to teaching and to what we teach so that the diversity in our students is mirrored in our pedagogical practices.

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Disability, Life Narrative, and Representation

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Disability is an inescapable element of human existence and experience. Although it is rarely acknowledged as such, it is also a fundamental aspect of human diversity. It is so, first, in the sense that, worldwide, an enormous number of people are disabled. The proportion of disabled people in different national populations varies significantly with factors such as economic development, quality and availability of health care, and the age distribution of the population. (In the United States, people with disabilities make up the population's largest minority: Census 2000 found nearly twenty percent of the population over five years of age to be affected by some sort of disability [United States, Census Bureau].) Furthermore, because of the way this minority is constituted, it is arguably more diverse than those of race, gender, class, and sexual orientation. Disabilities may affect one's senses or one's mobility; they may be static or progressive, congenital or acquired, formal (affecting the shape of the body) or functional, visible or invisible.

All these differences create potential fault lines within the whole; far from monolithic, then, the category of disabled people is inflected with differences that profoundly affect identity politics. For example, people with hereditary or congenital disabilities are far more likely to "identify" as disabled and to express pride in their anomalous bodies. In contrast, individuals with acquired disabilities are more likely to resist or even reject identification as disabled and more likely to invest, financially and emotionally, in the quest for cure or rehabilitation. In any case, the border between the disabled and the nondisabled is less permanent and more permeable than those between racial and gender groups. With the help of biomedicine or rehabilitation, individuals can pass from the status of disabled to that of nondisabled; on the other hand, *anyone* can become disabled, at any time, and, barring sudden or accidental death, most people *will* eventually become disabled to a significant degree. So disability is a distinct form of diversity in its variability, contingency, and fluidity.

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Disability is fundamental also in that it may trump other minority statuses. That is, for people who differ from the hegemonic identity (middle-class white heterosexual nondisabled male, say) in more than one way, a single impairment, such as blindness or deafness, may function as their master status, their primary defining characteristic. Similarly, and perhaps not coincidentally, physical and mental impairments often underpin constructions of race, ethnicity, and gender. I am referring here to the way in which women have historically been viewed as defective men, people of color as deficient whites, and "ethnic" groups as pathologically deviant from "nonethnic" populations. This phenomenon is most disturbingly clear in the theory and practice of eugenics during the first half of the twentieth century in the United States, in Britain, and, climactically, in Nazi Germany. But it has also played a more subtle role in other historical events and movements. For example, in the United States, as Douglas Baynton has shown, the mapping of disability onto gender, racial, and ethnic distinctions

> was a significant factor in the three great citizenship debates of the nineteenth and early twentieth centuries: women's suffrage, African American freedom and civil rights, and the restriction of immigration. When categories of citizenship were questioned, challenged, and disrupted, disability was called on to clarify and define who deserved, and who was deservedly excluded from, citizenship. (33)

In this sense, disability may be more fundamental than racial, ethnic, and gender distinctions. As the difference that underpins other differences, it has escaped thorough scrutiny until quite recently.

At the same time, disability has been remarkably prominent in both high and popular cultures. Thus, while it is often said that in the United States ethnic and racial minorities have been underrepresented, the opposite is true of people with disabilities: high and popular cultures are saturated with images of disability. Unlike other oppressed groups, then, disabled people have been *hyper*represented in mainstream culture; they have not been disregarded so much as they have been subjected to objectifying notice in the form of mediated staring. In *Narrative Prosthesis: Disability and the Dependencies of Discourse*, David T. Mitchell and Sharon L. Snyder have demonstrated how Western culture has persistently, even obsessively, deployed disability as a prompt and as a prop for narrative. The literary tradition stretches from Sophocles's Oedipus through Shakespeare's Richard III and Melville's Ahab to Faulkner's Benjy and beyond. As a trope, disability serves to conflate narrative and character; even when it does not generate narrative, it may imply a backstory. A crippled or scarred character, for example, may be assumed to have been traumatized and embittered in the manner of Ahab. (Not coincidentally, such characters are often put to death in punishment of their villainy, and so the impression that disabled people are doomed, if not cursed, is reinforced.) In film, a visual medium that puts a premium on appearance and the body, disability is, if anything, even more prominent. To use an economic metaphor that is literal truth, disability has been an extremely valuable cultural commodity for thousands of years.

Historically, the cultural representation of disability has functioned at the expense of disabled people in part because they have not controlled their own images. My point of entry into disability studies, however, was through an antithetical phenomenon: late-twentieth-century life writing, in which, in unprecedented ways and to an extraordinary degree, disabled people initiated and controlled their own narratives. Indeed, I would argue that one of the most significant developments—if not *the* most significant development—in life writing in North America over the last three decades has been the upsurge in the publication of book-length accounts (from

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both first- and third-person points of view) of living with illness and disability. Whereas in the 1970s it was difficult to find any representation of most disabling conditions in life writing, today one can find multiple representations of many conditions. Equally significant, and more remarkable, one can find autobiographical accounts of conditions that would seem to preclude first-person testimony—for example, autism, locked-in syndrome, and (early) Alzheimer's disease.

A comprehensive history of disability life writing has yet to be produced, but it is safe to say that not much of such literature was published before World War II. War both causes and valorizes certain forms of disability; not surprisingly, then, disabled veterans wrote a substantial number of narratives after the war. Polio generated even more narratives; indeed, polio may be the first disability to have engendered a substantial autobiographical literature (Wilson). In the 1980s and 1990s, HIV/AIDS and breast cancer provoked significant numbers of narratives; many of these challenge cultural scripts of the conditions (such as that AIDS is an automatic death sentence or that breast cancer negates a woman's sexuality). Thus, one major post–World War II cultural phenomenon was the generation of large numbers of narratives about a small number of conditions.

A complementary phenomenon has been the production of small numbers of narratives about a large number of conditions, some quite rare and some only recently recognized. Among these conditions are (in alphabetical order) Alzheimer's, amyotrophic lateral sclerosis (ALS), or Lou Gehrig's disease, aphasia, Asperger's syndrome, asthma, autism, cerebral palsy, chronic fatigue syndrome, cystic fibrosis, diabetes, disfigurement, Down syndrome, epilepsy, locked-in syndrome, multiple sclerosis, obesity, obsessive-compulsive disorder, stroke, stuttering, and Tourette's syndrome. As the twentieth century drew to a close, then, many disabilities came out of the closet and into the living room of life writing.

Like life writing by other marginalized groups—women, African Americans, and gays—life writing by disabled people is a cultural manifestation of a human rights movement; significantly, the rise in personal narratives of disability has roughly coincided with the disability rights movement, whose major legal manifestation is the Americans with Disabilities Act, which was passed in 1990 (but which, some would argue, has never been fully implemented). The first flowering of disability autobiography is also part of a disability renaissance involving other arts and media. Disability autobiography should be seen, then, not as spontaneous "self-expression" but as a response—indeed, a retort—to the traditional misrepresentation of disability in Western culture.

With that as background and context, I would like to sketch a couple of approaches to this rich body of narrative. One way of getting at the relation between somatic variation and life narrative is through a common phenomenon: the way deviations from bodily norms often provoke a demand for explanatory narrative in everyday life. Whereas the unmarked case (the "normal" body) can pass without narration, the marked case (the scar, the limp, the missing limb, or the obvious prosthesis) calls for a story. Entering new situations or reentering familiar ones, people with anomalous bodies are often called on to account for them, sometimes quite explicitly: "What happened to *you*?" One of the social burdens of disability, then, is that it exposes affected individuals to inspection, interrogation, and violation of privacy.

In effect, people with extraordinary bodies are held responsible for them, in two senses. First, they are required to account for them, often to strangers; second, the expectation is that their accounts will relieve their auditors' discomfort. The elicited narrative is expected to conform to, and thus confirm, a cultural script. For example, people with lung cancer or HIV/AIDS are expected to admit to behaviors

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that induced their condition—to acknowledge having brought it on themselves. Thus, a fundamental connection between life narrative and somatic anomaly is that to have certain conditions is to have one's life written *for* one. For many people with disabilities, culture inscribes narratives *on* their bodies, willy-nilly.

One can see why autobiography is a particularly important form of life writing about disability: written from inside the experience in question, it involves self-representation by definition and thus offers the best-case scenario for revaluation of that condition. Disability autobiographers typically begin from a position of marginalization, belatedness, and preinscription. Long the objects of others' classification and examination, disabled people have only recently assumed the initiative in representing themselves; in disability autobiography particularly, disabled people counter their historical subjection by occupying the subject position. In approaching this literature, then, one should attend to the politics and ethics of representation, for the "representation" of disability in such narratives is a political as well as a mimetic act—a matter of speaking for as well as speaking about (see Couser).

With severe or debilitating conditions, particularly those affecting the mind or the ability to communicate, the very existence of first-person narratives makes its own point: that people with condition X are capable of self-representation. The autobiographical act models the agency that the disability rights movement has fought for, even or especially when the text is collaboratively produced. One notable example is *Count Us In: Growing Up with Down Syndrome*, a collaborative narrative by two young men with the syndrome in question (Kingsley and Levitz). Not only is the title cast in the imperative mood—"count us in"—the subtitle puns on "up" and "down," a bit of verbal play that challenges conventional ideas about mental retardation, such as that those with it never really mature. Autobiography, then, can be an especially powerful medium in which disabled people can demonstrate that they *have* lives, in defiance of others' commonsense perceptions of them. Indeed, disability autobiography may be regarded and taught as a postcolonial, even an anticolonial, phenomenon, a form of autoethnography, as Mary Louise Pratt has defined it: "instances in which colonized subjects undertake to represent themselves in ways that engage with [read: contest] the colonizer's own terms" (7).

People with disabilities have become increasingly visible in public spaces and open about their disabilities. But their physical presence in public life represents only a limited kind of access. Properly conceived and carried out (admittedly, a large qualifier), life narrative can provide the public with controlled access to lives that might otherwise remain opaque or exotic to them. Further, much disability life writing can be approached as *quality-of-life* writing because it addresses questions discussed under that rubric in philosophy, ethics, and especially biomedical ethics. It should be required reading, then, for citizens in a world with enormous technological capability to sustain life and repair acutely ill and injured bodies but with very little commitment to accommodate and support chronic disability. Because disability life narratives can counter the too often moralizing, objectifying, pathologizing, and marginalizing representations of disability in contemporary culture, they offer an important, if not unique, entrée for inquiry into one of the fundamental aspects of human diversity.

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Reflections on Writing and Teaching Disability Autobiography

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THE STANDARD CHARGE ACTIVISTS AND SCHOLars make against disability autobiographies is that they reinforce cultural stereotypes and hinder social change. These texts, such critics argue, perpetuate the notion that disability is a personal tragedy that happens to an individual rather than a set of cultural structures and practices that affect many individuals. As a writer and reader of disability autobiography, I believe it is possible to use one's personal experiences to comment on the culture one inhabits. I do not intend here, however, to defend or condemn specific authors or works or to debate the value of these texts as a facet of a social-change movement. I offer instead an impressionistic account of a course on disability autobiography that I taught at Berkeley recently. What stands out in my memory of the course has to do less with students' responses to particular texts and more with interactions among the students or between the students and me that often seemed peripheral to the topic at hand. This is, then, an autobiographical essay, a series of vignettes and portraits, rendered in all the randomness of lived experience. But it will, I hope, raise issues that are central to disability activism and disability studies.

The class was an upper-division English course and was cross-listed for credit in the disability studies minor. The students were mostly juniors and seniors, majoring in English except for two majoring in psychology, two in political science, and one in film studies. Two or three students were minoring in disability studies. The texts I assigned were *The Story of My Life*, by Helen Keller; *Moving Violations*, by John Hockenberry; *Waist-High in the World*, by Nancy Mairs; *Past Due: A Story of Disability, Pregnancy, and Birth*, by Anne Finger; *Reflections: The Life and Writings of a Young Blind Woman in Post-revolutionary France*, by Thérèse-Adèle Husson; *The Little Locksmith*, by Katherine Butler Hathaway; *Autobiography of a Face*, by Lucy Grealy; and *Thinking in Pictures*, by Temple Grandin. I chose these books because they represented a range of time periods and of impairment categories. But, in all honesty, I chose these titles because at the time I had to submit the reading list that was to appear in the course listings, these were all books that I knew were readily available in alternative formats, specifically as books on tape produced by Recordings for the Blind and Dyslexic and the National Library Service for the Blind and Physically Handicapped. I did this for the convenience of me

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