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*Lower Ed: The Troubling Rise of For-Profit
Colleges in the New Economy*

*For-Profit Universities: The Shifting Landscape
of Marketized Higher Education*
(co-editor with William A. Darity Jr.)

THICK

And Other Essays

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I never dreamed about weddings or boyfriends or babies. The first dream for my imagined future self that I can recall starts with a sound. I was maybe five years old and I wanted to click-clack. The click-clack of high heels on a shiny, hard floor. I have a briefcase. I am walking purposefully, click-clack-click-clack. That is the entire dream.

At various times in my life I have interpreted that dream in different ways. It could be that I wanted the money someone with a briefcase and purpose would presumably earn. For a while I worried that it meant I did not have the heart required for committed love because my early, simple lessons of work were that it precludes anything soft. Now I have settled on competency. I dreamed of being competent.

I am writing this in a freezing house in Virginia during a bitterly cold winter, because my heat is off. I have three space heaters ordered in a pique from Amazon Prime and the oven door open. The oven door is country. The Amazon Prime is so middle class. All in all, it is very me. For perhaps the first season in my life I can afford heat *and* food *and* transportation *and* housing *and* the consumption of a good middle-class person. My heat is not off because I cannot pay, but because I forgot to pay. No matter that I can pack my overnight bag like a winning game of Tetris or that I keep receipts for tax season, competency will always be a ritual in wish fulfillment.

I am not the only one in love with the idea of competence. It is a neoliberal pipe dream that generates no end of services, apps, blogs, social media stars, thought leaders, and cultural programming, all promising that we can be competent. If you are working irregular shifts like an estimated 3.2 million people in the United States are, you cannot control your time. The instability of constant work without a constant employer can make it hard to plan your life. Thriving in liberal capitalism requires planning for eventualities

that you cannot control. You have to plan for when you will be sick, when your children will go to daycare, when you will spend a week at the beach and how long you might live. Productivity tools promise you control where the political economy says you cannot have any. You cannot predict how well the State or your family will care for you when you are old, but you can schedule to the minute how much time you spend this week reallocating your retirement account.

My favorite of all of these tools is LinkedIn.² LinkedIn is the dumbest of all the dumb websites created during our new digital age. That is my expert opinion. LinkedIn is dumb. The interface is bad. The platform architecture cannot figure out how to facilitate networking *and* self-promotion *and* neoliberal branding *and* presentation of self, so it just does all of those things badly. It isn't dynamic. It isn't quite static. It is the worst of each. You know a website is bad when its founder proclaims that "people use the website wrong!" He thinks you should only "endorse" people you know, but everyone who uses LinkedIn accepts any request for a connection or an endorsement, because I have to believe deep down we know that it doesn't matter. Despite being dumb

and poorly designed and having a founder who blames the users for the site's bad architecture, people are strangely defensive about LinkedIn. I made a joke about it on Twitter once and five years later people are still responding to that tweet, angry that I would even mildly disparage it. I made myself a promise that I would never again publicly make light of LinkedIn, once I realized why people were so defensive.

LinkedIn is an exemplar of the promises technology makes but that neoliberalism can never fulfill. By all accounts, all workers feel increasingly anxious about their job security, income mobility, and quality of life. Poor workers and middle-class workers and even highly paid elite workers in western economies are anxious because of the demands that our accelerated digital society make of us. We know that we could be outsourced, downsized, and eased out of a job or a career or an entire industry at a moment's notice. Despite our shared anxiety not all of us believe in a collective response to what is fundamentally a collective problem. The only thing we mostly agree on is that we are individuals with the "freedom" to be anxious as we please. What pleas-

es us is any technocratic fairytale of how we can network enough to offset unstable employment.

Who needs a promotion when you can add fifty endorsements to your LinkedIn or five new connections to your third-grade best friend's brother? All the busywork produced by the technological society perversely creates new ways for technology to make our anxiety a profitable extractive regime. It is a vicious cycle. Such is the foolishness of wanting to be competent in a political economy that can only sell you ways to *feel* competent, but does not offer sufficient ways to enact competency.

That is a problem for us all, to a certain degree. But for some of us being competent has always been an illusion. Now, it is the nature of global capital and inequality to make us structurally incompetent. For black women, racism, sexism, and classism have always made us structurally incompetent. To a black woman living global inequality and technological change, the competency trap is a cumulative multifold iron cage of network effects in oppressive regimes.

I have never felt more incompetent than when I was pregnant. Pregnancy is not just resistant to the dictates of

capitalism, it is hell on competency. I was four months or so pregnant, extremely uncomfortable, and at work when I started bleeding. Bleeding is against company policy almost everywhere. When you are black woman, having a body is already complicated for workplace politics. Having a bleeding, distended body is especially egregious. When I started bleeding, I waited until I filed my copy, by deadline, before walking to the front of the building, where I called my husband to pick me up.

An hour or so later, I was in the waiting room of my obstetrics office on the good side of town. I chose the office based on the crude cultural geography of choosing a good school or which TJ Maxx to go to: if it is on the white, wealthy side of town, it must be good. For many people I am sure that the medical practice was actually good. The happy, normal, thin white women in the waiting room every time I visited seemed pleased enough. The office staff was effective. The nurses' hands were always warm when they stuck one up your vagina. The doctors were energetic. All in all, it was all I knew to ask for.

Until I started bleeding. That day I sat in the waiting

room for thirty minutes, after calling ahead and reporting my condition when I arrived. After I had bled through the nice chair in the waiting room, I told my husband to ask them again if perhaps I could be moved to a more private area to wait. The nurse looked alarmed, about the chair, and eventually ushered me back. When the doctor arrived, he explained that I was probably just too fat and that spotting was normal and he sent me home. Later that night my ass started hurting, the right side. Just behind the butt muscle and off a bit to the side. I walked. I stretched. I took a hot bath. I called my mother, The Vivian. Finally, I called the nurse. She asked me if my back hurt. I said no, which was true. My back was fine. It was my butt that hurt. The nurse said it was probably constipation. I should try to go to the bathroom. I tried that for all the next day and part of another. By the end of three days, my butt still hurt and I had not slept more than fifteen minutes straight in almost seventy hours.

I went to the hospital. Again, they asked about my back, implied that I had eaten something "bad" for me and begrudgingly, finally decided to do an ultrasound. The

image showed three babies, only I was pregnant with one. The other two were tumors, larger than the baby and definitely not something I had eaten. The doctor turned to me and said, "If you make it through the night without going into preterm labor, I'd be surprised." With that, he walked out and I was checked into the maternity ward. Eventually a night nurse mentioned that I had been in labor for three days. "You should have said something," she scolded me.

I asked for pain medication, but I would have to wait until it was bad enough to warrant what they kept calling "the narcotic." After a week of labor pains that no one ever diagnosed, because the pain was in my butt and not my back, I could not hold off labor anymore. I was wheeled into a delivery operating room, where I slipped in and out of consciousness. At one point I awoke and screamed, "motherfucker." The nurse told me to watch my language. I begged for an epidural. After three eternities an anesthesiologist arrived. He glared at me and said that if I wasn't quiet he would leave and I would not get any pain relief. Just as a contraction crested, the needle pierced my spine and I tried desperately to be still and quiet so he would not leave me there that

way. Thirty seconds after the injection, I passed out before my head hit the pillow.

When I awoke I was pushing and then my daughter was here. Barely breathing and four days too early for the Catholic hospital to try any medical intervention, she died shortly after her first breath. The nurse wheeled me out of the operating room to take me back to recovery. I held my baby the whole way, because apparently that is what is done. After making plans for how we would handle her remains, the nurse turned to me and said, "Just so you know, there was nothing we could have done, because you did not tell us you were in labor."

Everything about the structure of trying to get medical care had filtered me through assumptions of my incompetence. There it was, what I had always been afraid of, what I must have known since I was a child I needed to prepare to defend myself against, and what it would take me years to accept was beyond my control. Like millions of women of color, especially black women, the healthcare machine could not imagine me as competent and so it neglected and ignored me until I was incompetent. Pain short-circuits rational

thought. It can change all of your perceptions of reality. If you are in enough physical pain, your brain can see what isn't there. Pain, like pregnancy, is inconvenient for bureaucratic efficiency and has little use in a capitalist regime. When the medical profession systematically denies the existence of black women's pain, underdiagnoses our pain, refuses to alleviate or treat our pain, healthcare marks us as incompetent bureaucratic subjects. Then it serves us accordingly.

The assumption of black women's incompetence—we cannot know ourselves, express ourselves in a way that the context will render legible, or that prompts people with power to respond to us as agentic beings—supersedes even the most powerful status cultures in all of neoliberal capitalism: wealth and fame. In 2017 Serena Williams gave birth to her daughter. She celebrated with an interview, as is the ritual custom of celebrity cultures. In the interview, Serena describes how she had to bring to bear the full force of her authority as a global superstar to convince a nurse that she needed a treatment. The treatment likely saved Serena's life. Many black women are not so lucky.

In the wealthiest nation in the world, black women are

dying in childbirth at rates comparable to those in poorer, colonized nations. The World Health Organization estimates that black expectant and new mothers in the United States die at about the same rate as women in countries such as Mexico and Uzbekistan.³ The difference in rates is attributable, in large degree, to the high mortality rate of black women in the United States. The CDC says that black women are 243 percent more likely to die from pregnancy- or childbirth-related causes than are white women.⁴

These are not new data. They aren't hard-to-find, if hard-to-accept, data. Medical doctors surely know about these disparities, right? Why, then, would a global superstar have to intervene so directly in her own postnatal care, and what does that say about how poorer, average black women are treated when they give birth? There is surely something to be said about black women's structural oppression and cumulative disadvantage that conditions our physical responses to pregnancy. But there is also something to say about a healthcare system's assumptions regarding competency when it comes to the delivery of care that is killing black women.

The evidence in healthcare is some of the most dire, but examples of racialized, gendered competence abound because we rely on organizations to allocate the resources that govern our human rights. Healthcare is a lot like education, in that it is primarily delivered through bureaucracy. People in the bureaucracies make decisions, but many of the decisions are made for people by the rules attached to every role and every routine interaction. All of those rules are assumptions, derived from cultural beliefs about people, bodies, illness, and health.

To get the “healthcare” promised by the healthcare bureaucracy, it helps tremendously if the bureaucracy assumes that you are competent. When I called the nurse and said that I was bleeding and in pain, the nurse needed to hear that a competent person was on the phone in order to process my problem for the crisis that it was. Instead, something about me and the interaction did not read as competent. That is why I was left in a general waiting room when I arrived, rather than being rushed to a private room with the equipment necessary to treat a pregnancy crisis. When my butt hurt, the doctors and nurses did not read that as

a competent interpretation of contractions and so no one addressed my labor pains for over three days. At every step of the process of having what I would learn later was a fairly typical pregnancy for a black woman in the United States, I was rendered an incompetent subject with exceptional needs that fell beyond the scope of reasonable healthcare.

“Black babies in the United States die at just over two times the rate of white babies in the first year of their life,” says Arthur James, an OB-GYN at Wexner Medical Center at Ohio State University in Columbus.⁵ When my daughter died, she and I became statistics.

What I remember most about the whole ordeal, groggy from trauma and pain and narcotics, is how nothing about who I was in any other context mattered to the assumptions of my incompetence. I was highly educated. I spoke in the way one might expect of someone with a lot of formal education. I had health insurance. I was married. All of my status characteristics screamed “competent,” but nothing could shut down what my blackness screams when I walk into the room. I could use my status to serve others, but not myself.

Sociologists try to figure out how ideologies like race and gender and class are so *sticky*. How is it that we have laid bodies down in streets, challenged patriarchy in courts, bled for fair wages, and still inequalities persist? The easiest answer is that racism and sexism and class warfare are resilient and necessary for global capitalism. The easy answer is not wrong, but it does not always tell us the whys and what-fors of how a middle-class black woman getting care in the good part of town in the United States of America has the same health outcome as a black woman anywhere in the colonized world.

Of course, black women know why intuitively. Patricia Hill Collins once called on the idea of controlling images, those stereotypes that are so powerful they flatten all empirical status differences among a group of people to reduce them to the most docile, incompetent subjects in a social structure.⁶ Those are the memes of the fat black woman, gesticulating with the text “I’m a strong black woman I don’t need no man” that circulate throughout our digital media culture. Controlling images have fallen a bit out of favor in the feminist literature, sometimes thought to be a

taken-for-granted relic of older theory. But that is only if we confine our analysis to popular culture, where negative stereotypes do seem pedestrian. When we broaden our field of analysis to the political economy of incompetence—who is and who is not structurally viable as an agentic being across the domains of social life—controlling images regain some of their explanatory power.

Controlling images were never just about the object of study—popular culture memes or characters from movies and television shows—but about the process of reproducing structural inequalities in our everyday lives. Social psychologists study how we acknowledge and reproduce status groups like “man,” “woman,” “black,” “white,” “Asian,” “poor,” “rich,” “novice,” and “expert” in routine interactions. These are statuses of people that we recognize as meaningful categories. When we interact with someone, a few things happen. We size up the person we are engaging with, scanning for any risks to our own social status. You don’t want to be the person who mistakes the company president for the janitor, for example. We also scan others’ perception of us. This is how all kinds of impromptu moments

of cooperation make our day go smoothly. It's the guy who sees you struggling to get something on the bus and coordinates the four people around you to help you get on. Or it's the three women in a fast food line who all grab for a baby's bottle just before it hits the floor. We cooperate in micromoments and in longer settings like the waiting room of a doctor's office. And, when we are cooperating with strangers or near strangers, we are using all kinds of ideas about status to make the interaction work to our benefit.

Let's take a small detour to get something out of the way. The prevalent perception of black women as unruly bodies and incompetent caretakers overrules even the most dominant stereotype about us, namely that we are superhuman. The image of black women as physically strong without any emotions vulnerable enough to warrant consideration is one of the greatest cultural exports from the racist, sexist U.S. hierarchy. We are undisciplined yet steadfastly committed to the care of others. At one time we were good nannies until global anti-blackness made the world's immigrant brown women cheaper to import. Even as black women caregivers became less desirable as actual emotional labor-for-hire,

we have remained firmly lodged in the cultural imagination as "superwomen." It might seem that the culture's perennial strong woman would also be *competent*. But incompetent and superhero do not actually conflict in the context of essential notions about gender, race, class, and hierarchy.

Black women are superheroes when we conform to others' expectations of us. When we are sassy but not smart; successful but not happy; competitive but not actualized—then, we have some inherent wisdom. That wisdom's value is only validated by our culture when it serves someone or something else. We must inspire or provide the emotional release of "calling out" someone afflicted by the guilt of their unearned privilege. When we perform some existential service to men, to capital, to political power, to white women, and even to other "people of color" who are marginally closer to white than they are to black, then we are superwomen.⁷ We are fulfilling our purpose in the natural order of things. When, instead, black women are strong in service of themselves, that same strength, wisdom, and wit become evidence of our incompetence.

The structural incompetence of black women is how

we were made into property makers without any rights to property during slavery; into Patrick Moynihan's ghosts of black family deviance in the 1960s; and today into icons whose embodiment of authentic emotion is transmuted into digital memes meant to show you're woke in the 2000s. As objectified superhumans, we are valuable. As humans, we are incompetent.

Back to how status works. The big categories that work in almost any context are diffuse status characteristics. Our beliefs about those categories are so rich, deep, historical, omnipresent, and shared by others whose esteem we value that they show up in almost any social interaction. Those are the categories on which organizations like schools and hospitals base their bureaucratic assumptions. Who is a doctor? Man, white, maybe Asian (East not South and god knows rarely Southeast). Who is a nursing assistant? Woman, brown, black. Of course, values come with those assumptions. Doctors are good. Man, white, maybe Asian (East not South and god knows rarely Southeast) is also good. And so forth and so on. The great promise of social progress is that we can each earn other status descriptors like "expert" or

"medical professional." You go to school. You deny yourself a little fun here and there. You sacrifice. You conform. And people out there recognizing your specific status characteristics is supposed to be the reward. In interactions someone might assume a woman cannot do math, but learn that she is an engineer. The question is, which status characteristic will win out?

More often than not the hierarchy of diffuse status characteristics overpowers any status characteristics that we earn. Patricia Hill Collins's matrix of domination, the intersecting planes of privilege and domination, still matters.⁸ If we read that oeuvre more deeply, attuned to the ways that capital and neoliberalism have inculcated greater incompetence for more and more people, we find that what black feminists promised all along was true: to know the most present marginalized oppressions is to know the future.

Being structurally incompetent injects friction into every interaction, between people, and between people and organizations, and between organizations and ideologies. Frictionless living is the promise of neoliberal capital—that is, if you are on the winning side of power. But when black

women in the United States are dying trying to give birth and their babies are dying trying to get born, not simply because of poverty but because the grotesque accumulation of capital in the West is predicated on our structural incompetence, then we can see the ends of hypercapitalism in daily life.

This moment of global inequality demands incompetent subjects. The status quo and ever-intensifying versions of it require incompetent consumers who will learn to want technological solutions to their political problems. Are you starving even though there is food? Here is an app to connect you with the charity that is filling that hole in our ragged social safety net. Are global profits being extracted by the financial class while driving down wages and quality of work, even for people with expensive college educations? Here is a website where you can purchase a credential that might help you get a new job, one where you will likely be in the same position again in eighteen months. Your structural incompetence generates ever more sophisticated consumption goods, goods that reinforce status games of who is deserving and who is not.

Did you use the app to get a job or to become an entrepreneur? Do you use social media like a customer or a producer? Are you surveilled by the state like poor people or do you surveil yourself like the middle class? These gradations of difference are meaningless if the question is which consumption status group has power over their political incompetence. All of them are incompetent; they only differ in how they can afford to lie to themselves about it.

What so many black women know is what I learned as I sat at the end of a hallway with a dead baby in my arms. The networks of capital, be they politics or organizations, work most efficiently when your lowest status characteristic is assumed. And once these gears are in motion, you can never be competent enough to save your own life.

That is how black feminism knows the future.