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Disability, Identity, and Representation: An Introduction

The Disabled Figure in Culture

In its broadest sense, this book investigates how representation attaches meanings to bodies. Although much recent scholarship explores how difference and identity operate in such politicized constructions as gender, race, and sexuality, cultural and literary criticism has generally overlooked the related perceptions of corporeal otherness we think of variously as “monstrosity,” “mutilation,” “deformation,” “crippledness,” or “physical disability.”¹ Yet the physically extraordinary figure these terms describe is as essential to the cultural project of American self-making as the varied throng of gendered, racial, ethnic, and sexual figures of otherness that support the privileged norm. My purpose here is to alter the terms and expand our understanding of the cultural construction of bodies and identity by reframing “disability” as another culture-bound, physically justified difference to consider along with race, gender, class, ethnicity, and sexuality. In other words, I intend to introduce such figures as the cripple, the invalid, and the freak into the critical conversations we devote to deconstructing figures like the mulatto, the primitive, the queer, and the lady. To denaturalize the cultural encoding of these extraordinary bodies, I go beyond assailing stereotypes to interrogate the conventions of representation and unravel the complexities of identity production within social narratives of bodily differences. In accordance with postmodernism’s premise that the margin constitutes the center, I probe the peripheral so as to view the

whole in a fresh way. By scrutinizing the disabled figure as the paradigm of what culture calls deviant, I hope to expose the assumptions that support seemingly neutral norms. Therefore, I focus here on how disability operates in culture and on how the discourses of disability, race, gender, and sexuality intermingle to create figures of otherness from the raw materials of bodily variation, specifically at sites of representation such as the freak show, sentimental fiction, and black women's liberatory novels. Such an analysis furthers our collective understanding of the complex processes by which *all* forms of corporeal diversity acquire the cultural meanings undergirding a hierarchy of bodily traits that determines the distribution of privilege, status, and power.

One of this book's major aims is to challenge entrenched assumptions that "able-bodiedness" and its conceptual opposite, "disability," are self-evident physical conditions. My intention is to defamiliarize these identity categories by disclosing how the "physically disabled" are produced by way of legal, medical, political, cultural, and literary narratives that comprise an exclusionary discourse. Constructed as the embodiment of corporeal insufficiency and deviance, the physically disabled body becomes a repository for social anxieties about such troubling concerns as vulnerability, control, and identity. In other words, I want to move disability from the realm of medicine into that of political minorities, to recast it from a form of pathology to a form of ethnicity. By asserting that disability is a reading of bodily particularities in the context of social power relations, I intend to counter the accepted notions of physical disability as an absolute, inferior state and a personal misfortune. Instead, I show that disability is a representation, a cultural interpretation of physical transformation or configuration, and a comparison of bodies that structures social relations and institutions. Disability, then, is the attribution of corporeal deviance—not so much a property of bodies as a product of cultural rules about what bodies should be or do.

This socially contextualized view of disability is evident, for example, in the current legal definition of disability established by the Americans with Disabilities Act of 1990. This landmark civil rights legislation acknowledges that disability depends upon perception and subjective judgment rather than on objective bodily states: after identifying disability as an "impairment that substantially limits one or more of the major life activities," the law concedes that being legally disabled is also a matter of "being regarded as having such an impairment."² Essential but implicit to this definition is that both "impairment" and "limits" depend on comparing individual bodies with unstated but determining norms, a hypothetical set of guidelines for corporeal form and function arising from cultural expectations about how human beings should look and

act. Although these expectations are partly founded on physiological facts about typical humans—such as having two legs with which to walk upright or having some capacity for sight or speech—their sociopolitical meanings and consequences are entirely culturally determined. Stairs, for example, create a functional “impairment” for wheelchair users that ramps do not. Printed information accommodates the sighted but “limits” blind persons. Deafness is not a disabling condition in a community that communicates by signing as well as speaking.³ People who cannot lift three hundred pounds are “able-bodied,” whereas those who cannot lift fifty pounds are “disabled.” Moreover, such culturally generated and perpetuated standards as “beauty,” “independence,” “fitness,” “competence,” and “normalcy” exclude and disable many human bodies while validating and affirming others. Even though the law attempts to define disability in terms of function, the meanings attached to physical form and appearance constitute “limits” for many people—as evidenced, for example, by “ugly laws,” some repealed as recently as 1974, that restricted visibly disabled people from public places.⁴ Thus, the ways that bodies interact with the socially engineered environment and conform to social expectations determine the varying degrees of disability or able-bodiedness, of extra-ordinariness or ordinariness.

Consequently, the meanings attributed to extraordinary bodies reside not in inherent physical flaws, but in social relationships in which one group is legitimated by possessing valued physical characteristics and maintains its ascendancy and its self-identity by systematically imposing the role of cultural or corporeal inferiority on others. Representation thus simultaneously buttresses an embodied version of normative identity and shapes a narrative of corporeal difference that excludes those whose bodies or behaviors do not conform. So by focusing on how representation creates the physically disabled figure in American culture, I will also clarify the corresponding figure of the normative American self so powerfully etched into our collective cultural consciousness. We will see that the disabled figure operates as the vividly embodied, stigmatized other whose social role is to symbolically free the privileged, idealized figure of the American self from the vagaries and vulnerabilities of embodiment.

One purpose of this book, then, is to probe the relations among social identities—valued and devalued—outlined by our accepted hierarchies of embodiment. Corporeal departures from dominant expectations never go uninterpreted or unpunished, and conformities are almost always rewarded. The narrative of deviance surrounding bodies considered different is paralleled by a narrative of universality surrounding bodies that correspond to notions of the ordinary or the superlative. Cultural dichotomies do their evaluative work: this

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body is inferior and that one is superior; this one is beautiful or perfect and that one is grotesque or ugly. In this economy of visual difference, those bodies deemed inferior become spectacles of otherness while the unmarked are sheltered in the neutral space of normalcy. Invested with meanings that far outstrip their biological bases, figures such as the cripple, the quadroon, the queer, the outsider, the whore are taxonomical, ideological products marked by socially determined stigmata, defined through representation, and excluded from social power and status. Thus, the cultural other and the cultural self operate together as opposing twin figures that legitimate a system of social, economic, and political empowerment justified by physiological differences.⁵

As I examine the disabled figure, I will also trouble the mutually constituting figure this study coins: the normate. This neologism names the veiled subject position of cultural self, the figure outlined by the array of deviant others whose marked bodies shore up the normate's boundaries.⁶ The term *normate* usefully designates the social figure through which people can represent themselves as definitive human beings. Normate, then, is the constructed identity of those who, by way of the bodily configurations and cultural capital they assume, can step into a position of authority and wield the power it grants them. If one attempts to define the normate position by peeling away all the marked traits within the social order at this historical moment, what emerges is a very narrowly defined profile that describes only a minority of actual people. Erving Goffman, whose work I discuss in greater detail later, observes the logical conclusion of this phenomenon by noting wryly that there is "only one complete unblushing male in America: a young, married, white, urban, northern, heterosexual, Protestant father of college education, fully employed, of good complexion, weight and height, and a recent record in sports."⁷ Interestingly, Goffman takes for granted that femaleness has no part in his sketch of a normative human being. Yet this image's ubiquity, power, and value resonate clearly. One testimony to the power of the normate subject position is that people often try to fit its description in the same way that Cinderella's stepsisters attempted to squeeze their feet into her glass slipper. Naming the figure of the normate is one conceptual strategy that will allow us to press our analyses beyond the simple dichotomies of male/female, white/black, straight/gay, or able-bodied/disabled so that we can examine the subtle interrelations among social identities that are anchored to physical differences.

The normate subject position emerges, however, only when we scrutinize the social processes and discourses that constitute physical and cultural otherness. Because figures of otherness are highly marked in power relations, even as they are marginalized, their cultural visibility as deviant obscures and

neutralizes the normative figure that they legitimate. To analyze the operation of disability, it is essential then to theorize at length—as I do in part 1—about the processes and assumptions that produce both the normate and its discordant companion figures. However, I also want to complicate any simple dichotomy of self and other, normate and deviant, by centering part 2 of the book on how representations sometimes deploy disabled figures in complex, triangulated relationships or surprising alliances, and on how these representations can be both oppressive and liberating. In part 2, my examination of the way disability is constituted by the freak show, sentimental fiction, and black women's liberatory novels focuses on female figures for two reasons: first, because the links between disability and gender otherness need investigating, and second, because the non-normate status accorded disability feminizes all disabled figures. What I uncover by closely analyzing these sites of representation suggests that disability functions as a multivalent trope, though it remains the mark of otherness. Although centering on disabled figures illuminates the processes that sort and rank physical differences into normal and abnormal, at the same time, these investigations suggest the possibility of potentially positive, complicating interpretations. In short, by examining disability as a reading of the body that is inflected by race, ethnicity, and gender, I hope to reveal possibilities for signification that go beyond a monologic interpretation of corporeal difference as deviance. Thus, by first theorizing disability and then examining several sites that construct it, I can uncover the complex ways that disability intersects with other social identities to produce the extraordinary and the ordinary figures who haunt us all.

The Disabled Figure in Literature

The discursive construct of the disabled figure, informed more by received attitudes than by people's actual experience of disability, circulates in culture and finds a home within the conventions and codes of literary representation. As Paul Robinson notes, "the disabled, like all minorities, have . . . existed not as subjects of art, but merely as its occasions." Disabled literary characters usually remain on the margins of fiction as uncomplicated figures or exotic aliens whose bodily configurations operate as spectacles, eliciting responses from other characters or producing rhetorical effects that depend on disability's cultural resonance. Indeed, main characters almost never have physical disabilities. Even though mainstream critics have long discussed, for example, the implications of Twain's Jim for blacks, when literary critics look at disabled characters, they often interpret them metaphorically or aesthetically, reading

ability lost its transcendent meaning? What would happen to the pure pity generated for Tiny Tim if he were portrayed as sometimes naughty, like a “normal” child? Thus the rhetorical function of the highly charged trait fixes relations between disabled figures and their readers. If disabled characters acted, as real people with disabilities often do, to counter their stigmatized status, the rhetorical potency of the stigma would be mitigated or lost. If Hawthorne’s Chillingworth made many friends, for instance, or appeared lovable to Hester, his role in *The Scarlet Letter* would be diminished. If Flannery O’Connor’s Hulga Hopewell were pretty, cheerful, and one-legged instead of ugly and bitter, “Good Country People” would fail. So, like *tableaux vivants*, beauty pageants, and freak shows—all related forms of representation grounded in the conventions of spectacle—literary narratives of disability usually depend on the objectification of the spectacle that representation has created.

The Gap Between Representation and Reality

Whether one lives with a disability or encounters someone who has one, the actual experience of disability is more complex and more dynamic than representation usually suggests. Just one example illustrates the skill disabled people often must learn in managing social encounters. Initial or casual exchanges between normate and disabled people differ markedly from the usual relations between readers and disabled characters. In a first encounter with another person, a tremendous amount of information must be organized and interpreted simultaneously: each participant probes the explicit for the implicit, determines what is significant for particular purposes, and prepares a response that is guided by many cues, both subtle and obvious. When one person has a visible disability, however, it almost always dominates and skews the normate’s process of sorting out perceptions and forming a reaction.¹² The interaction is usually strained because the nondisabled person may feel fear, pity, fascination, repulsion, or merely surprise, none of which is expressible according to social protocol. Besides the discomfiting dissonance between experienced and expressed reaction, a nondisabled person often does not know how to act toward a disabled person: how or whether to offer assistance; whether to acknowledge the disability; what words, gestures, or expectations to use or avoid. Perhaps most destructive to the potential for continuing relations is the normate’s frequent assumption that a disability cancels out other qualities, reducing the complex person to a single attribute. This uncertainty and discord make the encounter especially stressful for the nondisabled person unaccustomed to disabled people. The disabled person may be anxious

about whether the encounter will be too uncomfortable for either of them to sustain and may feel the ever-present threat of rejection. Even though disability threatens to snap the slender thread of sociability, most physically disabled people are skilled enough in these encounters to repair the fabric of the relation so that it can continue.

To be granted fully human status by normates, disabled people must learn to manage relationships from the beginning. In other words, disabled people must use charm, intimidation, ardor, deference, humor, or entertainment to relieve nondisabled people of their discomfort. Those of us with disabilities are supplicants and minstrels, striving to create valued representations of ourselves in our relations with the nondisabled majority. This is precisely what many newly disabled people can neither do nor accept; it is a subtle part of adjustment and often the most difficult.¹³ If such efforts at reparation are successful, disabled people neutralize the initial stigma of disability so that relationships can be sustained and deepened. Only then can other aspects of personhood emerge and expand the initial focus so that the relationship becomes more comfortable, more broadly based, and less affected by the disability. Only then can each person emerge as multifaceted, whole. If, however, disabled people pursue normalization too much, they risk denying limitations and pain for the comfort of others and may edge into the self-betrayal associated with "passing."

This is not to suggest that all forms of disability are interchangeable or that all disabled people experience their bodies or negotiate their identities in the same ways. Indeed, it is precisely the variation among individuals that cultural categories trivialize and that representation often distorts. Disability is an overarching and in some ways artificial category that encompasses congenital and acquired physical differences, mental illness and retardation, chronic and acute illnesses, fatal and progressive diseases, temporary and permanent injuries, and a wide range of bodily characteristics considered disfiguring, such as scars, birthmarks, unusual proportions, or obesity. Even though the prototypical disabled person posited in cultural representations never leaves a wheelchair, is totally blind, or profoundly deaf, most of the approximately forty million Americans with disabilities have a much more ambiguous relationship to the label. The physical impairments that render someone "disabled" are almost never absolute or static; they are dynamic, contingent conditions affected by many external factors and usually fluctuating over time. Some conditions, like multiple sclerosis or arthritis, are progressive and chronic; others, such as epilepsy, can be acute. Even seemingly static disabilities like amputation affect activities differently, depending on the condition of the rest of the body.

Of course, everyone is subject to the gradually disabling process of aging.

The fact that we will all become disabled if we live long enough is a reality many people who consider themselves able-bodied are reluctant to admit.¹⁴ As physical abilities change, so do individual needs, and the perception of those needs. The pain that often accompanies or causes disability also influences both the degree and the perception of impairment. According to Elaine Scarry, because pain is invisible, unverifiable and unrepresentable, it is often subject to misattribution or denial by those who are not experiencing it.¹⁵ Disability, then, can be painful, comfortable, familiar, alienating, bonding, isolating, disturbing, endearing, challenging, infuriating, or ordinary. Embedded in the complexity of actual human relations, it is always more than the disabled figure can signify.

That anyone can become disabled at any time makes disability more fluid, and perhaps more threatening, to those who identify themselves as normates than such seemingly more stable marginal identities as femaleness, blackness, or nondominant ethnic identities.¹⁶ In addition, the time and way in which one becomes disabled influence its perception, as do the ways one incorporates disability into one's sense of self or resists it. For instance, the gradual disablement of aging or a progressive illness may not be considered a disability at all. In contrast, a severe, sudden impairment, as from an accident, is almost always experienced as a greater loss than is a congenital or gradual disability, which does not demand adjustment so abruptly. A disability's degree of visibility also affects social relations. An invisible disability, much like a homosexual identity, always presents the dilemma of whether or when to come out or to pass. One must always anticipate the risk of tainting a new relationship by announcing an invisible impairment or the equal hazard of surprising someone by revealing a previously undisclosed disability. The distinction between formal and functional aspects of a disability affects its perception as well. People whose disability is primarily functional but not visible often are accused of malingering or of disappointing expectations about their physical capabilities. Yet those whose disabilities are largely formal often are considered incapable of things they can easily do. Furthermore, formal conditions such as facial disfigurement, scarring, birthmarks, obesity, and visual or hearing impairments corrected with mechanical aids are usually socially disabling, even though they entail almost no physical dysfunction. Moreover, as the history of the freak show that appears in chapter 3 reveals, no firm distinction exists between primarily formal disabilities and racial physical features considered atypical by dominant, white standards.

Although categories such as ethnicity, race, and gender are based on shared traits that result in community formation, disabled people seldom consider themselves a group. Little somatic commonality exists among people with dif-

ferent kinds of disabilities because needs and situations are so diverse. A blind person, an epileptic, a paraplegic, a deaf person, and an amputee, for example, have no shared cultural heritage, traditional activities, or common physical experience. Only the shared experience of stigmatization creates commonality. Having been acculturated similarly to everyone else, disabled people also often avoid and stereotype one another in attempting to normalize their own social identities. Moreover, many disabled people at one time considered themselves nondisabled and may have had very limited contact with disabled people before joining their group. As with all culturally imposed categories extrapolated from biological differences, the identity has a forced quality that levels intragroup variations. For example, the now crumbling institution of “special” education enacts this cultural impulse toward ghettoization by segregating people with disabilities from nondisabled students regardless of individual needs. Finally, most disabled people are surrounded by nondisabled families and communities in which disabilities are unanticipated and almost always perceived as calamitous. Unlike the ethnically grouped, but more like gays and lesbians, disabled people are sometimes fundamentally isolated from each other, existing often as aliens within their social units.¹⁷

Yet representation frequently obscures these complexities in favor of the rhetorical or symbolic potential of the prototypical disabled figure, who often functions as a lightning rod for the pity, fear, discomfort, guilt, or sense of normalcy of the reader or a more significant character. I intend here to shift from this usual interpretive framework of aesthetics and metaphor to the critical arena of cultural studies to denaturalize such representations. By examining the “disabled figure,” rather than discussing the “grotesque” or “cripple” or “deformed,” I hope to catapult this analysis out of a purely aesthetic context and into a political one. By opening up a critical gap between disabled figures as fashioned corporeal others whose bodies carry social meaning and actual people with atypical bodies in real-world social relations, I suggest that representation informs the identity—and often the fate—of real people with extraordinary bodies.

An Overview and a Manifesto

In a sense, this book is a manifesto that places disability studies within a humanities context. Although disability studies has developed as a subfield of scholarly inquiry in the academic fields of sociology, medical anthropology, special education, and rehabilitative medicine, almost no studies in the humanities explicitly situate disability within a politicized, social constructionist

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Theorizing Disability

Feminist Theory, the Body, and the Disabled Figure

The Female Body and the Disabled Body

Many parallels exist between the social meanings attributed to female bodies and those assigned to disabled bodies. Both the female and the disabled body are cast as deviant and inferior; both are excluded from full participation in public as well as economic life; both are defined in opposition to a norm that is assumed to possess natural physical superiority. Indeed, the discursive equation of femaleness with disability is common, sometimes to denigrate women and sometimes to defend them. Examples abound, from Freud's delineating femaleness in terms of castration to late-nineteenth-century physicians' defining menstruation a disabling and restricting "eternal wound" to Thorstein Veblen's describing women in 1899 as literally disabled by feminine roles and costuming. Even feminists today invoke negative images of disability to describe the oppression of women; for example, Jane Flax asserts that women are "mutilated and deformed" by sexist ideology and practices.¹

Perhaps the founding association of femaleness with disability occurs in the fourth book of *Generation of Animals*, Aristotle's discourse of the normal and the abnormal, in which he refines the Platonic concept of antinomies so that bodily variety translates into hierarchies of the typical and the aberrant. "[A]nyone who does not take after his parents," Aristotle asserts, "is really in a way a monstrosity, since in these cases Nature has in a way strayed from the generic type. The first beginning of this deviation is when a female is formed instead of a male." Here the philosopher, whom we might consider the found-

ing father of Western taxonomy, idealizes bodies to produce a definitive, seemingly neutral “generic type” along with its antithesis, the “monstrosity,” whose departure from such a “type” is a profound “deviation.” Aristotle’s spatial metaphor places a certain human figure, the “generic type,” at the center of his system. On the outer margin is the “monstrosity,” the physical consequence of Nature’s having “strayed” onto a path of deviance, the first stop along which is the female body. Aristotle thus conjoins the “monstrosity”—whom we would today term “congenitally disabled”—and the female outside the definitive norm. In Book Two, Aristotle affirms this connection of disabled and female bodies by stating that “the female is as it were a deformed male” or—as it appears in other translations—“a mutilated male.”²

More significant than Aristotle’s simple conflation of disability and femaleness is his declaration that the source of all otherness is the concept of a norm, a “generic type” against which all physical variation appears as different, derivative, inferior, and insufficient. Not only does this definition of the female as a “mutilated male” inform later depictions of woman as diminished man, but it also arranges somatic diversity into a hierarchy of value that assigns completeness to some bodies and deficiency to others. Furthermore, by defining femaleness as deviant and maleness as essential, Aristotle initiates the discursive practice of marking what is deemed aberrant while concealing what is privileged behind an assertion of normalcy. This is perhaps the original operation of the logic that has become so familiar in discussions of gender, race, or disability: male, white, or able-bodied superiority appears natural, undisputed, and unremarked, seemingly eclipsed by female, black, or disabled difference. What this passage makes clearest, however, is that without the monstrous body to demarcate the borders of the generic, without the female body to distinguish the shape of the male, and without the pathological to give form to the normal, the taxonomies of bodily value that underlie political, social, and economic arrangements would collapse.³

This persistent intertwining of disability with femaleness in Western discourse provides a starting point for exploring the relationship of social identity to the body. As Aristotle’s pronouncement suggests, the social category of disability rests on the significance accorded bodily functioning and configuration, just as the social category of woman does. Therefore, feminist theory’s recent inquiries into gender as a category, the body’s role in identity and selfhood, and the complexity of social power relations can readily transfer to an analysis of disability. Moreover, applying feminist theory to disability analysis infuses it with feminism’s insistence on the relationship between the meanings attributed to bodies by cultural representations and the consequences of

those meanings in the world. As I bring feminism to disability studies, I will also suggest how the category of disability might be inserted into feminist theory so that the bodily configurations and functioning we call “disabled” will be included in all feminist examinations of culture and representation. This brief exploration aims then at beginning to alter the terms of both feminist and disability discourses.

Feminist Theory and Disability Discourse

Contemporary feminist theory has proved to be porous, diffuse, and—perhaps most significant—self-critical. Thus, we speak now of “feminisms,” “conflicts in feminism,” “hyphenated feminisms,” and even “postfeminism.”⁴ Historically, academic feminism combines the highly political civil rights and accompanying identity politics impulses of the 1960s and 1970s with poststructuralism’s theoretical critique of the liberal humanist faith in knowledge, truth, and identity, often adding an insistence on materiality gleaned from Marxist thought. The focus of feminist conversation has shifted from early debates between liberal and radical feminisms, which focused on achieving equality, to later formulations of cultural and gynocentric feminisms, which highlighted and rehabilitated female differences. Most recently, the debate between those who would minimize differences to achieve equality and those who would elaborate differences to valorize the feminine has been complicated by an interrogation of gender construction itself and a recognition of multiple axes of identity, both of which profoundly challenge the very notion of “woman” as any kind of unified identity category.⁵ Feminism’s insistence that standpoint shapes politics; that identity, subjectivity, and the body are cultural constructs to be questioned; and that all representation is political comprise the theoretical milieu in which I want to examine disability.

The strands of feminist thought most applicable to disability studies are those that go beyond a narrow focus on gender alone to undertake a broad sociopolitical critique of systemic, inequitable power relations based on social categories grounded in the body. Feminism thus becomes a theoretical perspective and methodology examining gender as a discursive, ideological, and material category that interacts with but does not subordinate other social identities or the particularities of embodiment, history, and location that inform subjectivity. Briefly put, feminism’s often conflicting and always complex aims of politicizing the materiality of bodies and rewriting the category of woman combine exactly the methods that should be used to examine disability.⁶

I want to extend in a fresh juxtaposition, then, the association of disability

and femaleness with which I began this section. But rather than simply conflating the disabled body with the female body, I want to theorize disability in the ways that feminism has theorized gender. Both feminism and my analysis of disability challenge existing social relations; both resist interpretations of certain bodily configurations and functioning as deviant; both question the ways that differences are invested with meaning; both examine the enforcement of universalizing norms; both interrogate the politics of appearance; both explore the politics of naming; both forge positive identities. Nevertheless, feminism has formulated these terms and probed these concerns much more thoroughly than disability studies has.⁷

Eve Kosofsky Sedgwick's distinction, for example, between a "minoritizing" and a "universalizing" view of difference can be applied to disability discourse. According to Sedgwick's hybrid of feminist and queer theory, one minoritizes difference by imagining its significance and concerns as limited to a narrow, specific, relatively fixed population or area of inquiry. In contrast, a universalizing view sees issues surrounding a particular difference as having "continuing, determinative importance in the lives of people across the spectrum of [identities]."⁸ Disability studies should become a universalizing discourse in the way that Sedgwick imagines gay studies and feminism to be. Disability (or gender or homosexuality) would then be recognized as structuring a wide range of thought, language, and perception that might not be explicitly articulated as "disability." I am proposing, then, a universalizing view of disability by showing how the concept of disability informs such national ideologies as American liberal individualism and sentimentalism, as well as African American and lesbian identities. Such terms from feminist theory can be enlisted to challenge the persistent assumption that disability is a self-evident condition of physical inadequacy and private misfortune whose politics concern only a limited minority.

A universalized disability discourse that draws on feminism's confrontation with the gender system requires understanding the body as a cultural text that is interpreted, inscribed with meaning—indeed *made*—within social relations. Such a perspective advocates political equity by denaturalizing disability's assumed inferiority, by casting it as difference rather than lack. Although this constructionist perspective does the vital cultural work of destigmatizing the differences we call gender, race, or disability, the logic of constructionism threatens nevertheless to obscure the material and historical effects of those differences and to erase the very social categories we analyze and claim as significant. Thus, the poststructuralist logic that destabilizes identity can free marginalized people from the narrative of essential inadequacy, but at the

same time it risks denying the particularity of their experiences.⁹ The theoretical bind is that deconstructing oppressive categories can neutralize the effects of real differences.

A disability politics cannot at this moment, however, afford to banish the category of disability according to the poststructuralist critique of identity in the way that some feminists have argued for abandoning the concept of woman as hopelessly imprisoning and abstract.¹⁰ The kind of access to public spaces and institutions that women gained in the nineteenth century and have expanded since the 1960s was only fully mandated for disabled people by the Americans with Disabilities Act of 1990, a broad civil rights law that is only beginning to be implemented. And while in the movement toward equality, race and gender are generally accepted as differences rather than deviances, disability is still most often seen as bodily inadequacy or catastrophe to be compensated for with pity or good will, rather than accommodated by systemic changes based on civil rights. On the one hand, then, it is important to use the constructionist argument to assert that disability is not bodily insufficiency, but instead arises from the interaction of physical differences with an environment. On the other hand, the particular, historical existence of the disabled body demands both accommodation and recognition. In other words, the physical differences of using a wheelchair or being deaf, for example, should be claimed, but not cast as lack.¹¹

Both constructionism and essentialism, then, are theoretical strategies—framings of the body—invoked for specific ends, such as psychologically liberating people whose bodies have been defined as defective or facilitating imagined communities from which positive identities can emerge. Strategic constructionism destigmatizes the disabled body, makes difference relative, denaturalizes so-called normalcy, and challenges appearance hierarchies. Strategic essentialism, by contrast, validates individual experience and consciousness, imagines community, authorizes history, and facilitates self-naming. The identity “disabled” operates in this mode as a pragmatic narrative, what Susan Bordo calls “a life-enhancing fiction” that places the reality of individual bodies and perspectives within specific social and historical contexts.¹²

Imagining Feminist Disability Discourse

But if the category “disabled” is a useful fiction, the disabled body set in a world structured for the privileged body is not. Disability, perhaps more than other differences, demands a reckoning with the messiness of bodily variety,

with literal individuation run amok. Because disability is defined not as a set of observable, predictable traits—like racialized or gendered features—but rather as *any* departure from an unstated physical and functional norm, disability highlights individual differences. In other words, the concept of disability unites a highly marked, heterogeneous group whose only commonality is being considered abnormal. As the norm becomes neutral in an environment created to accommodate it, disability becomes intense, extravagant, and problematic. Disability is the unorthodox made flesh, refusing to be normalized, neutralized, or homogenized. More important, in an era governed by the abstract principle of universal equality, disability signals that the body cannot be universalized. Shaped by history, defined by particularity, and at odds with its environment, disability confounds any notion of a generalizable, stable physical subject. The cripple before the stairs, the blind person before the printed page, the deaf person before the radio, the amputee before the typewriter, and the dwarf before the counter are all proof that the myriad structures and practices of material, daily life enforce the cultural standard of a universal subject with a narrow range of corporeal variation.

Disability, as a formal identity category, can pressure feminist theory to acknowledge physical diversity more thoroughly. Perhaps feminism's most useful concept for disability studies is standpoint theory, which recognizes the immediacy and complexity of physical existence. Emphasizing the multiplicity of all women's identities, histories, and bodies, this theory asserts that individual situations structure the subjectivity from which particular women speak and perceive.¹³ Incorporating postmodernism's challenge of the unsituated, objective Enlightenment viewpoint, feminist standpoint theory has reformulated gender identity as a complex, dynamic matrix of interrelated, often contradictory, experiences, strategies, styles, and attributions mediated by culture and individual history. This network cannot be separated meaningfully into discrete entities or ordered into a hierarchy. Acknowledging identity's particular, complex nature allows characteristics beyond race, class, and gender to emerge. Standpoint theory and the feminist practice of explicitly situating oneself when speaking thus allow for complicating inflections such as disability or, more broadly, body configuration—attributions such as fat, disfigured, abnormal, ugly, or deformed—to enter into our considerations of identity and subjectivity. Such a dismantling of the unitary category woman has enabled feminist theory to encompass—although not without contention—such feminist specializations as, for example, Patricia Hill Collins's "black feminist thought" or my own explorations of a "feminist disability studies."¹⁴ So just as feminist theory can bring to disability theory strategies for analyzing the meanings of physical differences

and identifying sites where those meanings influence other discourses, it can also help articulate the uniqueness and physicality of identity.

A feminist political praxis for women with disabilities needs, then, to focus at times on the singularity and perhaps the immutability of the flesh, and at the same time to interrogate the identity it supports. For example, in exploring the politics of self-naming, Nancy Mairs claims the appellation “cripple” because it demands that others acknowledge the particularity of her body. “People . . . wince at the word ‘cripple,’” Mairs contends. Even though she retains what has been a derogatory term, she insists on determining its significance herself: “Perhaps I want them to wince. I want them to see me as a tough customer, one to whom the fates/gods/viruses have not been kind, but who can face the brutal truth of her existence squarely. As a cripple, I swagger.” Here Mairs is not simply celebrating the term of otherness or attempting to reverse its negative connotation; rather, she wants to call attention to the material reality of her crippledness, to her bodily difference and her experience of it. For Mairs, the social constructionist argument risks neutralizing the significance of her pain and her struggle with an environment built for other bodies.¹⁵

Disability, however, is left out of several mainstream feminist assumptions. For instance, while feminism quite legitimately decries the sexual objectification of women, disabled women often encounter what Harlan Hahn has called “asexual objectification,” the assumption that sexuality is inappropriate in disabled people. One woman who uses a wheelchair, for example, and is also quite beautiful reports that people often respond to her as if this combination of traits were a remarkable and lamentable contradiction. The judgment that the disabled woman’s body is asexual and unfeminine creates what Michelle Fine and Adrienne Asch term “rolelessness,” a social invisibility and cancellation of femininity that can prompt disabled women to claim the female identity that the culture denies them. For example, Cheryl Marie Wade insists upon a harmony between her disability and her womanly sexuality in a poem characterizing herself as “The Woman With Juice.”¹⁶ As Mairs’s exploration of self-naming and Wade’s assertion of sexuality suggest, a feminist disability politics would uphold the right for women to define their physical differences and their femininity for themselves rather than conforming to received interpretations of their bodies.

Wade’s poem of self-definition echoes Mairs by maintaining firmly that she is “not one of the physically challenged.” Rather, she claims, “I’m the Gimp/I’m the Cripple/I’m the Crazy Lady.” Affirming her body as at once sexual and different, she asserts, “I’m a French kiss with cleft tongue.” Resisting the cultural tendency not only to erase her sexuality but to depreciate and objectify

her body, she characterizes herself as “a sock in the eye with gnarled fist.” This image of the disabled body as a visual assault, a shocking spectacle to the normative eye, captures a defining aspect of disabled experience. Whereas feminists claim that women are objects of the evaluative male gaze, Wade’s image of her body as “a sock in the eye” subtly reminds us that the disabled body is the object of the stare. If the male gaze makes the normative female a sexual spectacle, then the stare sculpts the disabled subject into a grotesque spectacle. The stare is the gaze intensified, framing her body as an icon of deviance. Indeed, as Wade’s poem suggests, the stare is the gesture that creates disability as an oppressive social relationship. And as every person with a visible disability knows intimately, managing, deflecting, resisting, or renouncing that stare is part of the daily business of life.

In addition, disabled women must sometimes defend against the assessment of their bodies as unfit for motherhood or of themselves as infantilized objects who occasion other people’s virtue. Whereas motherhood is often seen as compulsory for women, disabled women are often denied or discouraged from the reproductive role that some feminist thinkers find oppressive. The controversial feminist ethic of care has also been criticized by feminist disability scholars for undermining symmetrical, reciprocal relations among disabled and nondisabled women as well as for suggesting that care is the sole responsibility of women. Making disabled women the objects of care risks casting them as helpless in order to celebrate nurturing as virtuous feminine agency. Philosopher Anita Silvers explains that “far from vanquishing patriarchal systems, substituting the ethics of caring for the ethics of equality threatens an even more oppressive paternalism.”¹⁷

Perhaps more problematic still, feminist abortion rationale seldom questions the prejudicial assumption that “defective” fetuses destined to become disabled people should be eliminated. The concerns of older women, who are often disabled, tend also to be ignored by younger feminists.¹⁸ One of the most pervasive feminist assumptions that undermines some disabled women’s struggle is the liberal ideology of autonomy and independence that fuels the broader impulse toward female empowerment. By tacitly incorporating the liberal premise that levels individual characteristics to posit an abstract, disembodied subject of democracy, feminist practice often leaves no space for the needs and accommodations that disabled women’s bodies require.¹⁹ Prominent disability rights activist Judy Heumann’s angry and disappointed words reflect an alienation not unlike that between some black women and some white feminists: “When I come into a room full of feminists, all they see is a wheelchair.”²⁰ These conflicts testify that feminists—like

everyone else, including disabled people themselves—have absorbed cultural stereotypes.

Femininity and Disability

Although I insist on disabled women's identity even while questioning its sources, I also want to suggest that a firm boundary between "disabled" and "nondisabled" women cannot be meaningfully drawn—just as any absolute distinction between sex and gender is problematic. Femininity and disability are inextricably entangled in patriarchal culture, as Aristotle's equation of women with disabled men illustrates. Not only has the female body been labeled deviant, but historically the practices of femininity have configured female bodies similarly to disability. Foot binding, scarification, clitoridectomy, and corseting were (and are) socially accepted, encouraged, even compulsory cultural forms of female disablement that, ironically, are socially enabling, increasing a woman's value and status at a given moment in a particular society. Similarly, such conditions as anorexia, hysteria, and agoraphobia are in a sense standard feminine roles enlarged to disabling conditions, blurring the line between "normal" feminine behavior and pathology.²¹

The disciplinary regimes of feminine beauty often obscure the seemingly self-evident categories of the "normal" and the "pathological." For example, the nineteenth-century Euroamerican prescription for upper-class feminine beauty—pale skin, emaciated body, wide eyes—precisely paralleled the symptoms of tuberculosis, just as the cult of thinness promoted by the fashion industry today mimics the appearance of disease.²² In a similar example, the iconography and language describing contemporary cosmetic surgery in women's magazines persistently casts the unreconstructed female body as having "abnormalities" that can be "corrected" by surgical procedures that "improve" the appearance by producing "natural looking" noses, thighs, breasts, chins, and so on.²³ This discourse terms women's unmodified bodies as unnatural and abnormal, while casting surgically altered bodies as normal and natural. Although cosmetic surgery is in one sense a logical extension of beauty practices such as using makeup, perming or relaxing hair, lightening skin, and removing hair, it differs profoundly from these basically decorative forms of self-reconstruction: like clitoridectomies and scarification, it involves the mutilation and pain that accompany many disabilities.

All of these practices cannot, of course, be equated; however, each transforms an infinitely plastic body in ways similar to the effects of disability. Beautification changes are imagined to be choices that will sculpt the female

body so it conforms to a feminine ideal. Disabilities, in contrast, are imagined to be random transformations that move the body away from ideal forms. In a society in which appearance is the primary index of value for women (and increasingly for men), beautification practices normalize the female body and disabilities abnormalize it. Feminization prompts the gaze; disability prompts the stare. Feminization increases a woman's cultural capital; disability reduces it.

But as Aristotle's equation of females with mutilated males suggests, even the ideal female body is abnormal compared to the universal standard of the male body. The normative female—the figure of the beautiful woman—is the narrowly prescribed opposite of the ideal male. If he is to be strong, active, large, hirsute, hard, then she must be weak, passive, small, hairless, soft. The normative female body, then, occupies a dual and paradoxical cultural role: it is the negative term opposing the male body, but it is also simultaneously the privileged term opposing the abnormalized female body.²⁴ For example, the nineteenth-century obsession with scientific quantification produced a detailed description of absolute beauty, laid out by Havelock Ellis, with a Darwinian ranking determined entirely by physical characteristics and ranging from the “beautiful” European woman to what was considered to be her grotesque opposite, the African woman.²⁵ Moreover, scientific discourse conceived this anatomical scale of beauty as simultaneously one of pathology. The further a female body departed from absolute beauty, the more “abnormal” it became. The markers of this indubitable pathology were traits like dark skin and physical disability, or behaviors like prostitution, that were often linked to body characteristics. Within this scheme, all women are seen as deviant, but some more so than others. So the simple dichotomy of objectified feminine body and masculine subject is complicated by other oppositions. Indeed, the unfeminine, unbeautiful body defines and is defined by the ideal feminine body. This aberrant figure of woman has been identified variously in history and discourse as black, fat, lesbian, sexually voracious, disabled, or ugly. What is important here is that this figure's deviance and subsequent devaluation are always attributed to some visible characteristic that operates as an emblem of her difference, just as beauty has always been located in the body of the feminine woman.

As one manifestation of the unbeautiful woman, then, the figure of the disabled woman disrupts oppositional paradigms. This cultural figure of the disabled woman, not the actual woman with a disability, is the subject of this study. Because representation structures reality, the cultural figures that haunt us often must, like Virginia Woolf's Angel of the House, be wrestled to the

floor before even modest self-definition, let alone political action, can occur. The figure of the disabled woman I focus on here is a product of a conceptual triangulation. She is a cultural third term, defined by the original pair of the masculine figure and the feminine figure. Seen as the opposite of the masculine figure, but also imagined as the antithesis of the normal woman, the figure of the disabled female is thus ambiguously positioned both inside and outside the category of woman.

Disabled Women Figures

My purpose here is to trace the complexities that arise from the presence of these ambiguous disabled women figures within cultural and literary texts in which, for the most part, they occupy marginal positions. In almost every case, the disabled woman figure functions as a symbol of otherness, either positive or negative. The presence of these often multiply marginalized figures complicates and unbalances seemingly stable narrative economies in the texts. In the account of freak shows in chapter 3, for example, exhibitions of disabled women of color introduce race, gender, and ethnicity into freak discourse, which seems initially to turn upon the simple opposition between “normal” and “abnormal” bodies. Freaks always appeared not just as monsters, but as gendered and racialized monsters.

The complication provoked by the disabled woman figure is perhaps clearest, however, in the literary texts examined here. Shifting the analytical focus from main characters and central plots to the secondary, or even incidental, disabled women reveals complex alignments and otherwise buried tensions at work in the texts. In chapter 4, for instance, the cluster of nineteenth-century sentimental fiction sets a feminine narrative voice and perspective against a masculine point of view. If, however, we recognize the triangle of the implicitly masculine cultural self, the feminine woman, and the disabled woman, fresh perspectives emerge. Examining the opposition that these social reform novels posit between the feminine woman and the disabled woman—between Elizabeth Stuart Phelps’s heroine, Perley, and her deaf and mute antiheroine, Catty, for instance—reveals the texts’ otherwise obscured entanglement in liberal individualist ideology. Similarly, the primary discourse in the twentieth-century African-American novels discussed in chapter 5 is one of race. Yet, as with the earlier group of texts, examining the disabled figures’ rhetorical function complicates the primary opposition between black and white culture on which the novels turn. In Toni Morrison’s *Tar Baby*, for example, the blind Therese’s narrative empowerment must be contrasted with the beautiful Ja-