**Centering Disability**

*“Disability is everywhere in history, once you begin looking for it, but conspicuously absent from the histories we write.”*

— Douglas C. Baynton, “Disability and the Justification of Inequality in American History” (2001)

“*By reading cultural representations alongside the testimonies of disabled people themselves, a more complex picture of disability in history emerges, one which is sensitive to the dynamics of oppression, but which also recognizes disabled people as historical actors in their own right.*”

— David M. Turner, *Disability in Eighteenth-Century England: Imagining Physical Impairment* (2012)



During my final year of graduate studies at the University of Pennsylvania, I received a joint research and teaching fellowship, which enabled me to complete my dissertation and teach two courses of my own design. In the process of designing one of these courses, I began with a question that I was already trying to address throughout my scholarship and more recently in my preparation for the academic job market: *what is the value of centering disability in literary studies?* My attempts at thinking through different answers to this question culminated in my lower-division undergraduate seminar offered in the fall semester of 2017. As a fellow at The College of Liberal and Professional Studies (LPS), I was tasked with creating a course catered to English majors and minors, as well as LPS students, many of whom are non-traditional students pursuing continuing education alongside other employment. This unique rostering and enrollment cap on the number of English students ensured that the class would not be composed of solely majors in the field but would also include STEM students and working professionals in nursing, medicine, and law. At first, I had conceived of “Disability Narratives” as a broad survey of disability writing, but I realized after seeing the mix of students enrolled that I needed to reframe this course in a way that also made accessible to non-majors the key skills in literary studies, like close reading, that help us better understand *why* disability matters in the first place. I needed to make a compelling, semester-long case for the vibrancy of disabled life against reductive views of disability as an unbearable state of being defined only by suffering and stigma. Such vibrancy, I wanted to insist to my students, pervades much of literary history in ways we are just now beginning to take seriously.

Part of doing justice to this project of scholarly inquiry was also putting into practice an activist slogan from the disability rights movement: *nothing about us without us*.[[1]](#endnote-1) This phrase, coined by early disability activists, reminds us that we should not only be foregrounding the narratives of disability produced by disabled people themselves, but we should be wary of confining disability to its representations alone. While close readings of literary characters can reveal how ableist structures operate and disability theory may provide useful frameworks by which we might analyze our objects of study, what frequently gets sidelined in classrooms are the everyday lives of disabled people and the ways disabled people have learned to live within and in spite of ableism. Instead, narratives about the disabled by ablebodied writers often come to stand in or speak for the disabled experience. Community organizers like Alice Wong and Vilissa Thompson have taught me that to truly understand disability requires us to attend to more than the many spectacular narratives of misery or overcoming that so often dominate our critical attention.[[2]](#endnote-2) *Which stories of disability are we not paying attention to?* We have a responsibility to the quotidian, the everyday of disability, not just the “extreme or exotic bodies,” which David Turner sees as “deflect[ing] attention from the experiences or representations of thousands of people whose impairments were less visually apparent or unusual” (3). Only attending to sensational or “interesting” cases contributes to an erasure of the extensive archive of disabled experience that remains understudied and undervalued. As my LPS students would come to discover, disabled people have long theorized ways of living that enabled them to thrive—a disabled wellbeing. To trace the multiple forms that disabled being takes requires us to suspend our ongoing assumptions about disability and to see disability on its own terms, even if those terms challenge what we think we know about disability as a shifting category of human experience.

As a scholar used to working in older historical periods, I first imagined the class chronologically. While this ordering of texts was certainly more straightforward, this structure inadvertently reproduced a progress narrative of disability from pathology and oppression to empowerment and activism. Given my own training in Romantic literature and culture and the history of medicine, this trajectory felt too reductive and teleological, especially as this period witnessed profound transitions in how disability was understood in relation to shifting definitions of the body and the human. To address these larger concerns I had, I applied a technique from my early days in graduate school to help me rework my syllabus. Dr. Suvir Kaul, my advisor and chair for my first-year exam, suggested that I prepare for my exam by thinking thematically rather than chronologically about the texts in my lists. I hoped that by playing with unexpected configurations of key texts, my students could offer equally unexpected answers to classroom questions—just as I had attempted to do in my exam. How, for instance, might more contemporary activism and scholarship on neurodivergence shape the ways we read works like William Wordsworth’s “The Idiot Boy” or John Clare’s “I Am” poems? This thematic course structure also better reflected the field of disability studies and its recent shifts toward more intersectional scholarship and disability in pre-modern and early modern contexts. Since my class met only once a week, each three-hour meeting gave us ample time to explore how disability and disability theory links up with other marginalized identities like queerness or blackness. Each of the course’s text clusters ultimately included combinations of fiction, poetry, and plays from different historical periods with disability life-writing and theory that together flesh out the multiple dimensions of disabled experience and speculate on what more inclusive futures and worlds might look like.

One of my other primary goals for the course was to have students learn how to think and write from their respective bodyminds, for the personal is the place from which transformative, invested scholarship comes.[[3]](#endnote-3) My work has been greatly influenced by feminist standpoint theory and more recently what Rosemarie Garland Thomson has called *sitpoint theory*: the acts of writing and thinking and the forms of knowledge we produce are inextricable from our complexly embodied situations. Disability scholarship has taught me the great value of refusing the persona of the detached and disembodied critic, which unrealistically disavows the bodymind behind it. This resonates with ongoing shifts in the study of Romanticism, which seek to recognize how disability was formative for Romantic writers like Samuel Taylor Coleridge or Mary Robinson such that their work cannot be understood without attending to their disabled lived experience. In what follows, I reflect on the trajectory of my Disability Narratives course that moves from introducing students to broader frameworks in disability theory to examining more specific, historicized instances of disability like Frances Burney’s mastectomy letter and George Byron’s *The Deformed Transformed*, two works not typically assigned in disability studies courses. I realized in the process of teaching this course how Romantic representations of disability by disabled writers complicated the dominant narratives in disability studies by exploring a much more robust spectrum of disabled experiences not reducible to pathology and normality. As a classroom community, we learned to how to read in a way that recognizes the centrality of disability to these writers’ literary and artistic productions to the extent that such attention reconfigured what we thought we knew about Romanticism and earlier periods preceding disability’s formation as a politicized identity.

My pedagogical method remains indebted to this explicit recognition of the bodymind actually doing the labor of thinking and writing, the bodymind that I and my students have unfortunately been long trained to neglect. From a disabled sitpoint, “wellbeing” does not signify individual healthiness or an ableist expectation to work or think. A sitpoint approach to the classroom instead affirms the full range of different bodyminds, each living with different capacities and limits, toward a sense of collective wellbeing: my role as an educator is to encourage each member of our community of inquiry to contribute and participate in the ways most accessible to them while also acknowledging the access needs of their classmates. In “Disability Narratives,” I wanted my students to understand wellbeing as a community effort that is ongoing as our needs and goals changed over the semester: I stressed from the first day that we had a collective responsibility to maintain a supportive environment that would allow each student to inhabit as fully as possible their own bodyminds.. From freewriting sessions to group reflections to peer review, I tried to create the conditions in which vulnerability could be coinhabited among the students and shaped into thoughtful and exciting arguments about the literature and art they encountered, often for the first time. To that end, I avoided the role as the figure of authority in the room but instead a member of the community that learned from them as much as they learned from me. Such interdependence characterizes what Liat Ben-Moshe finds most powerful about a disability studies classroom: “that kind of space, of prefiguration, of taking into account both difficult and uncommon content and unfamiliar forms by which to convey it” (par. 4). This was not simply a class “about disabled topics” but about building an accessible community of inquiry invested in working through difficult, uncommon, and unfamiliar material across embodyminded and disciplinary difference.

Over the course of fifteen weeks, my students and I explored how different representational forms perpetuate, reject, or even transform stereotypes of the disabled. Were there other ways of imagining disabled life beyond the abnormal or the deficient? To develop a conceptual vocabulary for us to theorize potential answers, we began with David Mitchell and Sharon Snyder’s “narrative prosthesis,” a critical term they use to describe a work’s dependency on disability as a device of characterization or plot that produces certain narratives of progress or cure.[[4]](#endnote-4) I had my students mark not only when disability appears in texts but also when =disabled characters become relegated to minor, flat, and non-agential roles like the comic relief of an otherwise serious plot or the shady figure easily identifiable as villainous because of their disabilities. We compiled lists and sketched out mindmaps of the tropes repeatedly invoked from compensatory ability (i.e. Tiresias’ prophetic sight replacing his blindness) to infantilization (i.e. the disabled bought out of slavery by the women in Sarah Scott’s *Millennium Hall*). Disability in such works is repeatedly invoked for its symbolic or transgressive implications but ultimately contained or eliminated for the sake of narrative resolution, be it in the form of marriage or recovery. But the (mis)use of disability as a narrative prop towards ableist ends is hardly new. As Mitchell and Snyder argue, “narrative prosthesis” is deployed repeatedly throughout literary history to the extent that we have become accustomed to assuming disability must function in such objectifying and limiting ways. The Western literary tradition since Homer’s *Iliad* and Sophocles’ *Oedipus Rex* has “persistently, even obsessively, deployed disability” precisely for its ideological implications (Couser 603). The ubiquity of disability throughout literary history has paradoxically contributed to its invisibility, its being everywhere and nowhere simultaneously. A key strategy for structuring my course around clusters of texts was to make this ubiquity apparent even with texts that are not ostensibly about disability and to provide analytical tools for thinking about representations of disability that were always already there within and without the Western canon.

For many of my students, learning to read characters *explicitly in terms of disability* was novel, and to some, deeply unsettling, for the way that it undermined how familiar texts have traditionally been received. Destabilizing and revising conventional readings—to *crip* them through a series of un-readings of texts we thought we knew—became a useful methodology that prompted students to question the ideological work of a text’s invocations of disability. The term “crip” first emerged out of disability activism, which reclaimed slurs like “cripple” as a form of politicized community identification but has now become a methodology in disability studies as an academic field.[[5]](#endnote-5)Like Said’s postcolonial, contrapuntal reading and queer studies’ queering of texts, *cripping is disability as a reading method*: a reading against the normative, ableist grain of the text to uncover its simultaneous reliance upon and disavowal of disability.[[6]](#endnote-6) A crip approach also meant considering the ableism of scholarly responses to a text—this was one of the central interventions in the recent edited collection of essays on disability and Romantic literature, *Disabling Romanticism* (2013). Just as some authors deployed ableist metaphors of “crippled economies” or characters’ “blind spots,” some critics recycled such metaphors by reading texts only in terms of an author’s disability or even entirely ignoring disability all together as an unnecessary or unsavory detail that devalues the work’s literary merit. Attention to these biases in scholarship also helped my students become more comfortable challenging what felt like the unassailable authority of published literary critics while encouraging students to be self-conscious about their own potentially ableist readings.

To practice this kind of approach, I dedicated each class meeting to slow close readings of passages mostly chosen ahead of time by my students. These readings would then form the bases of responses to larger thematic questions I posed on the board at the start of each class. These questions were collated from student discussion posts and elaborated upon in ways that would help connect themes across different weeks in the course or to earlier questions posed in previous classes. To check in on their progress after the first month, I assigned for the first extended writing assignment a critical interpretation of Raymond Carver’s short story, “Cathedral” (1983). The story describes an unnamed narrator’s encounter with his wife’s friend, Robert, repeatedly referred to by the narrator as “the blind man.” The narrator notes how Robert does not seem to look or act like a typical blind man. After the narrator’s wife falls asleep, the narrator and Robert are left to watch television. When a cathedral appears on screen in a documentary, the narrator struggles to describe it for Robert, who then offers that they draw the image together on paper. For the narrator, this intimate experience is epiphanic, and he subsequently abandons his hostility toward Robert and his blindness. Many of my students remarked on how Carver uses the encounter with Robert simply to catalyze the narrator’s spiritual transformation by the story’s end. As a form of narrative prosthesis, Robert is flattened to his disability as “the blind man” who is compensated with insight and self-consciousness only useful for reforming the unnamed narrator’s prejudices. Many of my students at first interpreted the text as humanizing Robert by giving him subjectivity, but in fact, the text is revealed to be less and less about Robert’s lived experience or interiority as a disabled man but about his capacity to bring about the ablebodyminded narrator’s moral improvement. While the Robert’s characterization is not directly disparaging, his function as the short story’s narrative prosthesis precludes any possibility of his identification as anything other than the “blind man” whose commanding presence unsettles the narrator.

Such unsettling and its implications became part of an ongoing set of questions in the class how different affects became attached to disability. The second short paper in the course asked my students to consider the affective strategies of a set of short films, some of which were entries for the Easterseals Disability Film Challenge. By this point in the class, my students had come to expect narratives of disability “inspiration porn.”[[7]](#endnote-7) From the competitive athlete in the wheelchair to the disabled child who grows up to be successful and independent, “inspiration porn” perpetuates a series of sentimental fantasies of overcoming disability. “Inspiration porn” frames disability as an undesirable state that the disabled should aspire to exceed rather than embrace. Disability “inspiration porn” remains popular in everything from commercials to romantic comedies, but as my students observed, it is part of a well-established tradition dating back to sentimental fiction and Romantic melodrama like Percy Shelley’s *The Cenci* or Samuel Coleridge’s *Remorse.* A more familiar text to my students, Charles Dickens’ *A Christmas Carol* (1843), served as a useful case study for tracking how disability became a particularly “sticky” category that was increasingly attached to certain affective qualities like pity or fear .[[8]](#endnote-8) In conjunction with the Dickens’s original staves, we watched television and film adaptations of the novella, specifically for their different representations of Tiny Tim as a pitiable young disabled boy whose poverty and suffering help to catalyze Scrooge’s moral reformation. Cripping literature like *A Christmas Carol*—a work of children’s literature not explicitly about disabled experience—reveals the manipulative qualities of “inspiration porn” that depend on the work’s ability to pull on heartstrings in response to disability as a tragic state of being. Dickens’s novella exemplifies precisely how affect is integral to its appeal to readers old and young such that it has become a Christmas classic frequently a part of family holiday traditions. After all, Victorian social reformers similarly depended on such sob stories to make the disabled more sympathetic and worthier of charity. To quote one of my students, “the history of disability is also a history of feelings.” And it was those feelings that I wanted students not to disavow but to use as the affective foundations for their own crip readings of texts.

In the month before classes began, I realized in previewing the enrollment numbers that *Disability Narratives* would include not just English majors but also a significant number of STEM and pre-professional students. Fully aware that these students have more frequently encountered a medicalized approach to disability, I started to re-envision the course in terms of what Roy Porter has called “doing medical history from below,” a way of doing medical history as social history that centers the lived experience of sick and disabled people so often excluded from histories preoccupied with medical advancement.[[9]](#endnote-9) I reworked the class narrative to better unpack how disability comes into being not only through scientific and medical understandings but also through cultural production like fiction and poetry by and about disabled people. If I wanted my students to understand that disability has an extended cultural history, I needed to create opportunities where they might witness the manifold ways disability has been metaphorized within medicine and science and more importantly how disabled people continue to define themselves by and against those concept metaphors. As opposed to understanding narratives as mere reflections of a static disability reality defined only by natural philosophers, scientists, and physicians, I challenged my students to think more capaciously about narrative beyond the mimetic: *how do these narratives imagine and reimagine disability and the worlds in which disabled people live*?

In efforts to crip the triumphalist accounts of medical progress many of the pre-medicine and nursing students received in their lecture courses, I also began the course thinking with them about medicine’s role in producing and maintaining what Tobin Siebers has termed “the ideology of ability,” or the pervasive cultural “preference for able-bodiedness” that came to “defin[e] the baseline by which humanness is determined, setting the measure of body and mind that gives or denies human status to individual persons” (8-9). This ideology underpins the medical model of disability, which locates disability in individual bodies and seeks to return those bodies to health by correcting or eliminating that disability. The consequences of such ideology became disturbingly clear in our case studies of euthanasia programs like Nazi Germany’s *Aktion T4,* which killed over 300,000 disabled people on the grounds that it purified the population and eliminated burdens on the nation. Such cases underscored how medicine was often complicit with legal and social systems of oppression through its authority over definitions of healthiness and ability. Often definitions at the level of the individual and the population depended on the direct marginalization or exclusion of the disabled. Archival accounts of institutionalization and violent medical intervention, like the case of Carrie Buck, who was forcibly sterilized in Virginia in 1927 for her “feeble-mindedness,” helped to make real the ugly consequences of Western medical ableism that were in fact recent history. We read trans and disabled writer Eli Clare’s own reflections on the traumatic but moving encounter with Carrie Buck in the archive and the ongoing struggle for disabled people to recover their lost histories while finding themselves within them.[[10]](#endnote-10) But encounters like Clare’s in the archive reach further back in literary history in seemingly unexpected places.

A cursory look at historical representations of disability easily creates the illusion that disability always was what Mitchell and Snyder have called “the master trope of human disqualification” (125). Exemplified by figures like Shakespeare’s Richard IIIor Homer’s Thersites*,* disability had long been understood as teratological monstrosity or divine error. In terms of character, their deformity and ugliness externally signaled moral deficiency and corrupt character. Yet, a turn to Romantic-era literature reveals that the “master trope” was not nearly as totalizing as both disability thinkers and literary scholars have suggested. In fact, the cultural equivalence between deformity and immorality would be repeatedly questioned by eighteenth-century and early nineteenth-century writers from William Hay to George Byron. Closer attention to the periods prior to the rise of eugenics and medical pathology reveals understudied instances of disability resistance, flourishing, and agency that often escape and even challenge the familiar narrative of the “master trope of human disqualification” presumed to be definitive of disabled experience transhistorically.

In moving away from “militating against a monolithically ableist past” in favor of “recovering the social and historical particulars that add up to our ableist present,” Scholars of Romantic-era disability like Fuson Wang, Emily B. Stanback, and Essaka Joshua have revealed how the Romantic period offers surprisingly positive representations and conceptions of bodily difference during a “transitional moment between Enlightenment yearning for universal humanism and the Victorian codification of social mores” (Wang 2). Attention to this period “in between” complicates (or crips) what has too often been understood as a straightforward trajectory from religious, juridical, and moral understandings of disability to biomedical pathology and statistical norms by the nineteenth century. Most recently, the contributors of *Disabling Romanticism* have made a powerful case for how many Romantic authors wrote consciously about and from the position of their own disabilities to explore seemingly disembodied abstractions like sublimity and transcendence. In attending to the ways in which disability shapes the creative conditions and forms of writing, this newer generation of interdisciplinary scholars has begun to resituate Romantic writers within the context of disability history and resist the presentism of disability studies as a field. This has importantly expanded the canon of disability texts beyond more contemporary works and pushed the field to think more capaciously about forms of disability in history before the constitution of ablebodymindedness as a medical and cultural norm.

Given that most of the dramatic works I had included in “Disability Narratives” were contemporary, I took a risk assigning a text I had not previously taught in a disability context: Byron’s dramatic fragment, *The Deformed Transformed* (1822). I wanted to experiment with reading the fragment not in terms of Byron’s oeuvre and reductive notions of “Romantic genius” but rather as a transitional text marking the ways in which disability’s meanings were being renegotiated before the rise of hospital medicine and the specialized sciences*.* The text begins with the hunchbacked protagonist, Arnold who is traumatically rejected by his mother during childhood. Tempted by the prospect of a more beautiful and capable body, Arnold makes a Faustian pact with an unnamed Stranger who offers to give him the body of the heroic Achilles and assume Arnold’s body in his place. The conclusion Byron had planned in his final notes is that Arnold ultimately becomes jealous of his own body as he fails to court Olimpia, a young woman who falls in love with the Stranger for his insight and intelligence rather than with Arnold despite his newfound form.

In what scholars have described as Byron’s semiautobiographical play about his club foot, *The Deformed Transformed* has been read as an exposé of how “the meaning of disability is tethered to discriminatory cultural ideologies” that coerce the disabled to choose death rather than stigma in life (Snyder, 272).[[11]](#endnote-11) Arnold’s very desire to liberate himself from his own body (at first through suicide, then later through an exchange of bodies) is futile because it merely reflects a tragic internalization of the cultural pressures to be and remain ablebodyminded. Despite the play’s tragic end in which Arnold loses Olimpia to the very man with whom he exchanged his own body and ultimately laments his decision to cast off his original body, my students kept returning to the articulate defense and celebration of disability that Arnold presents before the iconic body-swap scene: “Deformity is daring. / It is its essence to o’ertake mankind / By heart and soul, and make itself the equal” (I.i. 314-316). Part of the negotiation between Arnold and the Stranger is a debate over how deformity uniquely prepares humans and animals for survival even as it may hinder that survival in the first place. As my students concluded, the overemphasis upon Arnold’s internalized ableism and shame misses the opportunity to recognize an early form of what we might call in the disability community “disability pride” or a valuation of disability that sees it as a resource for survival.[[12]](#endnote-12)

Alongside recovering historical examples of disabled life, the course focused on disability’s interrelationship with gender. I paired Frances Burney D’Arblay’s 1812 letter to her sister with Audre Lorde’s *The Cancer Journals* (1980)*.* Burney underwent a mastectomy of her right breast in 1811 after surgeons discovered what they believed to be a cancerous tumor. During her convalescence, she detailed the experience of surgery with only a “wine cordial” for anesthesia in a harrowing letter to Esther, her sister. Lorde’s journals similarly capture the traumatic experience of seeking medical treatment for her breast cancer and her struggle to make sense of that experience from her vantage point as a black lesbian feminist. Drawing on the pedagogical exercises familiar to students training to be clinicians, I had my students work in groups to approach Burney’s and Lorde’s texts as bioethics cases. These exercises train students to read and interpret a case report that details an ethical dilemma typically associated with a decision to provide or refuse treatment or access to care. One of my mentors, Dr. Lance Wahlert, frequently teaches his narrative medicine classes in the school of medicine by presenting literary sources as “case studies” that raise bioethical questions about issues like autonomy or consent. I asked my students to consider whether the therapeutic experiences for either Burney or Lorde shifted their understanding of what constitutes ethics in these contexts, especially given the difference in privilege between the two women. I was moved by my students’ collective refusal to make the conversation purely about whether or not Burney or Lorde were treated ethically. Instead, they considered the consequences of such unethical care and the disturbing continuities of healthcare between this late eighteenth-century moment and the 1970s, where medical professionals actively denied and even erased the subjective experiences of already vulnerable patients like Burney and Lorde before, during, and after treatment.

As one of my students smartly argued in his final project on Lorde’s *Journals,* this pairing of texts reveals the cruelty of what Burney calls in her letter a “perfect recovery” even after medical trauma. This standard of “perfect recovery” is characterized by bodily wholeness and a preservation of physical beauty linked to a woman’s social status and marriageability. In reading Burney’s account, students saw the historical foundations for the gendered social pressures women like Lorde continue to face as in her direct condemnation of the expectation that she get a prosthetic breast implant in order to pass as a woman in public life. As a guiding question, I asked my students how the demands of cure and recovery might work to further disable women *socially* rather than exclusively in terms of bodily health: *how do women who fail to recover or whose full “return” to health is impossible become further stigmatized in ways that contribute to their ongoing mistreatment as women or even exclusion from womanhood entirely?* The class found especially useful Alison Kafer’s critique of the “curative imaginary,” which helped to make sense of what students felt was a counterintuitive argument against cure. If “inspiration porn” defined the ideal disabled person as one who overcomes their disability, narratives of cure enforce the idea that “the only appropriate disabled mind/body is one cured or moving toward cure” (27-28). Thus, to fail to be cured or to refuse cure risks further stigma and rejection that gets mediated across multiple axes of identity and marginality. Thinking across the significant historical and identity divides between Burney and Lorde also importantly helped students recognize unexpected opportunities for solidarity based on shared struggle with ableism and medical trauma.

Challenging inherited assumptions about what disability is and why it matters is difficult work. I took many pedagogical risks in the design and execution of this course during a period of great professional uncertainty, but one of the hardest aspects to reckon with was teaching a disability-centered course without presuming that disability studies or even the category of disability had any value to my students. I had to learn different ways of making accessible the very foundations of disability studies to students whose training primed them to be skeptical or even hostile to these ways of thinking and being. As we often challenge our students to address the “stakes” question in their writing, part of the transformative act of teaching is realizing those stakes for ourselves and conveying them to our students who may or may not accept them. Teaching disability has trained me to welcome and even invite student resistance as a means of opening up conversation rather than closing it down, generous invitations to work through impasses and disagreement instead of dismissive accusations of ableism. Choosing to join our students in their encounters with history, literature, and theory requires a scholarly humility open to the unpredictable, the unplanned. After all, disability reminds us that life is about *contingency*.

During a particularly heated discussion toward the end of “Disability Narratives,” a biomedical sciences student expressed frustration with what felt to her like an indictment of the medical establishment and a needless “blame game against people just trying to help.” Another added that it seemed contradictory and even hypocritical that disabled people are advocating for healthcare access and seeking medical assistance while simultaneously celebrating disability pride and damning medical assistance that might better their lives. For the disabled students in the room, such remarks entirely miss what many disabled writers had been telling us all semester: that it is entirely possible to embrace disability as an identity while also desiring to have humane, patient-centered care that better enables disabled people to flourish rather than be fixed or eliminated by medicine. “If cure was all that mattered, I wouldn’t even be here,” one disabled student remarked at the very end of class. Sobering as this comment was, the biomedical student recognized the personal stakes the disabled students had in resisting a cure narrative that she was complicit in perpetuating uncritically even in her desire to help alleviate suffering. Such recognition, as my disabled students made clear, is only possible when we center disabled people and their ways of knowing.

One of the great successes of this class was fostering a classroom space in which such heated discussions could happen safely and productively. Early in the semester, I asked my students what brought them to my class. A few chose to disclose their disabilities, while others described the experiences of disabled friends and family. I made very clear that disclosure was never an expectation nor a requirement for success in my course, outside of an invitation on the syllabus to speak with me should they want help accessing accommodations, but many of my disabled students insisted that this was one of the only classroom spaces where disclosure had felt allowed, even necessary. Their moving reflections on how disability has shaped their personal and academic lives inspired me to disclose for the first time in an academic setting my own experience living and teaching with scoliosis-related disability, brain fog, and chronic pain.[[13]](#endnote-13) I admitted that I often struggled to articulate myself clearly when speaking if my pain and fog were intense and that the very act of physically being in the room to teach inevitably exacerbated my pain. Rather than concealing these facts of my daily living that shape every facet of my academic life, I told them that, according to vicissitudes of my own bodymind, I would need to rely on them frequently throughout the semester just as much as they, as bodyminds with their own vicissitudes, would need to rely on me. I frequently hear from fellow educators that they often fear such admissions might lead to students questioning their ability to teach or risk potentially alienating their students. In my experience, this form of honesty has been empowering because students feel connected to their instructors in new ways that prompt them to bring their fullest selves to the classroom and to take risks with other members of a classroom community invested in collective wellbeing. Centering disability aspires toward an interdependent vulnerability that makes possible the act of communal knowledge-making, one that is compassionate and accessible to the bodyminds that share the classroom together .

**Works Cited**

Ben-Moshe, Liat. ““Interventions in Disability Studies Pedagogy – Introduction.” *Disability Studies Quarterly.* 35.2 (2015). < [http://dsq-sds.org/issue/view/144](about:blank)>.

Bradshaw, Michael. ed. *Disabling Romanticism: Body, Mind, and Text.* Houndmills, Basingtoke: Palgrave Macmillan, 2016.

Byron, Lord George. *The Works of Lord Byron.* Vol. 5, *Poetry,* ed. E. H. Coleridge. New York: Scribner’s Sons, 1901. 467-534.

Carver, Raymond. *Cathedral.* New York: Knopf, 1983.

Clare, Eli. *Brilliant Imperfection: Grappling with Cure.* Durham: Duke UP, 2017.

Couser, Thomas. “Disability, Life Narrative, and Representation.” *PMLA.* 120.2 (2005): 602-606.

Garland-Thomson, Rosemarie. Integrating Disability, Transforming Feminist Theory.” *NWSA Journal.* 14.3 (2002): 1-32.

Kafer, Alison. *Feminist, Queer, Crip.* Bloomington: Indiana University Press, 2013.

Mitchell, David, Snyder, Sharon. *Narrative Prosthesis: Disability and the Dependencies of Discourse.* Ann Arbor: University of Michigan Press, 2001.

---. *Cultural Locations of Disability.* Chicago: University of Chicago Press, 2006.

Porter, Roy. “The Patient’s View: Doing Medical History from Below.” *Theory and Society.* 14 (1985): 175-198.

Siebers, Tobin. *Disability Theory.* Ann Arbor: University of Michigan, 2008.

Snyder, Sharon L. “Unfixing Disability in Lord Byron’s *The Deformed Transformed.*” *Bodies in Commotion: Disability and Performance.* eds. Carrie Sandahl and Philip Auslander. Ann Arbor: University of Michigan Press, 2005. 271-283.

Turner, David. *Eighteenth-Century England: Imagining Physical Impairment.* New York: Routledge, 2012.

Wang, Fuson. “The Historicist Turn of Romantic-Era Disability Studies, or *Frankenstein* in the Dark.” *Literature Compass.* 14.7 (2017). < [**https://doi.org/10.1111/lic3.12400**](about:blank)>.

1. For more about the DRM and the history of disability activism, see James Charlton’s *Nothing About Us Without Us: Disability Oppression and Empowerment* (Berkeley: University of California Press, 1998). [↑](#endnote-ref-1)
2. See Alice’s *Disability Visibility Project* for resources and disability-centered podcasts, writing, and interviews. See also Vilissa Thompson’s *Ramp Your Voice!* self-advocacy and empowerment movement for disabled people and her #disabilitytoowhite hashtag project that centers the voices of disabled people of color. [↑](#endnote-ref-2)
3. Margaret Price’s critical term “bodymind” underscores the inextricable relationship between mind and body. In refusing Cartesian dualism, Price understands disability as an interaction between mind and body that cannot be so easily separated out. See also Sami Schalk’s *Bodyminds Reimagined* (Duke University Press, 2018) for her application of this term in relation to disability in black women’s speculative fiction. [↑](#endnote-ref-3)
4. See David Mitchell and Sharon Snyder’s *Narrative Prosthesis: Disability and the Dependencies of Discourse* (Ann Arbor: University of Michigan, 200). [↑](#endnote-ref-4)
5. For histories and definitions of crip, see Alison Kafer’s *Feminist, Queer, Crip* (Bloomington: Indiana UP, 2013), Simi Linton’s Claiming Disability: Knowledge and Identity (New York: NYU Press, 1998), and “Coming to Claim Crip: Disidentification with/in Disability Studies,” Disability Studies Quarterly 33, no. 2 (2013): n.p. https://dsq-sds.org/article/view/3705/0. [↑](#endnote-ref-5)
6. For an introduction to crip theory, see Robert McRuer’s *Crip Theory: Cultural Signs of Queerness and Disability* (New York: New York University Press, 2006). [↑](#endnote-ref-6)
7. For disability scholarship on “inspiration porn,” see Joseph Shapiro’s *No Pity: People with Disability Forging a New Civil Rights Movement* (New York: Times Books, 1993) and Paul K. Longmore’s “Screening Stereotypes: Images of Disabled People in Television and Motion Pictures” in *Why I Burned My Book And Other Essays on Disability* (Philadelphia: Temple University Press, 2003). [↑](#endnote-ref-7)
8. See Martha Stoddard Holmes’ *Fictions of Affliction* (Ann Arbor: University of Michigan Press, 2004) for more about affect and Victorian figures of disability like Tiny Tim. [↑](#endnote-ref-8)
9. See Porter’s “The Patient’s View: Doing Medical History from Below.” *Theory and Society* 14.2 (1985): 175-198. [↑](#endnote-ref-9)
10. See Eli Clare’s *Brilliant Imperfection: Grappling with Cure* (Durham: Duke UP, 2017). [↑](#endnote-ref-10)
11. See also Snyder’s essay with David T. Mitchell, “Re-engaging the Body: Disability Studies and the Resistance to Embodiment.” *Public Culture.* 13.3 (2001): 367—389. [↑](#endnote-ref-11)
12. See Rosemarie Garland-Thomson’s “The Case for Conserving Disability.” *Journal of Bioethical Inquiry.* 9.3 (2012): 339-355 where she argues for a revaluation of disability as an identity and embodiment worthy of protection and conservation. As a way of countering eugenic practices increasingly framed as benefits for society and health, Garland-Thomson makes the case for the ethical, epistemic, and narrative value of disability as a resource to be conserved. [↑](#endnote-ref-12)
13. For more about brain fog and modes of academic thinking, see Mel Y. Chen’s “Brain Fog: The Race for Cripistemology.” *Journal of Literary & Cultural Disability Studies.* 8.2 (2014): 171—184. See also Travis Lau’s short reflection about being disabled in graduate school written for *Synapsis,* an online health humanities journal: <https://medicalhealthhumanities.com/2017/11/28/disorientations/>. [↑](#endnote-ref-13)