some students to contemplate or to embrace a disability identity for the first time. For these students, identification emerged from a new scrutiny of the world around them, including the built environment and academic and social practices. In the disability community and the culture at large, people hotly debate the definition of disability. Are such conditions as shyness, addiction, and depression legitimate disabilities? This debate can fuel a reactionary backlash in which it is argued that since everyone has a trait that can be perceived as a disability in certain contexts, we are all disabled, and therefore no measures to accommodate anyone need to be taken. Over their lifetimes, our students will witness an evolution in this debate that I can only begin to imagine. The ways that they identify these issues as relevant, even central, to their own lives or the lives of their peers will press the debate beyond the reductive binary of disabled versus nondisabled and continue to exert pressure on the barriers to inclusion. And some of them will, I hope, write their own autobiographies, to be read and discussed by the next generation.

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Writing Disabled Lives: Beyond the Singular

ANNE FINGER
Oakland, CA

I AM GOING TO BEGIN THIS TALK WITH TWO stories drawn from my life experience.

The first one occurred a number of years ago, when I was still living in Detroit and walking around supermarkets. I had just limped out of Warehouse Club, a discount supermarket where cartons are razored open to reveal their contents: ten-pound sacks of rice or half a dozen boxes of tissues shrink-wrapped together. My cart was loaded down with industrial quantities of toilet paper and breakfast cereal and canned tuna.

One of the neighborhood kids who hang around the doors asked me if I wanted help. Instead of my usual "No, thanks. I'm OK," I let him help me, partly because I was beat but also because I was doing him a good turn as much as he was doing me one.

"What happened to your leg?" he asked me as he was loading the groceries into the trunk of my Volvo.

"I had polio," I said.

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"What's that?" he asked.

I felt like an aging movie star who'd been asked her name by a restaurant maître d'. Polio was as famous as AIDS. Those of us who had it were *figures*. We limped around under its metaphoric weight.

"It's a disease. People don't get it anymore. There's a vaccine now," I said, handing him two dollars.

About a year ago, I was in a writing workshop and in the not unusual situation of being the only disabled person in the room. A woman who was a photographer and was writing an autobiographical text to accompany her photographs showed a picture she had taken of an armless man, a street seller in India. In the text that accompanied it, she wrote, "After taking this photograph, I became a Buddhist." Period. No following sentence explained the link between the act of shooting the picture and the religious conversion. When I responded that I needed to know more about the connection, she said—as if explaining something obvious to an unintelligent child—"Don't you see? He has no arms!" Furthermore, she said, his parents had cut off his arms to make him a beggar. When I asked her how she knew that, she responded, "I just know. People in India do things like that."

The conversation around the table that day was a Rorschach test: filled with rich potentialities for uncovering barely conscious attitudes about disability—the role of disability in religious myths of enlightenment, for one. I couldn't help remembering that in the version of the Buddha's life I had learned in my Unitarian Sunday school, Siddhartha was raised as a cosseted prince from whom all knowledge of human suffering was kept. When, leaving his palace grounds for the first time, he saw a disabled person, the reality of suffering in human life became known to him. I thought also of the Christian story of Saul's divine blindness, which allowed him to see Christ's divinity, and, of course, of the racial assumptions underlying the certainty that a disabled beggar in India must have been deliberately maimed by his parents, because *they* do things like that.

The photographer then said that the picture had originally included another, nondisabled street seller—someone who leaned over and made change for the man without arms. I asked her how she had decided to crop him out, but before she could answer, several other voices from around the table chimed in: "Oh, I like the picture better with just him." "It's a stronger picture this way."

I was struck by the strangeness of the moment. Two photographs are being discussed, and only one has been seen, but the other is dismissed. And then, too, there was something strange about the rush of voices around the room, the way that the void opened up by my question was intolerable and had to be filled.

The notion that disabled people should be alone, isolated, not in community with others—whether nondisabled or disabled—is so deeply entrenched that we *know* the picture is better with the beggar on his own. It is supposed to be that way. The idea of a disabled person in relation with another person is unsettling; we can scarcely bear to think about it. Physical segregation of disabled people from the broader community may be waning, but psychic segregation seems to be alive and well and living on the fringes of our consciousness.

In conventional photographs of disabled people, our bodies are posed alone. We stare into the camera, our bodies immobilized, our "defects" displayed. Whatever the story of our life was, it is over. The narrative has happened. Our bodies are ruins. The viewer no more asks what will happen next than the traveler gazing at the Parthenon or the Colosseum wonders about its future, other than to hope it will remain forever unchanged. We are the final scene, the aftermath. And like the Parthenon, solitary on its ancient hill, we have been removed from the daily world of which we once were part: we are alone, isolated, bereft, separated from ordinary intercourse.

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A little while before this conversation, I'd seen a picture by Sebastião Salgado in the *New York Times*, which countered the stereotype in representations of disabled people. I'd stashed the folded-up section of the paper in my canvas tote bag; all that day, I kept pulling it out to show friends and calling people to say, "Do you get the *Times*? Look at the picture on page 4 in the Science section. Isn't it wonderful?"

Outside a school in New Delhi, children—nearly all of whom have had polio, the caption tells us—are shown, most of their legs encased in braces, their crutches propped around them. About a dozen of them are seated on a bench—a few of these look withdrawn, and one or two have their backs to the camera—but the rest are horsing around, laughing. We can imagine all kinds of future narratives for these kids: that the pensive boy in the background will grow up to be a poet—or perhaps a software engineer; that the laughing girl at the center of the photo, grabbing her friend's nose, will become a theater director or a professor of literature who lectures to packed classrooms and always has a line of students outside her office door. Whatever their stories are, they are not over, and the children are not alone.

I do not need to detail for this audience the ways that literature has put the disabled figure to use: the works of Rosemarie Garland-Thomson, Sharon Snyder and David Mitchell, and Victoria Lewis have all explored the presence of disability in literary texts, from Homer's blind seer, Tiresias, to Melville's vengeful Ahab and Dickens's sweet and doomed Tiny Tim.

Autobiographical writing, however, can be, in the words of G. Thomas Couser, a "potentially powerful counterdiscourse to the prevailing discourse of disability" (310). In disability narratives that have been produced in the last decade and a half—and I include not only written texts, such as Steve Kussisto's *Planet of the Blind*, Kenny Fries's *Body Remember*, and Jean Stewart's *The Body's Memory*, but also documentary film representations of disabled individuals, such as *Breathing Lessons* (about the life of the writer Mark O'Brien) and *King Gimp* (about the artist Dan Keplinger)—the lived experience of disability is presented in its richness and complexity. It is multilayered, always inflected by race, gender, class, and sexual orientation, as well as by ethnicity, geography, age of onset of disability, political stance of the subject, and, of course, by the individual's quirks and peculiarities.

The fact that one can go to a library or bookstore and pick up a text by Nancy Mairs or Kenny Fries or Georgina Kleege that talks about disability in funny, frank, and sexual ways and in which disabled people discuss discrimination, prejudice, and community is a great boon to our movement, as is the fact that the millions of viewers of the Academy Awards had the opportunity to see Dan Keplinger and Mark O'Brien not as figures of pity but as artists mining, among other veins, the rich material of their disabled bodies and of their lived experiences as disabled people—two men who benefited enormously from the changes brought about in the last thirty years by the disability rights movement. But although those millions of viewers had that opportunity, they may not have taken it. Perhaps they instead saw Keplinger and O'Brien as valiant, heroic, tragic men who had overcome their disabilities.

For, as David Mitchell has pointed out, individual disability narratives can also reinforce received notions. Consider, for instance, this comment from a review of *Breathing Lessons*: "That Mark was out on the streets" of Berkeley, where he could sometimes be seen wheeling along the sidewalk on his motorized gurney, "and not hidden away in some nursing home was a testament to . . ."—here, especially given that the author of this article is a disabled person, and one who has had some passing connection with the disability rights movement, I think that the next phrase will

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be about curb cuts or the political organizing that changed the University of California's admissions policies and lobbied for California's In-Home Support Services, a state-funded program that allows disabled people to hire their own attendants. But, no, his wheeling along the sidewalk and not being in a nursing home is attributed to ". . . his Irish dander" (Milam). Similarly, Keplinger was able to attend college not because of Section 504 and the Americans with Disabilities Act but because of his "fighting spirit." According to the *Washington Post*, Keplinger avoided being institutionalized not because of pressures by disabled advocates for an end to institutionalization but because of his mother, "a sweet-faced woman with deep spiritual reserves." "He didn't want to spend his life in a special school, so he didn't. He wanted to live on his own, so he did" (Wiltz). As Harriet McBryde Johnson so movingly illustrated in her article on the disability gulag in the *New York Times Magazine*, if mere wanting to live on one's own were enough to make it so, every River View and Sunny Hills and Tiffany Heights and Halcyon House would long ago have been shuttered.

And—now turning to the story with which I began this piece—why did I answer the question of the kid outside Warehouse Club with the traditional disease narrative? A disease happened to me; science has conquered that disease; you are safe; my body is the aftermath. After all, I could have said, "People's projections onto my leg have caused me to be discriminated against in the job market," which is as much a part of the story of my leg as "I had polio" is. Or I could have said, "My legs were subjected to painful and disfiguring surgery in a vain attempt to make them 'normal.'" But I didn't. Certainly, I knew my listener was expecting the name of a disease; I knew that any answer other than the expected one was likely to provoke boredom, annoyance, a glazed-over expression.

Why is the individualist reading of the narrative about disability so pervasive and powerful? One reason is that in our highly individualistic society, discourse about many social issues is couched in the language of personal pathology or choice—homelessness and women's reproductive rights are two of many examples. As John B. Kelly has pointed out, "The trick of any successful system of oppression is to invert the actual, material relationship between victimizers and victims at the levels of cultural representation and everyday, emotional reality. The aggression that is constitutive of oppression can then be understood in terms of defense from a threat, or a rescue for the good of the inferior/disadvantaged other." Our society's organization rests profoundly on the view that disabled people do not constitute a social group with a set of collective responses to oppressive social structures.

As disability and disability life narratives are integrated into the curriculum, on whose terms will the integration occur? Will life narratives re-create the spunky cripple, the wounded hero, the tragic but brave overcomer?

I cannot help thinking of Karl Marx and Friedrich Engels's belief that each victory sets the stage for the next round of struggle. While we have achieved a victory—not to be too triumphalist about it—in the body of memoirs and biographical films by and about disabled people now available, we are now faced with the question, where do we go from here? To paraphrase Marx, literary theorists have interpreted texts, but it is up to creative writers to change them.

How can we as creative writers move from the story of our life to the story of our lives? I would like to sketch a move that I am undertaking—not as the sole path forward but as one way we creative writers might change the texts.

The work I am now engaged in is an attempt to answer the question of the kid at Warehouse Club: what's polio? I want to move beyond medical shorthand: it's a disease; people don't get it anymore; there's a vaccine now. I want to tell not just my polio narrative but our polio narrative.

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Polio belongs not just to those of us who were infected by it but to our mothers and fathers, our sisters and brothers, our partners and our children; to those who cared for us and those who brutalized us (often not mutually exclusive categories); to those who saw us as palimpsests on which to write their fear, their pity, their admiration, their empathy, their discomfort.

Polio's meanings change over time. In one era, it was a rare, unnamed affliction; in another, it was a disease linked to the "immigrant menace." During the Depression, Roosevelt's famous "overcoming" of polio became emblematic of the grit and determination with which our nation would rise from its economic paralysis. Later, the development of the vaccine became a symbol of the power of technology to solve our ills: the story of polio became the story of its conquest.

If this were a more conventional memoir, it would be the story of how, in the late summer days of 1954, a virus entered the body of a girl who would be three at the end of October, while trials of a new vaccine were going on. It would tell my hard-luck tale, probe my pains, track my attempts to cope, and end with a (bittersweet) reconciliation. I would be by turns poignant, proud, resolute. I would show anger but not self-pity.

Stories of polio are expected to have an arc. They begin with predisease normalcy—buckteeth, football, comic books, a kindly school bus driver, a day of swimming and romping on the beach, sprinklers turning on lawns, sneakers beating against sidewalks, swings in maple trees. Then these scenes are interrupted by a literal fall from normalcy: legs crumple under bodies, and shaky, half-successful attempts to rise are followed by another fall. Next, exile to the world of the hospital, with its smell of the wool hot packs that medical personnel believed soothed and relieved spasm, although many patients experienced them as a form of torture—a world rendered almost hallucinogenic in the fog of high fever. And then the acute phase ends, and rehabilitation begins—the attempt to regain normalcy, to recover or come as close to recovery as possible: "Every day another muscle, and on to Berlin in the morning," is how Wilfrid Sheed described the process (19). After rehabilitation come the final chapters of the narrative, when not just the body but also the self has been chastened, and from that chastening the self has grown:

> The knowledge that comes from your own body is certain knowledge. To know things in your bones, in your muscles and sinews, is to know things beyond question. I know some things absolutely: I know there are definitive things in life, final things, things that do not change, things you cannot take back. Some things, once done, are done forever.
>
> I know there are limits; I know false hopes are not to be nurtured.
>
> At the same time, I know the immense possibilities of compensation; I know the necessity of flexibility, the need to look for unexpected combinations of things, the need to be slow to reach final conclusions; I know that even if the realities are fixed, the relationships among them, the ways of dealing with them, are completely open and unfixed. (Mee 104)

This narration, unitary although multiple-voiced, serves to contain the experience of polio, making it comprehensible to the (presumably) nondisabled audience to whom the disabled figure speaks as a returning traveler, bringing tales from a strange land, exotic stories that make us feel more at home in our world. In this memoir, I will talk about my own experience of polio but will do so against a background of a shared experience of the disease, a profoundly social one, which structures not only the disabled person but the nondisabled person as well.

I want to answer the kid's question not only with my personal experience—what polio was to me—but also with what polio meant to us, how we understood it, how the under-

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standings of it changed, how it shaped our lives and how we shaped our lives around it.

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Concerto for the Left Hand: Disability (in the) Arts

MICHAEL DAVIDSON
University of California, San Diego

In its short existence as an academic discipline, disability studies has devoted significant attention to the representation of disabled persons in the visual arts, literature, theater, and public life. Disability scholars have studied the ways that cultural forms depend on a putatively normal body to reinforce regimes of national, racial, and sexual normalcy while using the person with a cognitive or physical impairment as a metaphor for the queer, subaltern, or marginal. A common recent criticism among disability scholars is that metaphoric treatments of impairment seldom confront the material conditions of actual disabled persons, permitting dominant social structures to be written on the body of a person who is politely asked to step offstage once the metaphoric exchange is made.[1] Disabled artists and activists have attempted to reverse this pattern, turning their cameo appearances in such theaters back on the audience, refusing the crippling gaze of an ableist society and reassigning the meanings of disability in their own terms. As Carrie Sandahl says, people with disabilities are "not only staring back, but also talking back, insisting that 'this body has a mouth'" (13).

By framing disability in the arts exclusively in terms of social stigma, on the one hand, and advocacy, on the other, we may limit a disability aesthetic largely to thematic matters, leaving formal questions untheorized. How might the aesthetic itself be a frame for engaging disability at levels beyond the mimetic? How might the introduction of the disabled body into aesthetic discourse complicate the latter's criteria of disinterestedness and artisanal closure? Consider Ravel's D-major *Concerto for the Left Hand*. Commissioned in 1930 by the pianist Paul Wittgenstein, who lost his right arm during World War I, the Ravel concerto is perhaps the best-known work in a surprisingly large repertoire of works for the left hand. Brahms,

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