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Go figure! Public pedagogies, invisible impairments and the performative paradoxes of visibility as veracity

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This article asks how public pedagogical texts mobilise particular meanings about whose bodies/minds matter or figure? How do they articulate particular affective investments, desires, and values related to our everyday understanding of invisible and visible impairments, and the ways in which discourses of 'normalcy' are taught? The author examines three examples of public pedagogy or media campaigns to educate the public about particular invisible impairments experienced predominantly by women. It theorises how women with invisible impairments are seen to lack veracity in Western visual cultures that both equate and privilege the visible with truthfulness and authenticity. The paper considers, after Agamben, the 'zones of exception' created by the in/visible hierarchy for disability rights claims and human rights struggles for women with invisible impairments.

Keywords: invisible impairment; public pedagogy; media campaigns; invisible impairments

Introduction

> In cultures which emphasize the visual as knowledge and associate appearance with order and morality, the (in)visibility of impairments may have substantial consequences for their bearers. … Invisible impairments are suspect, as they challenge the primacy of visual knowledge. (Lingsom 2008)

The trouble with the performative invocation 'Go figure!' or the expression asked quizzically after witnessing a puzzling event bespeaks the very problem all rights-based movements face: how to make visible, central, and significant that which may not in ordinary terms get mapped as mattering. Literally, to figure means to have a recognisable shape, to be visible, to be countenanced as significant or to count as having a body that matters. On many fronts, particularly in some racially and class-specific places in the West, women with disabilities have won some significant gains, including deinstitutionalisation, the abolition of compulsory sterilisation laws, waged workplace physical accommodations and, more generally, the claim to mainstreamed education. The disability rights movement has led to anti-discrimination and human rights legislation that specifically include so-called physical, chronic emotional, sensory, mental, and cognitive impairments. While such campaigns in Canada and internationally have made significant advances, women with invisible disabilities face

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some unearthed challenges and paradoxes: bodies with visible physical impairments are conventionally read as truthful markers of impairment, which allow non-disabled viewers/consumers a way to perform a kind of easy no contact-required authenticity check for the truthfulness of disability experiences. Testing veracity through that which is visible is common-place in expressions that have become truisms if not mantras: 'I'll believe it when I see it'; 'Seeing is believing'; 'What you see is what you get!'; 'Out of sight, out of mind'; 'Show me the money.'

This paper begins at a paradoxical largely unremarked and hyper-anxious social 'intersection' – the place of reading invisible impairments in everyday social, material and institutional contexts. With the exception of important new work by Lingsom (2004, 2008), Samuels (2003), Somers (1994), Stone (2005, 2007), Swain and Cameron (1999), Thomas (1999b), Ward and Winstanley (2005), and Zitzelsberger (2005), the assumed stable binary of visible and invisible impairments privileges visibly marked bodies for the epistemological starting points of disability research and the politics of civic and educational inclusion. To begin at this intersection is to observe its busyness, noise and confusion. It bursts with expression and contradictory semiotic traffic for readers, but most importantly for those with invisible impairments being read. The signifiers marking bodies/minds with invisible impairments explode loaded with the absence of fixity, and hence presumptive guilty presence. What is unreadable to the casual observer becomes unutterable, taboo and stigmatised. Indeed, invisible impairments mark social crossings that are delayed, disrupted and often impassable (Milchalko 2009). By invisible impairments, I mean those which to the untrained eye or casual sensibility appear to have few or otherwise vague visual markers to the outside or lay observers. Invisible impairments may include a wide range of neurological impairments, low-level learning difficulties such as mild forms of dyslexia, mental illnesses, asthma, chronic pain, fybromyalgia, multiple chemical sensitivities, some speech impediments, hearing loss, chronic fatigue syndrome (CFS, or 'myalgic encephalyomyelitis' – ME), multiple sclerosis in the early stages, epilepsy, post-traumatic stress disorder, and a variety of other impairments that go unnoticed to many lay or outside observers. It is commonly accepted that certain invisible impairments despite their 'invisibility' are highly stigmatised upon disclosure – whether the disclosure is voluntary or not, as is the case with epilepsy and mental health issues.[1]

For the purpose of this paper, I define media campaigns as forms of public pedagogy (Luke 1996) with broader educational implications to instruct both informally and formally while constituting a public or multiple publics. Campaigns designed to promote 'critical media literacy', to encourage 'safe sex', to prevent 'teen suicide' or 'stop crime' are familiar discourses for attempts to define not only the solution of perceived social problems, but also the problems themselves (McMurchy, Roman, and Frazee 2009; Roman 1996, 2003a, 2003b, 2006, 2009a, 2009b; Roman et al. 2009; Roman and Frazee 2008, 2009; Swain and Cameron 1999). Public pedagogy means both the commodified texts and the lived situated reception of them by viewers and audiences, who are active cultural producers of their meanings. Public service announcements or media actively structure particular claims to authority through their forms of cultural production which legitimates as Jacques Ranciere puts it 'a certain regime of identification, a certain distribution of the visible, the sayable, and the possible' (quoted in Carnevale and Kelsey 2007, 260). As forms of public pedagogy, invisible impairment campaigns articulate and attempt to construct particular notions of 'the public and the public good' which may serve as calls to identify with particular gender, class, racial, ethnic, dis/ability, sexuality and national bodies/minds politics. As such, it behoves us to consider their

educational, cultural and political implications since notions of inclusion hinge on their understanding of whom is included in the campaigns and what the rights-based implications are that follow from their omissions and commissions.

Such campaigns are texts that coordinate and organise the meanings of citizenship and the zones of inclusion/exclusion or what Italian political philosopher Giorgio Agamben calls the 'exceptions of the biopolitics of modernism' (Agamben 1998, 6). As he states:

> The inclusion of bare life in the political realm constitutes the original – if concealed – nucleus of sovereign power. It can even be said that the production of a biopolitical body is the original activity of sovereign power. In this sense, biopolitics is at least as old as the exception. (Agamben 1998, 6)

Women with invisible disabilities are often framed by an assumed iconography and discourse that privileges the visible and marks their gendered experiences of impairment as the objects of loathing, leisure envy, hysterical complaint, incompetence, and lack in veracity, rendering such performances doubly enigmatic and compelling (Butler 1999). Yet, we know little about how such enigmatic performances are produced as 'zones of exception' in textual terms. Moreover, complex articulations of such authenticity-checks occur within the alchemy of processes of racialisation, class, sexuality and gender and in specific national, local or global contexts. The reproduction of the hierarchy of visible as superior to and more credible than the invisible also pervades the disability movement and goes beyond it (Boyle 2005; Charmaz 1991; Goffman 1963; Harrington 2000; Konur 2002; Michalko 2009; Snow 2005; Stewart 2004; Ware 2002, 2008). How this hierarchical relationship is produced requires a finely-grained sociological analysis to understand its complexities. It parallels other hierarchies of skin colour and colorism or blood quantum in common-sense understandings of racialisation that produce ambivalence.[2]

Un-remarked and hyper-anxiety-producing: people with invisible impairments
Missing in Action

To analyse critically the discourses framing invisible impairments as a woman with an invisible impairment is to confront the paradoxes of this noisy intersection – to be caught in a knowledge of mis-recognition that as feminist cultural studies scholar Jody Berland says (in this issue) 'doubles back on itself'. How do differentially located women with invisible disabilities gain recognition for their specific set of needs, resources, and rights? First, I examine the US televised campaign of The Centres for Disease Control and Prevention to educate the general public about chronic fatigue syndrome in a 30-second televised public service announcement that aired across the nation in 2005/2006. Second, I consider the 2008 Canadian Mental Health Association's television campaign launched in Ottawa featuring Daniel Alfredsson (Alfredsson 2008), a famous Swedish hockey player who plays for the Ottawa Senators. Third, I draw on the performative work of Victoria Maxwell, an actress who uses her theatrical plays and dramatic monologues to educate the public about her living with bipolar disorder. Her performance was part of a disability arts, culture and scholarship series over the course of 12 January–29 March 2008 aptly titled 'The Unruly Salon' at the University of British Columbia (see http://www.unrulysalon.com; McMurchy, Roman, and Frazee 2009). In order to address how particular lived subjects with specific invisible impairments code the reception of their bodies/minds

and actions in similar 'zones of exception' (Agamben 1998, 6), along with the analysis of three public pedagogy campaigns, I include the reflections of those whose bodies/ minds have been variously figured in them as subjects of specific invisible impairments who have registered their voices in social networking blogs and web-posts. Analysing lived experiences in relation to the public campaigns helps unpack what gaps, fissures or resonances exist with campaigns. Empirical investigation to explore how such public pedagogies work or attempt to secure legitimacy is worth investigating. How do specific groups take up such texts or discourses in their own daily lives? We may ask, how do the public pedagogies work, as Giroux (2008) states, as 'emotively charged, image-saturated cultural practices where the coordinates of dominant power are often constructed and the "state of things" seem evident, unquestionable' (Ranciere, quoted in Carnevale and Kelsey 2007, 261; Ranciere 2007)? All three examples will be read not as isolated cultural performances but instead as public pedagogies that constitute and are mediated by broader social formations and cultural practices that articulate social identities, desires, anxieties and fears organised within and across varied social institutions.

Campaign one: disclosing chronic fatigue syndrome or invisible impairment *Missing in Action*?

Chronic fatigue syndrome (ME) is subject to medical contestation. Some believe it is two separate conditions, while others believe it is one condition with different modes of presentation. An international panel of research experts in 1994 drafted a definition that would be useful to researchers studying it and clinicians attempting to diagnose it. The definition reached in 1994 was that in order for patients to receive the CFS/ME diagnosis they had to satisfy two criteria:

> Have severe chronic fatigue of six months or longer duration with other known medical conditions excluded by clinical diagnosis; and concurrently have four or more of the following symptoms: substantial impairment in short-term memory or concentration; sore throat; tender lymph nodes; muscle pain; multi-joint pain without swelling or redness; headaches of a new type, pattern or severity; unrefreshing sleep; and post-exertional malaise lasting more than 24 hours …. [t]he symptoms must have persisted or recurred during six or more consecutive months of illness and must not have predated the fatigue. (US Department of Health and Human Services, Centers for Disease Control and Prevention 2006a)[3]

The conundrum for CFS/ME sufferers is that its institutional definition in industrial medicine hovers between being recognised as a recurring illness and a permanent disability. Industrial medicine and more particularly insurance companies are loath to recognise CFS/ME as a permanent disability because its course is fluctuating even though CFS/ME's effects are debilitating over the long-term. CFS/ME functions as a syndrome or cluster of variable symptoms with periods of acute flare-ups. For most of those who have the condition, these symptoms stabilise after acute flare-ups or presentation, but the symptoms fluctuate – often extending into years rather than months – with periods of relative remission and relapse. While affecting all social classes, ethnic groups and both genders, the CFS/ME researchers have shown that CFS/ME affects women at least twice as much as men. In some studies women are almost two-thirds of its sufferers. It is not difficult to realise that public education about CFS/ME is as much about untangling the messy stereotype of treating women as nagging or hysterical

complainers as it is about a complex of symptoms that does not comport with a simple linear medical diagnosis or construct of a visible or permanent impairment. Hence, public awareness campaigns about CFS/ME are doubly challenged to make what cannot be easily seen, visible and to represent the greatest proportion of those afflicted, women, as possessing dignity and veracity when reporting the condition or recognising its symptoms. Given that within evidence-based industrial medicine, the only way to create veracity for invisible impairments is through the diagnosis of symptoms that appear, a 30-second televised public service dramatisation is a victory on one significant level: legitimacy that what 'you see is not what you get'.

Shot as a docu-drama, the 30-second movie that was televised and run on the internet features a 40-year-old Anglo middle-class woman arising from her bed in her suburban home; her face drained of colour and obviously fatigued from many restless-sleep-deprived nights. The music is ominous and the scene shows her in the foreground with a shifting myriad of scenes from her workplace, home-life with male partner and young children going about their daily lives without her. However, the character with CFS/ME is *missing in action*, an almost shadowy figure narrating her 'missing life' and hence an exemplar of a subject occupying the semiotic space of Agamben's (1998, 6) in a 'zone of exception'. The camera zooms around the room in clockwise motion, focusing on all the abandoned family members, co-workers, children and husband. They are each the action figures, taking up the slack in her absent presence. Life is more than passing her by, indeed, the audience is told: 'The worst part of chronic fatigue syndrome … is missing my life', and hence the title of the documentary repeats the refrain: 'Missing my life'. The staging is described in the written documentation from the PSA which highlights the moral panic surrounding this missing-in-action 'sufferer' of CFS, who is somehow an avowed removed subject from her own life: her invisible impairment is not performed as part of her life – indeed, her life is performed by others. In a kind of disappearing act in which the rabbit appears in the front of the hat, and then fades from the foreground, so to speak, her life the audience is told has gone missing and her various subject positions are performed by the work others do *for* her and all around her. Perhaps most crucially, her voice is literally and metaphorically 'voiced over' in the script for the public service announcement (Table 1).

Situated in the front of all the action moving around her, she is the shadowy figure ('figure' is now the noun form of the word: *missing in action*, unable to perform the work of productive and reproductive citizenship: mother; wife; co-worker). As signifiers, absent presence reveal more than the constitution of what cannot be seen; they bespeak demarcation of 'zones of exception' (Agamben 1998, 6) that name social practices of exclusion. They also articulate the boundaries between her absent presence and those of the articulated visible present subjects, who are constituted as filling in for her missing work as partner, (co)-worker, parent, with the children's father as the 'missing mom'. Moreover, the instruction, though, turns out not to be less directly aimed to the general public than intended. Instead, the knowledge it produces doubles back on its absent present subject: a woman sufferer of CFS/ME, who as mother, partner, co-worker and now privatised sufferer in her domestic environ becomes an isolated healthcare consumer who is both missing life and now told to: 'Get informed. Get diagnosed. Get help' (US Department of Health and Human Services, Centers for Disease Control and Prevention 2006c). CFS/ME is now synonymous with her life: condition equals woman, mother, partner, and co-worker! Indeed, the condition stands in as the explicitly missing signifier for a life afflicted with it. In the meantime, while *missing in action*, here is what goes on in the purportedly REAL LIFE all around and behind

Table 1.   Audio and visual script and cues for the televised public service announcement for 'Missing my life' about chronic fatigue syndrome which aired across the United States and online in 2005/2006.

Visual	Audio
Locked-down camera. A bedroom in a middle-class suburban home. In the foreground we see a 40-year-old woman lying in bed. She begins to rise in slow-motion as her husband and children move rapidly around her	Moody music throughout
As the woman continues to rise slowly, her husband dresses for work and their children enter the room. He helps them get ready and they all exit as the woman reaches a seated position	FEMALE VOICE OVER: The worst part isn't always waking up exhausted with legs that feel like lead …
Cut to an office setting. The woman is seated in her cubicle. Again she moves in slow-motion, struggling to concentrate on her paperwork while her co-workers move around her. [As a male colleague in the background crosses the floor, she drops all her papers to the ground in a loss of control, and they scatter to the office floor]	Or that my memory is shot and every muscle in my body is screaming
Cut to a birthday party scene in the family's home. The woman sits in slow-motion as the party occurs around her	The worst part isn't even that everyone thinks the problem's in my head
By the time the woman turns toward the action happening around her, the party has ended and the room is empty save for the decorations, plates, chairs, etc. The woman stares at the empty room	The worst part of chronic fatigue syndrome … is missing my life. ANNOUNCER: CFS affects more than [one] [*sic*; should read four] million Americans. Get informed. Get diagnosed. Get help

Source: US Department of Health and Human Services, Centers for Disease Control and Prevention (2006b).

her. Having established the semiotic codes of realistic drama re-enactment, her husband dresses her children while she sits fatigued, her colleagues at the office do the 'productive work', taking up the so-called 'slack' while she sitting apparently confined to her desk and dropping her papers which cascade to the ground in her daze, just cause again in terms of affective ideological cues for the 'incompetence' or 'near burden' alarms to sound at work.

Cameras then flash forward to her privatised domestic scene, moving seamlessly from bad to worse, where she sits guilt-ridden, but nonetheless missing out on her child's birthday celebration. Affectively, audiences have already been told that none of her symptoms is NOT really as awful as her missing out on her life as it was prior to CFS. It is only one further step in the progression of becoming a missing signifier to the camera shot to the following instruction: it is no surprise then with these semiotic codes doing their work that audiences are then told, essentially, 'the party's over' – life with CFS/ME is empty:

By the time the woman turns toward the action happening around her, the party has ended and the room is empty save for the decorations, plates, chairs, etc. The woman

stares at the empty room. (US Department of Health and Human Services, Centers for Disease Control and Prevention 2006b)

Life with CFS/ME apparently does not occur, both invoking and complicating Porter's haunting words that 'a disabled body seems somehow too much a body, too real, too corporeal: it is a body that, so to speak, stands in its own way' (Porter, quoted in Deutsch 2002, 197). Here, a woman with an invisible impairment does not stand in her own way; others stand in for her, if not in her way in spite of her presence. When Porter states the generalised semiotics for the disabled, he misses out on the examples of the social semiotic codes for reading invisible impairments which credit the particular bodies/minds that live with them as only veracious enough to barely report, much less demonstrate how they live with symptoms in the course of daily life. While the subject of the instruction is the invisibly disabled CFS sufferer herself, it is clear her colleagues, family and public need the education she is getting instead. A disabled body with an unrecognised impairment not only lacks something to identify with, it lacks a life altogether, if we are to identify with this public service campaign: we are told she lacks all joy, productive value, human value, connected-ness to others and to meaningful activities in her life. Educating for lack and deficiency seems to be a curious turn in what amounts to a victory to achieve a public service campaign about living with CFS/ME. In a flash of intended visibility, what was unseen, transient, out of the reach of mapping and invisible, is now viewable but no more understood or recognised as a fully embodied social citizen than before the enacted public pedagogy.

Productivist citizenship, leisure envy, inducing guilt

Missing-in-action as a public pedagogy in a media campaign about CFS on one level may seem benign. After all, the CFS sufferer at least gets to tell her viewers that her unseen condition is real and not in her head. Yet, what is not readily apparent is that discourses of non-participation as 'citizens' get articulated to other social and economic discourses ready to do the job of stigmatisation and devaluation – to speak to what work and social value is missing. Susan Wendell's (1996) compelling feminist philosophical account of living with ME as an academic shows much emotional labour goes into explaining to all those around her as someone with CFS/ME, what is involved with constantly having to disclose and explain what cannot be readily seen:

A person with a disability (or illness) that is not readily apparent, who has a social position with some prestige and power, who earns a good income, who is creative and productive, happily partnered, and obviously enjoying life, violates just about very possible stereotype about people with disabilities (or illnesses). It is hard for others to accept that anything is really wrong, and, in a sense, nothing is, because a disability or illness is like any difficulty with which, or around which, a person can live a good life. But illness must be accommodated, by and sometimes by others. I need other people to accept my physical limitations, to take my word for it that I cannot do more than I am already committed to, or that when I say I need to rest, I do, or that I had to spend the previous day in bed. Some people offer such acceptance readily. Others greet every statement of limitation with scepticism, and most need to be reminded from time to time. How can I convince or remind them without seeming to complain or to ask for sympathy, without embarrassing myself and them, without risking the accusation that I simply do not want to carry my load (to which I could only reply with more of the

same information about my limitations)? … [T]he subculture of feminists of my generation is one of self-sacrifice. Good feminists, like women in everywhere, are supposed to give 'til it hurts; everyone is supposed to feel exhausted and overworked, so why should I be the exception? 'We' don't have time to be ill, to coddle ourselves.

It is not surprising that my greatest psycho-ethical struggle is with guilt. Sometimes, I feel guilty toward everyone – my students and colleagues for not being able to do more work, the community of activists with disabilities for not being able to contribute more time, my friends for hardly ever being able to do more things with them, my family for not writing or visiting more, my partner for being tired or in pain in such much of our time together. (Wendell 1996, 4)

Productivist notions of citizenship and human worth rely on a zero-sum game of economic exchange. This produces over-worked people, who, in a disableist society project onto others their own desire for leisure, or respite, which I term 'leisure-envy'. Those who cannot participate in this system of exchange relations to the same degree or in the same ways become vulnerable to disableist and misplaced projections of leisure-envy. These are often accompanied by the idea that those whose impairments cannot be seen must be faking it or attempting to get out of work.

 Productivist notions of citizenship equate social belonging and productive value with the capacity to contribute to waged work or so-called productivity, devaluing or overlooking altogether contributions to reproductive, familial and non-waged work. Feminists and disability scholars have well critiqued productivist notions of productivity and citizenship (Roman 1988, 2004; Ferri 2008; Taylor 2004; Ware 2002). Nonetheless, productivist conceptions of citizenship still operate in daily capitalist western social and material exchanges (Roman 1988, 2004). Joseph Conrad famously represents such exchanges best, encapsulating the expectation of capitalist patriarchal exchange: 'A man is a worker. If he is not that, he is nothing' (http://quotationsbook. com/quote/42164/, accessed September 9, 2008). Some of the core elements of the expectations of daily social performance expectations for people with invisible impairments involve what I call the 'performative paradox of the demand for over-disclosure': what is invisible becomes the basis for compulsory repetitive explanation and hyper-disclosure – an effort to close the semiotic social gap of misrecognition which is read against the equation of visibility with veracity. What cannot be easily seen summons suspicion and demands repeated explanation. People with invisible impairments must do more explaining than persons with visible ones – in other words to perform what I call, 'auto-social veracity checks' on themselves, whether at the workplace, in other community or familial settings.

 One university student with CFS/ME writes in an on-line blog about the equation of visible disability with veracity putting it this way, acknowledging both the erasure of her need to sit down due to her fatigue and the constant role of having to explain that her disability does not require a full-time visible wheel-chair, amplifying how invisible disabilities are often met with preconceptions equating the visibility and readability of physical disabilities with veracity. Thus, the student comments wryly that invisible disabilities are often met with 'invisible accessibility' and accommodations:

Invisible Accessibility for Invisible Disabilities

The first time I truly realized how clueless people are about [invisible] disability and access was at a local Apple dealer. We needed to do a bit of paperwork, and I found myself standing at a desk, with the computer guy seated on the other side of the desk.

I looked around for a chair, and couldn't find one. I asked 'Could I have a chair, please?', and was told that they don't have any chairs for customers. 'I'm not feeling well,' I said, 'Could I please have a chair while we do this paperwork?' and was again rebuffed. 'This isn't great disability access', I tell the dealer. He looked at me as though I had two heads, and snapped, 'Disabled people bring their own chairs.' I explained that not all people with disabilities use wheelchairs. I was then subjected to a lecture about how sometimes disability is all in people's heads, and if only they would get out and about more, they wouldn't have a problem. What a monumental arsehole.

I've spent the last nine years getting a Bachelor of Arts degree. The last two years I've done in off-campus mode, though my university doesn't officially provide such a mode. This is thanks to several absolutely fantastic lecturers who were happy to work with me, discussing tutorial material by email, accepting emailed PDF assignments, allowing flexible deadlines. I thank those people deeply. And the lecturers who snarkily refused to contemplate flexible delivery can nick off. I thank my wonderful partner, who fetched and carried the books, videos and paper things that couldn't be transferred electronically. I thank the librarian aide who helped me out with items for pickup, and I thank the Student Services Office, who somehow find their way around the convoluted university systems. Stop and think: invisible access for invisible disabilities. (Hel 2007; see also Hel 2009)

Although the binary of invisible/visible is not always tidy, women with certain visible disabilities can go unnoticed. Yet, they may also find themselves being treated as though they possessed invisible disabilities. They then feel compelled to be self-disclosing. A deaf and blind person whose impairments were not immediately visible discusses how the obligation of disclosure works:

However, for a long time I felt obligated to be honest: 'Well, you see, actually I don't see very well. I am blind in one eye, from an accident when I was three, and have very thin cornea in the other – you know, the very outer part of the eyeball – and my cornea has split several times and I just don't have any stamina for reading and I'm very nearsighted, you know; I can't see signs or any kind of detail that is not close to my face and actually I'm quite hard of hearing now but I used to hear better and amplification helps me a lot and, um, do you know much about sound frequencies … (Jones 1997)

Obviously I felt some need to explain myself. I had to prove to the inquiring busy-body that I was indeed an *authentic crip*:

'The real thing, folks! You won't believe it until you see it! A real live deaf-blind person! Watch her move about with ease! Watch her carry on an intelligent conversation …. (Jones 1997)

Not everyone identifies with or feels compelled to be limited to the performance of over-disclosure. But again, the lack of identification with the performative paradox of over-disclosure seems related to the equation of physical impairments being socially and semiotically coded as truthful markers of the readable real bodies – veracity of the already and always automatically coded body which is seen as truthfully disabled. One of the most prominent artists, a painter, who has spoken publicly about the right not to be a 'productive citizen', is feminist Sunny Taylor:

Due to my disability (arthrogryposis multiplex congenita), I paint holding the paintbrush in my mouth instead of my hands; I use an electric wheelchair for mobility. When I first realized that due to my impairment I might be unable to work in a traditional job, I was

worried about my financial future, but it never occurred to me to worry about my life's value as a 'nonproductive' citizen. However, I think that I am unusually fortunate to have been raised with a belief in my own inherent value, because many disabled people seem to carry a deep 'non-working guilt,' even if they are successful in other areas. (Taylor 2004)

Taylor found that despite her lack of feelings of guilt about her rejection of productivist citizenship values, she was nonetheless not exempt from the public shaming ritual that occurred in public conversations about her painting and its relationship to waged work value:

The very first thing that people ask me when I say I am a painter is 'Do you sell your work? Are you supporting yourself?' I actually do sell my work, but I do not support myself from these sales. I hate this question and I feel ashamed no matter how I answer it. This is because I always feel like this question is a test; a test to see whether my life-style and hobby are legitimate; and money is the gauge of this legitimacy. Is money really where all value lies? Are my art and my lifestyle really less meaningful because I do not support myself financially? (Taylor 2004)

In the context of an ADAPT cross-country political action, Taylor began to research in the US context about the experiences of people with impairments who could not perform waged work and found that most felt guilt or shame when confronted with questions about whether they worked for wage.

Despite the fact that two million people [in care facilities] are denied the privilege of determining where and how they live and who cares for them, the lack of press garnered by our two-week trek (and on disability issues more generally) does not exactly consti-tute a mystery. Disabled people are regarded as disadvantaged citizens, and so this fact is not news in itself. Disability is most commonly perceived as a personal tragedy, isolated and spontaneous, and so rarely worthy of a second thought let alone headlines (unless as a human interest story). Disabled people are far from enjoying the advantages of social or economic equality, but the point is that they are far from even being seen as a deserving identity group. While issues regarding racial, gender, and sexual orientation equality are all at the forefront of political and social theory, disabled people are almost always left out of these conversations. The disabled are viewed with sympathy as victims of 'bad luck' who will simply have to accept disadvantage as their lot in life, not as an identity group that is systematically discriminated against. Unlike sexism and racism, which are perceived to be significant social problems, disability falls under the social radar and disablism is not recognized as a damaging or even particularly serious form of prejudice. (Taylor 2004)

What you see is NOT what you get: Zone of Exception

Question: What happens when the impaired body does not conform to ableist readings for normalcy of the physical body and yet, refuses to participate in social guilt that goes with not being so-called 'productive' in productivist terms? Answer: In many regards, the reception result I call the paradox of *What you see is not what you get* violates many conventions of social and material exchange. For example, some physical impairments can 'pass' as not quite disabled until a crucial social marker of inclusion or passage rite of enfranchisement violates what is constructed socially as normative for women with disabilities. This was the case for Carol Lee (Lee 1997), who writes that up until her pregnancy, she was permitted to and went along with 'passing' as non-disabled. Passing was made possible by the structural realities of

being able to participate in waged work, be married to a non-disabled person, and maintain health insurance:

> I confess: I've been passing.

> I'm a 32-year-old woman, disabled since birth, and until recently I have been firmly in the closet.

> I have been living in the non-disabled world all my life. I was part of early attempts at 'mainstreaming' children with disabilities into regular classrooms (I received special services at recess). Once I passed adolescence, my health stabilized to the point that ongoing medical care is not required, other than regular check-up visits with various specialists. I completed college, then graduate school. I am a full time professional. I have been married eight years to a non-disabled person.

> In most of the situations I encounter, I am the only person present with a disability. All the key disability rights issues – work, housing, medical care – have left me unscathed, because of ability to work full time, to put a roof over my own head, to purchase health insurance.

> And yet, here are these braces. This limp. This ostomy appliance. These stares in the supermarket. All remind me that, while I live among the non-disabled, I remain on the margins. I remain Other. (Lee 2003)

Lee reports that at the moment she became pregnant, expectations shifted and it was none too subtly conveyed to her that she might not wish to continue her pregnancy since how would she as a disabled woman be able to care for her child or her child might end up with similar her impairment. Running into this barrier, she made a conscious decision to 'come out' and self-disclose her invisible impairment despite the fact that she had broken through the staircase to the ceiling, defying even the distinction on many occasions between visibly and invisibly disabled. Impervious to the various categorisations, she tells herself, she can weather all, after all, she states:

> There is no box to put me in. I am not asking for their charity or assistance. I am not defined by my disability. I'm not the angry cripple. Why, I'm not even inspirational (although, lacking any other way to categorize me, people sometimes tell me I am. It never fails to rankle.) I'm just a person, like them. Therefore, I must not be disabled. Not really.

> Given all this, why am I outing myself at this late date? Because I have broken a cardinal rule, done something so subversive that I feel the shockwaves ripple around me every-where I go. I have become pregnant. By choice.

> My doctors couldn't give me a great deal of reassurance about what a pregnancy might mean for me. Not a single case study was to be found. Apparently, if anyone like me has ever been pregnant, it wasn't written up in the journals. Ultimately, my husband and I decided that pregnancy is a leap of faith for any couple – and we would take that leap. … As soon as my pregnant belly began to be obvious, balanced atop my spindly braced legs (in the words of a wry friend, 'like an olive on a toothpick'), the stares from strang-ers increased, both in number and in hostility. They telegraph their messages clearly: 'I didn't think that kind had sex!' and 'Good God, is she bringing another one like her into the world?' (Lee 2003)

> This kind of hostility has made me angry in a way that even the intrusive curiosity that has followed me all my life never did. I'm angry at being excluded from that group of

people who can, in their eyes, acceptably have children, all for want of a pair of perfect legs. I'm angry that, should my child have health problems, all eyes will turn to me – even among family, and even if the problems are unrelated to my own.

It is anger that kicked open the closet door, but it is impending parenthood that pushed me out [of the closet]. (Lee 2003)

Yet, as Lingsom's (2008) thorough study of surveys of the experiences of people with invisible impairments shows, young women with invisible disabilities who had experienced haemorrhagic strokes faced the double whammy of performing against the grain of incredulity and disbelief about the veracity and seriousness of their invisible impairments combined with the generalised tendency to distrust their accounts based on their youthful ages. Thus, the young women worked strenuously to avoid such stigmatising situations and hide their impairments:

[A] study of young female survivors of haemorrhagic stroke (Stone 2005) found respondents faced disbelief on two levels. Due to popular conceptions that strokes only affect old people, young women were not believed to have had strokes. Secondly, women with impairments which were for the most part invisible, such as cognitive difficulties, persistent fatigue and/or one-sided weakness, had problems with self presentation as only visible impairments were popularly believed to be serious. The impaired women typically worked to hide their limitations and avoid situations where they knew they would have difficulties. (Lingsom 2008, 11)

These two contrasting examples teach us that in/visible impairments are constructed in a larger closely woven text in which one subject position defines the existence of the other, visibility = veracity, invisible = lack of veracity. The work of conscious nondisclosure or passing also necessitates emotional labour and takes its toll. As Lingsom notes:

Invisible impairments may open opportunities for passing 'as normal' in social interactions. Passing as 'normal', however, carries with it conventional expectations as to behaviour and stamina, expectations persons with impairments may be unable to meet because of their impairment(s). … [Yet], [p]assing may have restricting personal consequences for impaired persons. Concealment requires self-censorship and self-surveillance in a restricted social room. To pass as 'normal' impaired persons must silence their body-self and their impairment experiences. Their distinctiveness as storytellers in a narrative world is thus diminished. It takes training to focus on and express bodily sensations, to acknowledge limitations and to recognize discrimination. Passing as a mode of self presentation deprives one of the training. … By holding their impairments hidden, they enhance narrow conceptions of normality and contribute nothing to dismantling social and structural barriers to participation, belonging and well being of all people. (Lingsom 2008, 14)

Campaign two: 'You Know Who I Am': a Canadian mental health campaign or a Hockey fantasy?

In the world of Canadian sport, hockey and national identity are often synonymous. Who is better then to represent a public mental campaign on television and the Internet than a famous successful Swedish-born hockey player, namely, Daniel Alfredsson? A 2006 Olympian and the nine-time team captain of the NHL's Ottawa Senators, Alfredsson's 5-foot, 11-inch and 207-lb stature is well known to Canadian sports fans. Critical sports scholarship in the areas of the political economy of hockey and cultural

studies of hegemonic masculinity have well covered theories of violence in hockey, how violence has been packaged for consumers (Gruneau and Whitson 1994) and how changes in the marketing of hockey to a global audience have shifted the landscape of its commercial production and consumption. Hockey is a sport that like American football makes boys into men while it also teaches paternalism, aggressiveness and the exclusion of women. Part of the appeal of hockey is that it enters the social imaginary of producing imagined communities of belonging and participation that are predominantly masculinist while amidst the commercialisation, globalisation and further fracturing of particular ethnic communities (Gruneau and Whitson 1994) such as the two solitudes of French and English Canada or by consolidating others (e.g. Anglo versus First Nations). It should be no surprise, then, that the Ottawa Mental Health Foundation chose Alfredsson to be its spokesperson for its mental health campaign in 2008 (Alfredsson 2008), a friendly hockey hero who happened to have a sister with a mental illness. Yet, if the target audience is women with CFI/ME, it is unclear how a male hockey star can perform a 'reach out and touch your audience' moment.

The common sense ideology at work here is that Alfredsson can at once be the extraordinary famous and spotlighted persona in the national zone of projected fictive belonging and the everyday brother who has a sister with a mental illness. He, just like the imaginary 'you' – is thus apparently well positioned to speak publicly about his sister's illness and his own coping skills or lack thereof motivated a large campaign to educate Canadians which was sponsored by the Royal Ottawa Foundation for Mental Health (Alfredsson 2008). The 'You Know Who I Am' campaign opens with the naturalising presumption of household familiarity with Alfredsson's name, moving from the contrasting codes of public fame to hetero-familial 'normalcy' – 'I am just like you' to an implied and perhaps unwitting 'zone of exception', his sister's mental health impairment diagnosed as 'generalised anxiety disorder'. He tells viewers:

You Know Who I Am by Daniel Alfredsson – A Champion for Mental Health

Hi,

As a professional hockey player, I spend a lot of time in the spotlight, both on and off the ice. My private life is pretty normal really. I have a wife, three young children, close friends, and a family back in Sweden.

So when my sister began struggling with mental illness I wasn't sure what to do or how to help. To be honest, I don't feel that I did enough to support her at the time.

My sister was diagnosed with Generalized Anxiety Disorder eight years ago. She has great days and other days that aren't so good. She has great support from my parents and her boyfriend and I do everything I can even though we live so far away from each other. But she still faces societal challenges related to stigma. That's not right.

That's why I've decided to speak out for mental health with my sister's blessing to lead the Royal Ottawa Foundation for Mental Health's *you know who I am* campaign. This is a way I can demonstrate my love for my sister and encourage people to get help when they need it without fear of shame. I also want to remind everyone that mental illness deserves the same care and compassion as any other physical illness.

So let's educate ourselves about mental illness. It's a complicated thing to understand – and it can take many different forms, from mild to chronic illness. The more we understand, the less fear and stigma we will have, and the easier it will be for people suffering to get help.

> Together we can make a difference – Together we can change attitudes – Together we can mend the lives that have been broken.
>
> Thanks for your time.
>
> Daniel (Alfredsson 2008)

It is an ambivalent turn, though. Having established the code of hetero-familial normalisation which is meant to evoke identification with Alfredsson's 'basic' or 'ordinary' (read: 'straight white able-bodied white guy') status, the text then takes an ingenious move. On the one hand, it sets up the acceptance of his sister's mental illness as an ordinary difference or variation. Yet, on the other hand, it constructs dis-identification with her by setting up the contrast between his purportedly 'normal private family life' and that of his sister's mental health issues and experiences of stigma. She remains 'other'. Moreover, he presents a softer, kinder hockey player who shows his vulnerability to being ignorant of mental health issues to which he has now become acquainted and informed. The overt message is that Alfredsson rejects her 'societal challenges related to stigma': That's not right', he declares. This is a victory in terms of conceiving of stigma in social rather than individualistic terms. Yet, there's not much more to it in the domain of what the viewers or audience is supposed to do after such a declaration is made. Indeed, like the first example discussed regarding CFS/ME, we hear about his sister's experiences through him alone. She is both literally and figuratively absent. His voice about her 'everyday' becomes the only voice on the matter. She does not figure at all except as a semiotic gap, indicated by her absence and his mention of his geographic distance from her as a Canadian hockey player far away from his Swedish family and home. This too becomes another staging of the zone of exception.

The final move of 'othering' seals the public pedagogy with the contrast between mental health survivors as leading 'broken' lives and those without such issues implicitly contrasted in the binary opposition of leading holistic or non-broken lives. Indeed, a particular public has been invoked under the royal 'we', Canadian hockey-lovers and fans and all those who must 'self-educate' about the variety of mental illnesses in the world, so, in a rousing oral refrain echoing the crowd's roar at hockey games, Alfredsson's letter chants: 'Together we can make a difference – Together we can change attitudes – Together we can mend the lives that have been broken.' Who is mending whom? Absent from the campaign is not only his sister's voice, but the state of human rights legislation for people with mental health issues in Canada and information about the deterioration of the Canadian mental health services across its provinces, and the lack of basic supports for people with mental health impairments.

Campaign three: The last laugh or laughing at last? Irony, parody and insight in Victoria Maxwell's Crazy-for-Life Performance at The Unruly Salon

In this watershed context of The Unruly Salon Series (see the Introduction to this issue) at the University of British Columbia, Victoria Maxwell's performance stood out. British Columbian-based actress Maxwell, who refers to herself wittily as degreed not only with a Bachelor's of Fine Arts, but also as 'B.p.p.' or 'bi-polar princess' has acted her way through the stigma and oppression of social barriers to women with bi-polar mental health impairments using irony, wit and sophisticated humour on a subject that is often taboo and frequently misunderstood. 'Victoria Maxwell's playful

riff on the improvisatory work of disclosure' takes no prisoners and makes no apologies: 'I think it's quite like an art form', describing how might one come out to a prospective romantic date about her various mental health diagnoses, she declares, 'wryly reminding us that the work of self-representation requires both wit and pluck in generous measure' (Roman and Frazee 2008). Maxwell's monologue from *Laid*, her third solo play, is 'composed in the genre of culinary adventure, offers a fitting desert for the otherwise sobering topic of disability culture, arts and politics offered here as an excerpt in this paper for careful attention.

Maxwell is one of North America's most sought-after educators and speakers on the 'lived' experience of mental illness, determined to reduce stigma, improve therapeutic alliance and adherence and address workplace mental illness. With 18 years of experience as an educational consultant, actress, writer and mental health 'insider', it becomes apparent that her solo play and performance of *Crazy for Life* deals with her own acceptance of living with three mental illnesses, bi-polar disorder, anxiety and psychosis presented less as discontinuation of her life or removal from it than as life before, after and during bi-polar disorder, anxiety and psychosis.

The excerpt below from *Laid* is shared with Maxwell's permission and was performed as her part of our sixth Unruly Salon (see http://www.unrulysalon.com/salon_series_6.html, accessed September 9, 2008):

> When I was diagnosed with bipolar disorder and anxiety and … uh, psychosis – it's not like I suddenly stopped being interested in dating. In fact even in the hospital … well that's a whole other issue. What I mean, is there are a lot of things to consider.

> Really, how do you even go about starting to date again? It's not like there's an outpatient program for us: 'dating after diagnosis' or 'intimacy after insanity'. One time, when I got out of the hospital, about year or so after – I kept running into this guy I liked. I don't think he knew I was alive. I think I must've been invisible. Ewww … don't tell that to your shrink: invisible. Red flag phrase for doctors.

> I just mean Sam – that was his name, cute, red hair, bulging biceps. Skinny too, lanky. I just mean this guy, probably had a girlfriend or something and didn't even notice me.

> My confidence wasn't exactly at its peak so it wasn't like I was out there shaking hands and introducing myself as 'available'. I mean you have to be crazy to do that! Anyway …

> And then once you start dating, how do you know when it's the right time to tell someone you've got a mental illness? Orthree? God. I wanted to be sexually abused, alcoholic, bulimic! Something traditionally dysfunctional. Something with some sex appeal! Not Jack Nicholson's: Redrum! Redrum! And Tony Hopkins' Silence of the Lambs Fava Beans: Ffffff … Ffffff!

> This has gotta all be strategically timed, right? Do you wait 'til the fourth date – you know to test the waters out? Or just blurt it out during the first – you know to put all your cards on the table, right up front? And then there are the specifics: after appetisers – but before dessert? Certainly waayyy before you announce the engagement and meet the parents, right?

> Maybe it's sort of a 'one-disorder-per-dinner-date' kinda thing. You've got to consider the overwhelm factor.

> Really, I think it's quite like an art form … telling people, especially when dating … it's like pairing wine with food. You know … you should only disclose bipolar disorder when eating something mild and stabilizing, yet still richly complex … like a classic Fettuccine Alfredo.

Nothing too wild or crazy (poor choice of words). But you know – never with something like … Wasabi tuna steaks over udon noodles.

And when I let the cat out of the bag about anxiety – make sure it's not with anything too complicated or overpowering – don't wanna add unnecessary pressure.

Nothing too finicky … like a soufflé … or that requires extra cutlery skills – like fondue spears or chopsticks. Something simple, like a hearty hamburger – something that adds strength.

And psychosis … well, just stay away from all flambé dishes.

Really though, how do you break it to someone? Maybe just a casual approach, a haphazard manner to mirror my history:

'Oh, hi. No, I don't eat meat, or smoke, but I do occasionally take Prozac and Lithium.' (Maxwell 2008)

Richly subversive, Maxwell's culinary adventure invites audiences to consume her life as a mix of comedy, tragedy, difference and sameness, connected to those around her even when she's performing her psychotic episodes. On this occasion the audience laughed uproariously with her well beyond the stolen secret of laughs tucked away from her presence. Social relief was palpable that which Georg Simmel once called a 'public secret' (Simmel 1906) was out of the closet. Maxwell had given the audience permission to laugh with her before going into character on the stage. From laughter to tears, with the audience moved with self-recognition through dis-identification, Maxwell performed life with her impairments, not as a missing-in-action figure, but instead as a fully embodied character who could somehow achieve the third eye of insight, seeing herself as others might have seen her while she was manic, anxious or psychotic while articulating her own subjectivity. She gave permission to the audience to laugh about a sobering matter and find the humanity in it because at no point did she lose her humanity or her life. Irony and parody functioned as the means through which crucial semiotic codes of unquestionable belonging and presence with 'us' could do their work to impart that she was and remains part of us instead of being represented as an 'other' or objectified 'them'. The audience was invited to inquire: 'How do we daily make the 'us' and 'them' through disabling tropes of disabelism.

Of course, as a live performance, Maxwell's play could stage a more fully embodied presence of a woman with an invisible impairment than could an internet or televised campaign. However, the crucial difference here may not the be fact of this being a live performance but rather the fact that it drew on imaginative rather than hackneyed tropes of mindful presence, a fuller humanity than invisible impairment equals *missing in action* or condition by itself. Her play and her performance in it moved the audience to see beyond the flat stereotypes and through the misty or myopic fogs of sterile medicalising realism – just the facts about mental health as listed on the Royal Ottawa Mental Health's, 'You Know Who I Am Campaign'. What is taboo, breaking through the sober silence and the stigma of her living with a mental illness is presented as a culinary adventure with the various delicious foods to be consumed choreographed in a monologue about sampling various psychiatric diagnoses. What is generally perceived as indelicate conversation gets performed as delicious delicacies.

Without irony or parody, the critical elements of what disability scholar T. Siebers (Siebers 2008) calls, 'masquerading' disability tropes would necessarily present

themselves as monolithic, flat and lacking in that critical moment known as desire and desirability, devoid of the agency often performed in daily life by persons with disabilities to configure themselves in ways that figure in contexts that often render them without humanity. It is after all, the fact that Maxwell laughs at herself while we laugh with her that makes it less likely for her to be objectified or go out on stage as a missing-in-action subject as in the first two examples I discussed. As Sue Bergeson, National President of the Depression Bipolar Support Alliance states: 'Victoria takes the painful reality of living with mental illness and turns it into something we can understand, laugh with her about and come away feeling empowered and ready to take action' (http://www.victoriamaxwell.com/services.asp, accessed September 9, 2008).

Conclusion: promising rights and the art of rights

Within disability studies and the global disability movement, visible disabilities have taken centre stage, just as they have in mainstream campaigns about disability to educate the public. This should not be surprising. Western cultures privilege visibility as a marker of subjectivity. So, with this in mind, people with invisible impairments can go either unnoticed or be treated as lacking in veracity and thus, met with incredulity or sceptical hostility when their impairments are disclosed or noticed. Some studies estimate that nearly 40% of all impaired people live with invisible impairments (Matthews and Harrington 2000). Regardless of the exact proportion, it remains significant to attend closely to the nuances of how differently impaired people are received (or not), discriminated against (or not). It is clear too from this discussion that the accountability performances of disability are largely read as visible signifiers of unruly bodies who measure up for the authenticity checks. A deep irony pervades this social illogic: one that requires unpacking the affective ideological dimensions of the legalistic rights-based framing of what constitutes disability and what the 'burden of proof' is and on whose shoulders in the disability community it must fall. Yet, it is clear the first two campaigns discussed do not exceed the dominant signifying conventions, despite their public profession to do so. Disability rights-based talk and discourses too often depend on materialising visible subjects, thus privileging physical disabilities or impairments as the measure of truthful impairment in the realm of epistemic rights-based claims-making. Once visibility and veracity are equated ('what you see is what you get' or 'seeing is believing'), as well as linked to a competent knowing rational subject, a cornerstone of Western thought, the knowledge of impaired bodies marked by invisible impairments drops out of sight (so to speak) of rights-based claims-making even within disability cultural politics and rights-based movements. Without a credible readable body to perform a veracity and authenticity check, the purportedly unmarked woman with an invisible impairment becomes the hyper-personification of pathologising and surveillance to get at the so-called lack of veracity and competence. This renders women with invisible impairments the subjects of extra-territorial workplace surveillance by insurance companies and employers, not to mention, institutional mauling.[4]

In *Sociologies of disability and illness* (2007), Carol Thomas conceives of 'disableism' as a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being' (Thomas 2007, 73) along with the structural barriers that oppress them.

Disableism has powerful and seductive tropes, which should not surprise us. But unsettle them we must. Hence, with conscious consumption and desire as part of the narratives of diverse humanity, we can turn to the human rights implications in these three examples examined here. For one, the right to have as many workplace accommodations as possible to bolster workplaces to become more humane actually benefits all who can work. Yet, not all can perform waged work. Another reality, however, that gets attention in the disability movement but insufficient attention publicly is the right *not* to work. We need to consider that productivist citizenship standards expecting everyone to work, as well as to work to the same 'measure' set unapproachable standards for productivity that actually injure people with specific impairments or simply cannot be met. This also means thinking through how inclusion in education in radical democratic terms can be framed when we have yet uncouple the measure of successful participation in schooling and education from expectations of clear destinations to waged work. The one-size-fits-all approach may need to be revisited with the knowledge that careers and waged work may not be possible for all. One chronic pain sufferer put it this way:

> Many of us fall into another category. We suffer from invisible injuries, such as chronic pain, or have poorly understood diagnoses, like chronic fatigue syndrome, fibromyalgia and multiple chemical sensitivity. Nondisabled people do not believe us when we say we cannot work. They think we are lazy. The last thing we need is a marketing campaign that stigmatizes us further.
>
> I have been interviewing injured workers for a book about the Massachusetts workers compensation system. Our stories are so similar. We are people who loved our jobs and tried hard to hold onto them. Losing our careers was among the greatest disappointments of our lives.
>
> I continued to work in pain for years as a newspaper reporter and copy editor until I could not make it through the day. After going out of work, I still thought I would recover and return. When that did not happen, I spent thousands of dollars to retrain to be a schoolteacher. A car accident left me in more pain, however, and when the time came to student teach, I lasted only three weeks. The college had been very accommodating, allowing me to student-teach half-days, but I still could not do it.
>
> After trying so hard and losing so much, it is frustrating to encounter people who suspect that we really could work full time. Some people mean well. I have had friends suggest I become a lawyer or run for elected office. They intend a compliment, not understanding the difference between mental and physical ability.
>
> When I try to explain, they look confused and mutter about 'accommodations.' The push for reasonable accommodations has left the impression that every barrier to full-time employment can be removed. Furthermore, we live in a society that makes it difficult to say, 'I can't.' We have been taught that we can do anything if we try hard enough.
>
> Do we really need a campaign to encourage family members to push people with disabilities to work? Imagine how awful that is for the individual who cannot meet these expectations. (Foley 2006)

Contemplating the emphasis in critical pedagogy upon teaching students visual literacy, we also need to consider what conventions of knowing we are privileging. There are other sensory modalities, knowledge forms and ideologies that require their own 'emotional intelligence' and literacy in the broad sense of the term. Lest we turn our

attempts to be critical into the new 'show and tell' of visual literacy, we will end up culturally and socially privileging one sense over another, visuality, at the expense of others, and the one that historically has been privileged in Western Enlightenment thought at the expense of particular bodies/minds and persons.

Rights-based work is not free of the need to be examined in the context of the diverse needs that often conflict with one another for different groups – here, the right to have reasonable accommodations at waged work (and to work) versus the right not to work as a reasonable accommodation. While deconstructing the affective ideologies at work in public campaigns about invisible disabilities is a significant task, it is important to place such public pedagogical texts in their cultural, economic and political contexts. If we are to interpret such campaigns as social and political allegories that articulate and constitute particular publics, citizens, lives and 'zones of exception', it behoves us to understand the fears, desires and pleasures they attempt to represent or dispel. What visions of social justice/injustice do they articulate? Constituting democratic publics means creating spaces for dissent to affirm the counter-hegemonic third spaces in between the binaries. For no matter how much a victory such campaigns may represent for various groups, they are not entirely free of contradictions or the dominant residual meanings abound about ideas of normalcy. Such meanings are tethered to the accountability performances of meritocratic ideologies and standards. That is, as public pedagogies they benefit from our critical engagement of their articulation of the social anxieties, desires, fears and assumptions that prompted their creation in the first place. While no text or public pedagogy is innocent, much can be learned from the independent disability arts and cultural movements and performances as shown with Victoria Maxwell's performance. Such performances need to become as much a part of the discourses of such campaigns as their mainstream counterparts. They offer promising opportunities and fresh approaches to rights-based talk that is too often framed either in legal or rationalistic terms. To begin to work through the disability arts and culturally performative texts of daily life is to think again about what education for inclusion means and who gets to perform the invocation: 'Go Figure!'

Notes

1. The mere fact that Western societies distinguish between those who 'pass' as 'normal' and those who may not directs attention to the social workings of a distinction between socially readable, marked bodies as impaired and those whose impairments are invisible or hidden from easy 'detection' to the everyday reading as such. However, not all closets or forms of passing are witting ones. Some are unselfconscious, 'undiagnosed', and transparent ones (that is, transparent to others but not necessarily realised by the self). In any case, this realisation of unwitting closets makes the issue of disclosure even more problematic since

non-disclosure or 'passing' may not be a conscious effort to fail to disclose or to lie or give false information or impressions. Too much has depended on the idea of conscious, rationale, linear subjects who choose their identities or choose to conceal them. For a majority of people with invisible impairments such an assumption about the process or experience may be questionable.

2. I thank Stephen Petrina who drew my attention to this point.
3. See also the US Department of Health and Human Services, Centers for Disease Control and Prevention's article summarising the contentious and problematic definitions embodied in the 1994 medical conceptions of CFS, which was published as Reeves et al. and the International Chronic Fatigue Syndrome Study Group (2003).
4. I am indebted to feminist sociologist Dorothy E. Smith for the origination of this phrase; personal communication, January 2006.

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