separate creation processes. Each author wrote a description of her story from her own perspective and included a screenshot from her story to ground descriptions. In our analysis of the themes that cut across these two digital stories, we seek to identify curative violences, to resist recovery scripts, and to imagine transformative and just healing. In order to accomplish this work we apply Berlant's (2011) theory of cruel optimism, its affective structure and examples of its attachments.[1]

Jen's Litany of the White Noise

The digital story *Litany of the White Noise* opens on black empty space with glowing orbs dancing across the screen. They are the throughline to the video, sparking flashes of colour like electricity, expanding and contracting to the rhythm of the script. My (co-author Jen Rinaldi's) voice, my opening lines, proffer a list of recommended goals found in the text of a '90s-era *Weight Watchers* plan, a booklet I once considered biblical: "Eight ounces per serving, 50 calorie limit, 30 minutes of exercise, 118 pound endgame—". It's an old song, an ongoing negotiation I remember keenly that attached numerical value to every meal, the *118* carved into neon-yellow post-it notes I had affixed to every box in the pantry. Those spheres of light, that visualization of voice, ricochet across a darkened photograph of a colonnade as I describe my first day in a competitive high-school course taught abroad. My narrative describes that turning-point moment of salvation the Vatican offered me—"I, the atheist, found redemption." The world opened up and held promise. This is all against a description of the sickly-sweet scent of chewing gum that gave away my favourite technique to avoid cravings for food.

My next reaching for redemption was the academy, riding a scholarship into a Philosophy degree. Grades were my new numerical thresholds, staving off student debt, all while a "clarity of purpose" kept death at bay. The crisis of an adolescent anorexia—the family interventions and emergency room visits and pronounced corporeality—were firmly in my rearview mirror by the time I reached the post-secondary story-beat in my life. I claim in the video this is all a past "long put behind me, archived and forgotten," compartmentalized and converted into tidy life lessons. But I admit that residue did remain in quiet moments of self-regulation. Balls of light and colour bouncing about the screen still follow my voice against backdrops of a leafy green path, then a cityscape at sunset. Those lights throb with kinetic energy as the voiceover tempo picks up pace and drops punctuation: "Drink some water have more gum no more dairy take another pill—". The synaesthetic light pulsates like a heartbeat, to the percussive line: "It's 5am and I've just popped another diet pill and my *heart* won't stop *pounding* as though it might *burst* from my *chest*." In the conclusion to the digital story I call all this inner monologue white noise, the radio static I can't shake, dulled over time but never gone.

It's jarring, returning to this video twelve years later. At the time I was transitioning out of my education and into my career path, comparable to my coauthor's current position. I recall the workshop weekend back in 2013: my stress over imagery especially, finally landing on the decision that I could not bear to put my body on screen. My old family photographs depicting diagnosis were too difficult to return to and felt like the wrong fit, if only because there is a propped-up-pretty, romanticized version of anorexic femininity I never achieved (Day and Keys 2009; Saukko 2009); my version had more body hair redistribution than jutting bones, was more pre-pubescent than modelesque. But also, I worried how my recovered body, or even my "recovered" body, in more current photography might be subject to scrutiny given how eating disorder recovery runs up against culturally embedded, medically reinforced anti-fatness sentiments (Lebesco 2009; Rice 2014). I remember wondering back in 2013 when I was first creating my digital story: how much weight can I gain back before incurring judgment? Eating disorder recovery in this light comes with constant regulation, some new target weight holding fast like the yellow post-it note.

What I wonder now: do I have an addendum to this narrative, any insight to offer so many years past my lowest points of pathology? Or perhaps more appropriately, since the digital story itself does not actually probe those much-earlier depths: have I recovered from this delicate depiction of recovery? School truly was my calling and fills up so much of my time and headspace I no longer bother with self-starvation rituals. If only all my markers for success, all tethered to educational achievement, did not come through an academic asceticism I first practiced as restrictive diet and relentless exercise. Where I treat the academy like my church, operating by litany proves effective, is rewarded. The words in this paper took shape through several 5ams, fuelled by caffeine found in the can rather than the capsule. The crack running through my molar from all the anxious grinding is not exactly an eating disorder symptom, but I think of it every time I chew: *no hard foods, nothing too sticky, must floss after, no large bites* form my latest song.

Alanna's Learning to Traverse Uncertainty

The digital story *Learning to Traverse Uncertainty* opens with a video peering up to the moon, clouds moving slowly across it as it illuminates the night sky. There is an audible exhale; a piano begins playing alongside my (Alanna Veitch's) voice: "I've learned that I'm always, *still*, learning. / Learning that my body doesn't always / want to learn; / that it doesn't always want to keep going because," and the image fades. The opening scene gestures to Lorde's (2007, 36) "poetry as illumination"; the moon, witness to the story about to unfold (itself, driven by a poetic narrative; hence, the line breaks) and bearer of histories that continue reaching forward into the present-future. A series of images follow—the first, a dimly lit room with a window through which the sunlight reaches. They are photographs of moments encountered, of feelings contained within each image. I continue reading aloud, "sometimes, it hurts; / sometimes, it pleads—it needs for everything to pause, / to go a little slower; / sideways, backwards, before the faster." I gesture to the ataxic gait I developed slowly and also too suddenly to adapt to the shift in my step and sometimes it is painful; this is one effect of living with lesions in my brain and spinal cord. The audience is left with a dark blank screen before the story continues, carried forward by a video of the world being passed by the train I was riding. For me, riding the train signifies the ongoingness of disability and disabled life, even when life seems to slow or be thrown off course, or when it is ended or erased (violently) by medical legal processes, legislation, and material circumstance tethered to fantastical notions of recovery and cure.

As the story continues, I reflect on my disrupted sense of self whose success (like my coauthor's) is bound-up in academic/creative achievement; the activities I once took for granted; the change in my body's choreography; the danger of a flight of stairs; and the people waiting for me to quicken my pace, get better, or move out of the way because I am a hindrance to their success. I fear walking farther than I am comfortable because any farther leaves me tripping and grasping; everyone is disappointed. So I ponder the grief I have learned to sit with, "to nestle into," in order "to tear myself away from the picture / of optimism we painted (was it together?)." Remaining stuck to any semblance of hope that *this*—my disabled body and mind; these disabling times; the disabling effects of a broken family—is temporary has arguably been one of the most painful and sinister of all affective attachments. The way that affect connects bodies to objects leaves me wondering: What does it mean to tear myself away from the picture of optimism? What does this tearing or ripping (Ahmed 2004) *feel* like? What parts of the picture remain attached and what parts of myself are torn in the process? To what extent did I participate in fabricating this picture of a "good" or "normal" life (Berlant 2011, 19)? In what ways am I still wishing to get closer to that better life tethered to institutions that feed on my anxieties, desires, and disability status?

I am privileged to have a good neurologist, especially when too many have no access to such care. Yet, the cycle of restlessness, fatigue, intervention, and worry never really ends because I cannot put multiple sclerosis behind me, even after loved ones say I am "doing better" during a two-day visit. While such optimism gets them by, it irritates my skin, tastes bitter, and sounds like a ringing in my ear. At night I count down from seven, breathing through the anxiety and heart palpitations that precarity and medication gifted me. My latest brain image shows I am not getting better, and while I want *this* to end, I also feel I need it; *it* is forever part of me.

The story finishes with a view from the passenger train window and the long passing of a cargo train, eliciting discomfort of that which endures. The piano has stopped but my voice-over continues: "And I'm still not *there*, / but, I'm not where I was; / instead I'm tripping, dreaming, / flying on a freight train, / in/towards someplace different and hope-full." Although hope, itself, has an attachment to cruel kinds of optimism, the hope-full place I am tripping in/towards is elsewhere than the present impasse where getting better is a cruel fantasy.

Countering the Cruelties of Getting-Better Assurances

We brought our digital stories into conversation with one another for how they both depict counter-narratives on disability recovery. Attachments to curative strategies are wedged between the lines of our autobiographical stories, binding us to the successes we envisioned for ourselves as good citizens, while keeping us circling in angst under the weight of our expected recoveries. Should we fail to recover, there is an impulse to keep these aspects of ourselves partly concealed for fear of rejection from the very social spaces that signify success through proximity. Our proximity to these spaces gives us proximity to what Berlant (2011, 19) refers to as the "good" or "normal" life promised by capitalist culture to anyone working to overcome their disability/difference. But contradictions abound in good life fantasies that fail in debilitating and cruel ways; this is especially so for those whose race, gender, class, citizenship, ethnicity, dis/ability, and sexuality are positioned outside normative categories of existence (Berlant 2011; Kafer 2013; Puar 2017; Spurgas 2021). In the themes we derive from our stories, we work out how curative narratives stick to disabled bodies and minds, create tears, and leave evidence of a historicity of curative violence (Ahmed 2015; Clare 2017; Kafer 2013). Next, we elaborate on the ordinariness of crises in disabled life to counter attachments between cure, getting better, and progress in academic and public life. Our final theme explores our refusal to show our bodies, finding affective possibilities in vulnerability through aesthetic ambiguity.

What Tears and What Sticks: The Historicity of the Curative

These two digital stories track the ways our bodies carry the imprints of recovery narratives. In Jen's *Litany*, incomplete breaks from disordered eating materialize in the stench of chewing gum on her breath and the rush of caffeine pumping through her bloodstream. Her body formed an archive of previous pathologized habits, all brimming beneath the surface and threatening to undo her optimistic effort toward worldmaking. But she cannot claim a culturally acceptable recovery, cannot manage under the pressure of expectation, without these secret strategies and the visceral feelings of disgust they are rooted in. In *Learning*, getting better binds Alanna to others' problematic expectations of her to continue being inspiring, to not be sad, to not be a burden, to not speak about discomfort, to persevere and be exceptional so that she does not become like other disabled folks who are rendered undeserving of care by society. The expectations are crushing, divisive, and marked with violence. For her failure—and refusal—to live up to these harsh demands, she slips apologies into nearly every encounter.

These story-beats read disability into affective theories of emotion (e.g., Berlant 2011; Ahmed 2015), where the "getting better" meta-narrative circulates between signs of a cure (Clare 2017; Kafer 2013) or the good life

(Berlant 2011) and the bodies that betray us. Optimism, as a social relation, works through attachments "to organize [and make sense of] the present. It is an orientation toward the pleasure that is bound up in the activity of world-making" (Berlant 2011, 14). The tearing or ripping of these attachments causes discomfort, even pain; it might leave traces of what each was previously stuck to—remnants of an incomplete break (Spurgas 2021). These remnants catalogue a historicity of events, bodies, objects, and signs that were once encountered but may not seem apparent in the present. In Ahmed's (2004) own words: "the ripping effect of emotions… move sideways (through 'sticky' associations between signs, figures, and objects) as well as backward (repression always leaves its trace in the present—hence 'what sticks' is also bound up with the 'absent presence' of historicity" (Ahmed 2004, 120). Inattention to these histories in dominant accounts of disability recovery is what Ahmed (2015), Berlant (2011), and others (Spurgas 2021; McNeal, Harris, and Oliphant 2024; Puar 2017) gesture toward in arguing that history has presence; it shapes what is happening now and how it is experienced (i.e., its affect). Berlant terms this the "historical present" (Berlant 2011, 195) to track a present that endures.

Being without some historical context makes understanding "what objects [and events] do to other objects [or bodies]" across time and space difficult (Ahmed 2015, 91) and so does violence to particular (raced, gendered, classed, and Othered) bodies surfaced by that often-violent history. These include the violences done to Black, racialized, and female bodies during the transatlantic slave trade and in the present (Erevelles 2011; McNeal, Harris, and Oliphant 2024); the ongoing colonial occupation of Indigenous lands and Middle Eastern states (among others) (McRuer 2018; Puar 2017); the institutionalization and socio-political exclusion of persons deemed disabled, defective, and/or lacking capacity (Clare 2017; Erevelles 2011; Rossiter and Rinaldi 2019); and the lived and material precarity still attached to these bodies. Recognizing critiques of Berlant's (2011) work in *Cruel Optimism* that dismisses (and reinforces) key racial, cultural, and geographic histories that shape how Otherness and disability are represented and lived, we still find use in tracing the affective structure and circulation of cruel optimism.

Reflecting on his encounters with the medical system, Clare (2017) makes clear the impossibility, even the cruelty, of desire for cure. Granted, "the desire for a cure" is not in itself "necessarily an anti-disability rights and justice position" (Clare 2017, 3). We (Jen and Alanna) both, after all, bear relationships to disablement that came with pain and distress. But an ideological commitment to cure erases the lived realities of disability and of surviving the disabling present. Cure is only convenient for a system committed to maintaining power by reinforcing a normative, oppressive, exclusionary, and eugenic politic.

Unsettling the Arc of Progress: Achievement as Recovery's Blanket

Varying temporalities of disabled life disrupt the expectation of a single trajectory of getting better, its unrelenting forward march. Achievement can involve exhausting and even debilitating kinds of labour, seen in the cyclical rituals Jen conducted through *Litany*. The story starts *after* the worst of diagnosis, depicting a recovery at progressive stages of schooling and its attendant pressures to produce and compete and project wellness. And yet, each key milestone is punctuated with a circling back, a repetition of the self-regulation that once invited prognosis. Meanwhile in *Learning*, Alanna describes the anxious work of traversing the turbulent terrain of a disability diagnosis with no clear prognosis (except progressive decline). The unsteady pace disrupts the possibility for success, making success for the emerging scholar-artist all the more desirous for its blanketing effects and protection it provides from those waiting for her to overcome or fail.

These moments in both digital stories convey how recovery may not move in a straight line. While Berlant has met critique in fat studies circles (e.g., Crawford 2017; Ward 2013) for granting too much credence to obesogenic environments (or structural arrangements that increase risk of weight gain, a site of study for scholars seeking to "end obesity"), *Cruel Optimism* and other works nevertheless introduce the helpful idea that lateral (rather than progressive) agency is born of eating and other habits that resist the acceleration of capitalist labour production processes. Lateral agency opens up a temporality that Berlant describes as "ongoingness, getting by, and living on, where the structural inequalities are dispersed, the pacing of their experience intermittent" (Berlant 2011, 99-100) because the agent is not acting in the "life-building way" (Berlant 2011, 99-100) expected of liberal subjectivity.

Where optimism is an orientation to the future, a future placed just out of reach for the liberal subject in order to prompt their strivings, Kafer (2013, 27) explains that "'the future' has been deployed in the service of compulsory able-bodiedness and able-mindedness." In what she calls "curative time" (Kafer 2013, 27), linearity is baked into recovery strategies and getting better narratives. In her own words: "Futurity has often been framed in curative terms, a time frame that casts disabled people out of time… Within this frame of curative time, then, the only appropriate disabled mind/body is one cured or moving towards cure" (Kafer, 2013, 27). The promise of progress defines recovery narratives despite recognition of recovery's nonlinearity (Leamy et al. 2011; Stuart, Tansey and Quayle 2017). For instance, relapse is often included as part of the recovery journey, whether due to an illness or pathologized disorder related to one's mental, psychical, neurological, or physical health; it is a backward/forward movement measured by how closely one's behaviours and lab results approach societal norms. The linearity of curative time might then rely on returning to a former state of being that better resembled the picture of good health and normality. For Clare (2017), the expectation of this impossible return is cruel, even violent. Moreover, since curative time is bound by normative expectations (Kafer 2013), impasse is imminent. Crisis, debility, and trauma, all outcomes of ongoing structural violence (Berlant 2011; Spurgas 2021), become mere obstacles one must overcome.

The expectation to overcome disability, trauma, or hardship is capitalist culture's "*curative imaginary*" (Kafer 2013, 27) from which the desire to move toward the good life is birthed. In need of assurance for a better life, those of us living with disabilities and differences weather the affects of structural oppression and precarity, and consequently latch onto normative activities and institutions that signify progress and possibility for recovery. For Kafer (2013, 27) the curative imaginary "not only expects but assumes intervention [into disability] but also cannot imagine or comprehend anything other.". The digital stories in this paper impart that, similar to the way recovery serves as a safeguard for the curative (Clare 2017), academic (and other public) achievement is the blanket we use to conceal those aspects of our disabled selves that have fallen off the recovery train or that never made it to the station; it also conceals the self- and socially-inflicted wounds and stresses that have become ordinary effects of living in disabling times. Achievement, then, becomes a tool of survival to defy—for ourselves and others—the ways in which disabled bodies and minds are regulated, stereotyped, and constructed as "obstacles to the arc of progress" (Kafer 2013, 27).

The Art of Refusal: Analyzing Aesthetic Ambiguity

Aesthetically, both digital stories featured in this paper leave viewers without the gratification of knowing what the storyteller looks like. By denying audiences the ability to view our bodies and make judgements about our disability claims, we ask our audiences to resist looking for signs of recovery and to, instead, wade gently, patiently into our stories. Jen in *Litany* focused a camera on a desktop screen while an audio synthesiser reacted to the script recording. This technique means the audience can catch her reflection staring back at them, but only obliquely, in fleeting moments. For *Learning*, Alanna assembled images and videos of everyday spaces that are as intimate as her body. Images appear as felt and experienced in/out of sync with a recording of her playing the piano that runs behind her narration.

These two digital stories do not satisfy an audience interest in attaching meaning to visual representations of disabled embodiment. Neither Jen's nor Alanna's body can be measured against the impossible futures their recovery narratives prompt them to strive toward. Nor do their stories permit audiences to see their bodies merely as sites or objects of tragedy and failure; rather, their stories apply an aesthetic of ambiguity to keep open the interpretive, creative, and knowable boundaries of disability and how it "appears as a visceral moment" (Berlant 2011, 15). Ambiguity, then, is our (both Jen and Alanna's) refusal to adhere to aesthetic conventions that flatten out the embodied and temporal "rhythms of [disability] survival" (Berlant 2011, 11) and to instead alter the affective structure of disability recovery narratives attached to cruelly optimistic ideals.

Refusal to be visible or easily read, nevertheless, requires vulnerability in the aesthetic portrayal of one's truth, as felt. While it may seem a far stretch, Lorde's (1980) critique of the oppressive structures that silence the particularities of disability and difference illuminates the transformative power of speaking differently—even in the face of fear and exhaustion—because *this* is difficult work. For Lorde (1980), refusing to be silent or adhere to normative scripts of disability and difference is the mobilizing force out of the impasse with which Berlant (2011) is concerned. The digital stories that make this paper possible take part in the unsilencing work, using ambiguity to attend to the ways disability recovery, as a cruel fantasy, circulates and sticks to disabled bodies and minds. Our refusal to be seen and easily decipherable generates anew the affective realities of failure that we find generative and authentic to our disabled lives and futures.

Conclusion: Disability as Generative and Enduring

In this paper we drew from our own digitized disability stories to develop a counter critique to the "getting better" meta-narrative. We utilized Berlant's (2011) theory of cruel optimism to argue that, like the "good" life fantasy promised by capitalist culture, recovery is bound up in the impossibility of returning to a former self, of cure, and/or of living a "normal" life. As disability scholars who ourselves experience different forms of lifelong disablement, we take issue with the curative violences of institutionally entrenched recovery models that discount diverse and enduring disability/disabling realities. The digital stories we shared, described, and analyzed were created during two separate workshops and utilized a counter-narrative digital storytelling methodology. From these stories, we articulated an analysis of how the stickiness of curative narratives leaves tears and evidence of curative violence on our bodies and minds; how the ordinariness of crisis and disablement are felt and defied through achievement; and how the ambiguity of our bodies demanded different affective engagement with our stories. In altering the affective structure of our attachments to the recovery narrative, we found meaning in our failures and vulnerabilities, and movement toward a more just future with room for embodied and enminded differences—and perhaps healing justice. The authenticity of our disability stories, with no clear prognosis for recovery, generated for us a way to endure, even thrive.

Endnotes

1. The digital stories referenced in this article can be found at the following link: https://www.idrr.ca/the-cruelty-of-the-curative (password curative).

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