

willing speech, but it is also about how women are themselves interpreted in (and occupy) such fluid and ethically complex roles in relation to the will of speech in our culture at large.

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Integrating Disability, Transforming Feminist Theory

MP

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Over the last several years, disability studies has moved out of the applied fields of medicine, social work, and rehabilitation to become a vibrant new field of inquiry within the critical genre of identity studies. Charged with the residual fervor of the civil rights movement, Women's Studies and race studies established a model in the academy for identity-based critical enterprises that followed, such as gender studies, queer studies, disability studies, and a proliferation of ethnic studies, all of which have enriched and complicated our understandings of social justice, subject formation, subjugated knowledges, and collective action.

Even though disability studies is now flourishing in disciplines such as history, literature, religion, theater, and philosophy in precisely the same way feminist studies did twenty-five years ago, many of its practitioners do not recognize that disability studies is part of this larger undertaking that can be called identity studies. Indeed, I must wearily conclude that much of current disability studies does a great deal of wheel reinventing. This is largely because many disability studies scholars simply do not know either feminist theory or the institutional history of Women's Studies. All too often, the pronouncements in disability studies of what we need to start addressing are precisely issues that feminist theory has been grappling with for years. This is not to say that feminist theory can be transferred wholly and intact over to the study of disability studies, but it is to suggest that feminist theory can offer profound insights, methods, and perspectives that would deepen disability studies.

Conversely, feminist theories all too often do not recognize disability in their litanies of identities that inflect the category of woman. Repeatedly, feminist

issues that are intricately entangled with disability—such as reproductive technology, the place of bodily differences, the particularities of oppression, the ethics of care, the construction of the subject—are discussed without any reference to disability. Like disability studies practitioners who are unaware of feminism, feminist scholars are often simply unacquainted with disability studies' perspectives. The most sophisticated and nuanced analyses of disability, in my view, come from scholars conversant with feminist theory. And the most compelling and complex analyses of gender intersectionality take into consideration what I call the ability/disability system—along with race, ethnicity, sexuality, and class.

I want to give the omissions I am describing here the most generous interpretation I can. The archive, Foucault has shown us, determines what we can know. There has been no archive, no template for understanding disability as a category of analysis and knowledge, as a cultural trope, and an historical community. So just as the now widely recognized centrality of gender and race analyses to all knowledge was unthinkable thirty years ago, disability is still not an icon on many critical desktops. I think, however, that feminist theory's omission of disability differs from disability studies' ignorance of feminist theory. I find feminist theory and those familiar with it quick to grasp the broad outlines of disability theory and eager to consider its implications. This, of course, is because feminist theory itself has undertaken internal critiques and proved to be porous and flexible. Disability studies is news, but feminist theory is not. Nevertheless, feminist theory is still resisted for exactly the same reasons that scholars might resist disability studies: the assumption that it is narrow, particular, and has little to do with the mainstream of academic practice and knowledge (or with themselves). This reductive notion that identity studies are intellectual ghettos limited to a narrow constituency demanding special pleading is the persistent obstacle that both feminist theory and disability studies must surmount.

Disability studies can benefit from feminist theory and feminist theory can benefit from disability studies. Both feminism and disability studies are comparative and concurrent academic enterprises. Just as feminism has expanded the lexicon of what we imagine as womanly, has sought to understand and destigmatize what we call the subject position of woman, so has disability studies examined the identity *disabled* in the service of integrating people with disabilities more fully into our society. As such, both are insurgencies that are becoming institutionalized, underpinning inquiries outside and inside the academy. A feminist disability theory builds on the strengths of both.

Feminist Disability Theory

My title here, "Integrating Disability, Transforming Feminist Theory," invokes and links two notions, integration and transformation, both of which are fundamental to the feminist project and to the larger civil rights movement that

informed it. Integration suggests achieving parity by fully including that which has been excluded and subordinated. Transformation suggests reimagining established knowledge and the order of things. By alluding to integration and transformation, I set my own modest project of integrating disability into feminist theory in the politicized context of the civil rights movement to gesture toward the explicit relation that feminism supposes between intellectual work and a commitment to creating a more just, equitable, and integrated society.

This chapter aims to amplify feminist theory by articulating and fostering feminist disability theory. In naming feminist disability studies here as an academic field of inquiry, I am sometimes describing work that is already underway, some of which explicitly addresses disability, and some of which gestures implicitly to the topic. At other times, I am calling for study that needs to be done to better illuminate feminist thought. In other words, this chapter, in part, sets an agenda for future work in feminist disability theory. Most fundamentally, though, the goal of feminist disability studies, as I lay it out in this chapter, is to augment the terms and confront the limits of the ways we understand human diversity, the materiality of the body, multiculturalism, and the social formations that interpret bodily differences. The fundamental point I will make here is that integrating disability as a category of analysis and a system of representation deepens, expands, and challenges feminist theory.

Academic feminism is a complex and contradictory matrix of theories, strategies, pedagogies, and practices. One way to think about feminist theory is to say that it investigates how culture saturates the particularities of bodies with meanings and probes the consequences of those meanings. Feminist theory is a collaborative, interdisciplinary inquiry and a self-conscious cultural critique that interrogates how subjects are multiply interpellated: in other words, how the representational systems of gender, race, ethnicity, ability, sexuality, and class mutually construct, inflect, and contradict one another. These systems intersect to produce and sustain ascribed, achieved, and acquired identities—both those that claim us and those that we claim for ourselves. A feminist disability theory introduces the ability/disability system as a category of analysis into this diverse and diffuse enterprise. It aims to extend current notions of cultural diversity and to more fully integrate the academy and the larger world it helps shape.

A feminist disability approach fosters complex understandings of the cultural history of the body. By considering the ability/disability system, feminist disability theory goes beyond explicit disability topics such as illness, health, beauty, genetics, eugenics, aging, reproductive technologies, prosthetics, and access issues. Feminist disability theory addresses such broad feminist concerns as the unity of the category *woman*, the status of the lived body, the politics of appearance, the medicalization of the body, the privilege of normalcy, multiculturalism, sexuality, the social construction of identity, and the commitment to integration. To borrow Toni Morrison's (1992) notion that blackness is an idea that permeates American culture, disability too is a pervasive, often unarticulated,

ideology informing our cultural notions of self and other. Disability—like gender—is a concept that pervades all aspects of culture: its structuring institutions, social identities, cultural practices, political positions, historical communities, and the shared human experience of embodiment.

Integrating disability into feminist theory is generative, broadening our collective inquiries, questioning our assumptions, and contributing to feminism's intersectionality. Introducing a disability analysis does not narrow the inquiry, limit the focus to only women with disabilities, or preclude engaging other manifestations of feminisms. Indeed, the multiplicity of foci we now call feminisms is not a group of fragmented, competing subfields but rather a vibrant, complex conversation. In talking about feminist disability theory, I am not proposing yet another discrete feminism but suggesting instead some ways that thinking about disability transforms feminist theory. Integrating disability does not obscure our critical focus on the registers of race, sexuality, ethnicity, or gender, nor is it additive. Rather, considering disability shifts the conceptual framework to strengthen our understanding of how these multiple systems intertwine, redefine, and mutually constitute one another. Integrating disability clarifies how this aggregate of systems operates together, yet distinctly, to support an imaginary norm and structure of the relations that grant power, privilege, and status to that norm. Indeed, the cultural function of the disabled figure is to act as a synecdoche for all forms that culture deems nonnormative.

We need to study disability in a feminist context to direct our highly honed critical skills toward the dual scholarly tasks of unmasking and reimagining disability, not only for people with disabilities, but for everyone. As Simi Linton (1998) puts it, studying disability is “a prism through which one can gain a broader understanding of society and human experience” (118). It deepens our understanding of gender and sexuality, individualism and equality, minority group definitions, autonomy, wholeness, independence, dependence, health, physical appearance, aesthetics, the integrity of the body, community, and ideas of progress and perfection in every aspect of cultures. A feminist disability theory introduces what Eve Sedgwick (1990) has called a “universalizing view” of disability that will replace an often persisting “minoritizing view.” Such a view will cast disability as “an issue of continuing, determinative importance in the lives of people across the spectrum” (1). In other words, understanding how disability operates as an identity category and cultural concept will enhance how we understand what it is to be human, our relationships with one another, and the experience of embodiment. The constituency for feminist disability studies is all of us, not only women with disabilities: disability is the most human of experiences, touching every family and—if we live long enough—touching us all.

The Ability/Disability System

Feminist disability theory's radical critique hinges on a broad understanding of disability as a pervasive cultural system that stigmatizes certain kinds of bodily

variations. At the same time, this system has the potential to incite a critical politics. The informing premise of feminist disability theory is that disability, like femaleness, is not a natural state of corporeal inferiority, inadequacy, excess, or a stroke of misfortune. Rather, disability is a culturally fabricated narrative of the body, similar to what we understand as the fictions of race and gender. The disability/ability system produces subjects by differentiating and marking bodies. Although this comparison of bodies is ideological rather than biological, it nevertheless penetrates into the formation of culture, legitimating an unequal distribution of resources, status, and power within a biased social and architectural environment. As such, disability has four aspects: first, it is a system for interpreting and disciplining bodily variations; second, it is a relationship between bodies and their environments; third, it is a set of practices that produce both the able-bodied and the disabled; fourth, it is a way of describing the inherent instability of the embodied self. The disability system excludes the kinds of bodily forms, functions, impairments, changes, or ambiguities that call into question our cultural fantasy of the body as a neutral, compliant instrument of some transcendent will. Moreover, disability is a broad term within which cluster ideological categories as varied as sick, deformed, crazy, ugly, old, maimed, afflicted, mad, abnormal, or debilitated—all of which disadvantage people by devaluing bodies that do not conform to cultural standards. Thus, the disability system functions to preserve and validate such privileged designations as beautiful, healthy, normal, fit, competent, intelligent—all of which provide cultural capital to those who can claim such status, who can reside within these subject positions. It is, then, the various interactions between bodies and world that materialize disability from the stuff of human variation and precariousness.

A feminist disability theory denaturalizes disability by unseating the dominant assumption that disability is something that is wrong with someone. By this I mean, of course, that it mobilizes feminism's highly developed and complex critique of gender, class, race, ethnicity, and sexuality as exclusionary and oppressive systems rather than as the natural and appropriate order of things. To do this, feminist disability theory engages several of the fundamental premises of critical theory: (a) that representation structures reality, (b) that the margins define the center, (c) that gender (or disability) is a way of signifying relationships of power, (d) that human identity is multiple and unstable, (e) that all analysis and evaluation have political implications.

To elaborate on these premises, I discuss here four fundamental and interpenetrating domains of feminist theory and suggest some of the kinds of critical inquiries that considering disability can generate within these theoretical arenas. These domains are: (a) representation, (b) the body, (c) identity, and (d) activism. While I have disentangled these domains here for the purposes of setting up a schematic organization for my analysis, these domains are, of course, not discrete in either concept or practice, but rather tend to be synchronic.

Representation

The first domain of feminist theory that can be deepened by a disability analysis is representation. Western thought has long conflated femaleness and disability, understanding both as defective departures from a valued standard. Aristotle, for example, defined women as "mutilated males." Women, for Aristotle, have "improper form"; we are "monstrosities" (1944, 27–8, 8–9). As what Nancy Tuana (1994) calls "misbegotten men" (18), women thus become the primal freaks in Western history, envisioned as what we might now call congenitally deformed as a result of what we might now term genetic disability. More recently, feminist theorists have argued that female embodiment is a disabling condition in sexist culture. Iris Marion Young (1990b), for instance, examines how enforced feminine comportment delimits women's sense of embodied agency, restricting them to "throwing like a girl" (141). Young concludes that, "Women in a sexist society are physically handicapped" (153). Even the general American public associates femininity with disability. A recent study on stereotyping showed that housewives, disabled people, blind people, so-called retarded people, and the elderly were all judged as being similarly incompetent. Such a study suggests that intensely normatively feminine positions—such as a housewife—are aligned with negative attitudes about people with disabilities (Fiske, Cuddy, and Glick 2001).¹

Recognizing how the concept of disability has been used to cast the form and functioning of female bodies as nonnormative can extend feminist critiques. Take, for example, the exploitation of Saartje Bartmann, the African woman exhibited as a freak in nineteenth-century Europe (Gilman 1985; Fausto Sterling 1995). Known as the Hottentot Venus, Bartmann's treatment has come to represent the most egregious form of racial and gendered degradation. What goes unremarked in studies of Bartmann's display, however, are the ways that the language and assumptions of the ability/disability system were implemented to pathologize and exoticize Bartmann. Her display invoked disability by presenting as deformities or abnormalities the characteristics that marked her as raced and gendered. I am not suggesting that Bartmann was disabled but rather that the concepts of disability discourse framed her presentation to the Western eye. Using disability as a category of analysis allows us to see that what was normative embodiment in her native context became abnormal to the Western mind. More important, rather than simply supposing that being labeled as a freak is a slander, a disability analysis presses our critique further by challenging the premise that unusual embodiment is inherently inferior. The feminist interrogation of gender since Simone de Beauvoir (1952/1974) has revealed how women are assigned a cluster of ascriptions, like Aristotle's, that mark us as other. What is less widely recognized, however, is that this collection of interrelated characterizations is precisely the same set of supposed attributes affixed to people with disabilities.

The gender, race, and ability systems intertwine further in representing subjugated people as being pure body, unredeemed by mind or spirit. This sen-

tence of embodiment is conceived of as either a lack or an excess. Women, for example, are considered castrated, or to use Marge Piercy's (1969) wonderful term, "penis-poor." They are thought to be hysterical or have overactive hormones. Women have been cast as alternately having insatiable appetites in some eras and as pathologically self-denying in other times. Similarly, disabled people have supposedly extra chromosomes or limb deficiencies. The differences of disability are cast as atrophy, meaning degeneration, or hypertrophy, meaning enlargement. People with disabilities are described as having aplasia, meaning absence or failure of formation, or hypoplasia, meaning underdevelopment. All these terms police variation and reference a hidden norm from which the bodies of people with disabilities and women are imagined to depart.

Female, disabled, and dark bodies are supposed to be dependent, incomplete, vulnerable, and incompetent bodies. Femininity and race are performances of disability. Women and the disabled are portrayed as helpless, dependent, weak, vulnerable, and incapable bodies. Women, the disabled, and people of color are always ready occasions for the aggrandizement of benevolent rescuers, whether strong males, distinguished doctors, abolitionists, or Jerry Lewis hosting his telethons. For example, an 1885 medical illustration of a pathologically "love deficient" woman, that is, the cultural stereotype of the ugly woman or perhaps the lesbian, suggests how sexuality and appearance slide into the terms of disability (fig. 1). This illustration shows that the language of deficiency and abnormality is used simultaneously to devalue women who depart from the mandates of femininity by equating them with disabled bodies. Such an interpretive move economically invokes the subjugating effect of one oppressive system to deprecate people marked by another system of representation.

Subjugated bodies are pictured as either deficient or as profligate. For instance, what Susan Bordo (1993) describes as the too-muchness of women also haunts disability and racial discourses, marking subjugated bodies as ungovernable, intemperate, or threatening. The historical figure of the monster, as well, invokes disability, often to serve racism and sexism. Although the term has expanded to encompass all forms of social and corporeal aberration, *monster* originally described people with congenital impairments. As departures from the normatively human, monsters were seen as category violations or grotesque hybrids. The semantics of monstrosity are recruited to explain gender violations such as Julia Pastrana, for example, the Mexican Indian "bearded woman," whose body was displayed in nineteenth-century freak shows both during her lifetime and after her death. Pastrana's live and later her embalmed body spectacularly confused and transgressed established cultural categories. Race, gender, disability, and sexuality augmented one another in Pastrana's display to produce a spectacle of embodied otherness that is simultaneously sensational, sentimental, and pathological (Garland-Thomson 1999). Furthermore, much current feminist work theorizes figures of hybridity and excess such as monsters, grotesques, and cyborgs to suggest their transgressive potential for a feminist politics (Haraway 1991; Braidotti 1994; Russo 1994). However, this metaphorical invocation

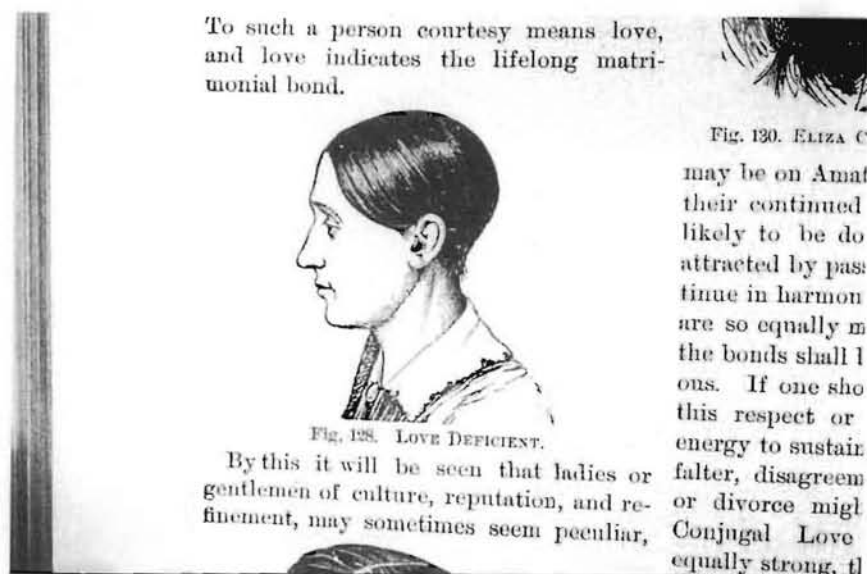


FIGURE 1. An 1885 physiognomic drawing of a supposedly pathologically "Love Deficient" woman

seldom acknowledges that these figures often refer to the actual bodies of people with disabilities. Erasing real disabled bodies from the history of these terms compromises the very critique they intend to launch and misses an opportunity to use disability as a feminist critical category.

Such representations ultimately portray subjugated bodies not only as inadequate or unrestrained but also at the same time as redundant and expendable. Bodies marked and selected by such systems are targeted for elimination by varying historical and crosscultural practices. Women, people with disabilities or appearance impairments, ethnic Others, gays and lesbians, and people of color are variously the objects of infanticide, selective abortion, eugenic programs, hate crimes, mercy killing, assisted suicide, lynching, bride burning, honor killings, forced conversion, coercive rehabilitation, domestic violence, genocide, normalizing surgical procedures, racial profiling, and neglect. All these discriminatory practices are legitimated by systems of representation, by collective cultural stories that shape the material world, underwrite exclusionary attitudes, inform human relations, and mold our senses of who we are. Understanding how disability functions along with other systems of representation clarifies how all the systems intersect and mutually constitute one another.

The Body

The second domain of feminist theory that a disability analysis can illuminate is the investigation of the body: its materiality, its politics, its lived ex-

perience, and its relation to subjectivity and identity. Confronting issues of representation is certainly crucial to the cultural critique of feminist disability theory. But we should not focus exclusively on the discursive realm. What distinguishes a feminist disability theory from other critical paradigms is that it scrutinizes a wide range of material practices involving the lived body. Perhaps because women and the disabled are cultural signifiers for the body, their actual bodies have been subjected relentlessly to what Michel Foucault calls "discipline" (1979). Together, the gender, race, ethnicity, sexuality, class, and ability systems exert tremendous social pressures to shape, regulate, and normalize subjugated bodies. Such disciplining is enacted primarily through the two interrelated cultural discourses of medicine and appearance.

Feminist disability theory offers a particularly trenchant analysis of the ways that the female body has been medicalized in modernity. As I have already suggested, both women and the disabled have been imagined as medically abnormal—as the quintessential sick ones. Sickness is gendered feminine. This gendering of illness has entailed distinct consequences in everything from epidemiology and diagnosis to prophylaxis and therapeutics.

Perhaps feminist disability theory's most incisive critique is revealing the intersections between the politics of appearance and the medicalization of subjugated bodies. Appearance norms have a long history in Western culture, as is witnessed by the anthropometric composite figures of ideal male and female bodies made by Dudley Sargent in 1893 (fig. 2). The classical ideal was to be worshiped rather than imitated, but increasingly, in modernity, the ideal has migrated to become the paradigm that is to be attained. As many feminist critics have pointed out, the beauty system's mandated standard of the female body has become a goal to be achieved through self-regulation and consumerism (Wolf 1991; Haiken 1997). Feminist disability theory suggests that appearance and health norms often have similar disciplinary goals. For example, the body braces developed in the 1930s to ostensibly correct scoliosis, discipline the body to conform to dictates of both the gender and the ability systems by enforcing standardized female form similarly to the nineteenth-century corset, which, ironically, often disabled female bodies. Although both devices normalize bodies, the brace is part of medical discourse while the corset is cast as a fashion practice.

Similarly, a feminist disability theory calls into question the separation of reconstructive and cosmetic surgery, recognizing their essentially normalizing function as what Sander L. Gilman (1998) calls "aesthetic surgery." Cosmetic surgery, driven by gender ideology and market demand, now enforces feminine body standards and standardizes female bodies toward what I have called the "normate"—the corporeal incarnation of culture's collective, unmarked, normative characteristics (Garland-Thomson 1997, 8). Cosmetic surgery's twin, reconstructive surgery, eliminates disability and enforces the ideals of what might be thought of as the normalcy system. Both cosmetic and reconstructive procedures commodify the body and parade mutilations as enhancements that correct flaws to improve the psychological well being of the patient. The conception of the

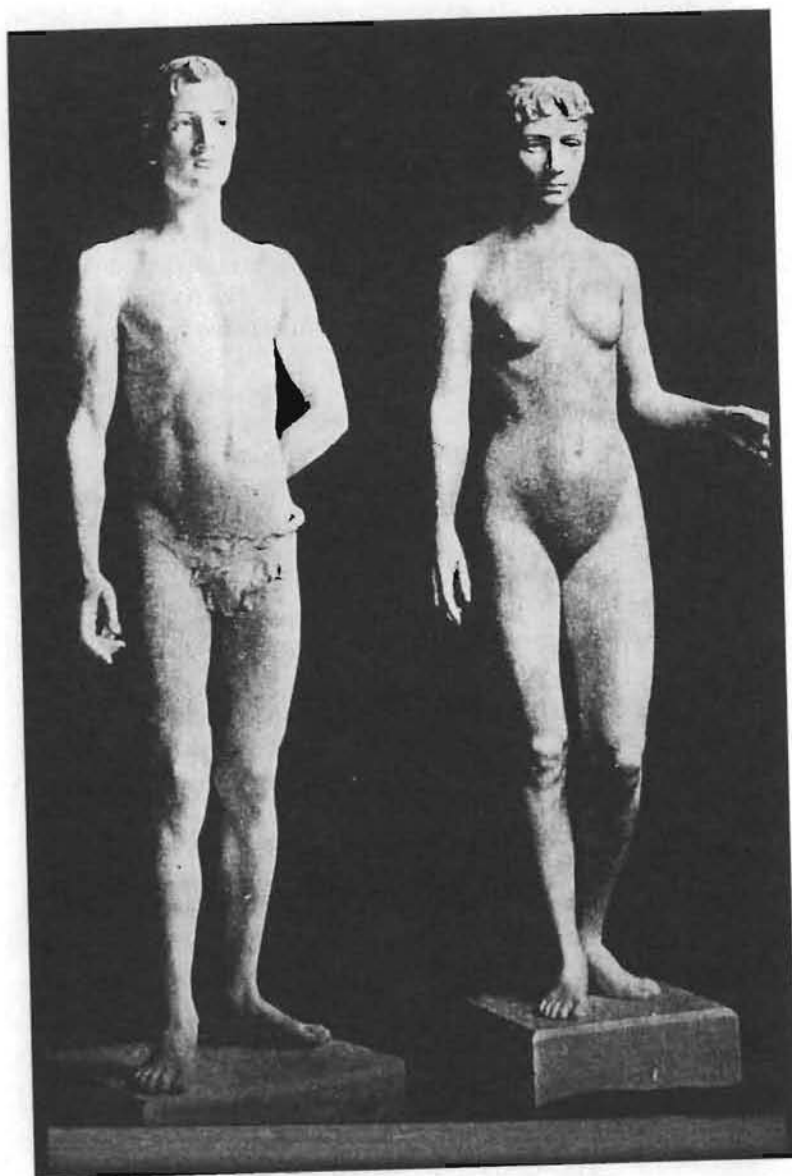


FIGURE 2. 1893 anthropometric composite figures by Dudley Sargent of normative man and woman in European culture

body as what Susan Bordo (1993, 246) terms “cultural plastic” through surgical and medical interventions increasingly pressures people with disabilities or appearance impairments to become what Michel Foucault (1975, 135) calls “docile bodies.” The twin ideologies of normalcy and beauty posit female and disabled bodies, particularly, as not only spectacles to be looked at, but as pliable

bodies to be shaped infinitely so as to conform to a set of standards called *normal* and *beautiful*.

Normal has inflected beautiful in modernity. What is imagined as excess body fat, the effects of aging, marks of ethnicity such as supposedly Jewish noses, bodily particularities thought of as blemishes or deformities, and marks of history such as scarring and impairments are now expected to be surgically erased to produce an unmarked body. This visually unobtrusive body may then pass unnoticed within the milieu of anonymity that is the hallmark of social relations beyond the personal in modernity. The purpose of aesthetic surgery, as well as the costuming of power, is not to appear unique—or to “be yourself,” as the ads endlessly promise—but rather not to be conspicuous, not to look different. This flight from the nonconforming body translates into individual efforts to look normal, neutral, unmarked, to *not* look disabled, queer, ugly, fat, ethnic, or raced. Beauty, then, dictates corporeal standards that create not distinction but utter conformity to a bland look that is at the same time unachievable so as to leash us to consumer practices that promise to deliver such sameness. In the language of contemporary cosmetic surgery, the unreconstructed female body is persistently cast as having abnormalities that can be corrected by surgical procedures that supposedly improve one’s appearance by producing ostensibly natural-looking noses, thighs, breasts, chins, and so on. Thus, our unmodified bodies are presented as unnatural and abnormal while the surgically altered bodies are portrayed as normal and natural. The beautiful woman of the twenty-first century is sculpted surgically from top to bottom, generically neutral, all irregularities regularized, all particularities expunged. She is thus nondisabled, deracialized, and de-ethnicized.

In addition, the politics of prosthetics enters the purview of feminism when we consider the contested use of breast implants and prostheses for breast cancer survivors. The famous 1993 *New York Times* cover photo of the fashion model, Matushka, baring her mastectomy scar or Audre Lorde’s account of breast cancer in *The Cancer Journals* (1980) challenge the sexist assumption that the amputated breast must always pass for the normative, sexualized one either through concealment or prosthetics. A vibrant feminist conversation has emerged about the politics of the surgically altered, the disabled breast. Diane Price Herndl (2002) challenges Audre Lorde’s refusal of a breast prosthesis after mastectomy and Iris Marion Young’s classic essay “Breasted Experience” (1990a) queries the cultural meanings of breasts under the knife.

Another entanglement of appearance and medicine involves the spectacle of the female breast, both normative and disabled. In January 2000, the San Francisco-based The Breast Cancer Fund mounted a public awareness poster campaign, called *Obsessed with Breasts*, which showed women boldly displaying mastectomy scars. The posters parodied familiar commercial media sites—a Calvin Klein perfume ad, a *Cosmopolitan* magazine cover, and a Victoria Secret catalog cover—that routinely represent women’s breasts as only sexual in nature. The posters replace the now unremarkable eroticized breast with the



FIGURE 3. Obsessed with Breasts poster. Image taken from The Breast Cancer Fund's *Obsessed with Breasts* campaign, www.breastcancerfund.org. Photographer: Henard Jue

forbidden image of the amputated breast (fig. 3). In doing so, they disrupt the visual convention of the female breast as sexualized object for male appropriation and pleasure. The posters thus produce a powerful visual violation by exchanging the spectacle of the eroticized breast, which has been desensationalized by its endless circulation, with the medicalized image of the scarred breast, which has been concealed from public view. The Breast Cancer Fund used these re-

markable images to challenge both sexism in medical research and treatment for breast cancer as well as the oppressive representational practices that make everyday erotic spectacles of women's breasts while erasing the fact of the amputated breast.

Feminist disability theory can press far its critique of the pervasive will-to-normalize the nonstandard body. Take two related examples: first, the surgical separation of conjoined twins and, second, the surgical assignment of gender for the intersexed, people with ambiguous genitalia and gender characteristics. Both forms of embodiment are regularly—if infrequently—occurring, congenital bodily variations that spectacularly violate sacred ideologies of Western culture. Conjoined twins contradict our notion of the individual as discrete and autonomous quite similarly to the way pregnancy does. Intersexed infants challenge our insistence that biological gender is unequivocally binary. So threatening to the order of things is the natural embodiment of conjoined twins and intersexed people that they are almost always surgically normalized through amputation and mutilation immediately after birth (Clark and Myser 1996; Dreger 1998a; Kessler 1990; Fausto-Sterling 2000). Not infrequently, one conjoined twin is sacrificed to save the other from the supposed abnormality of their embodiment. Such mutilations are justified as preventing suffering and creating well-adjusted individuals. So intolerable is their insult to dominant ideologies about who patriarchal culture insists that we are, that the testimonies of adults with these forms of embodiment who say that they do not want to be separated is routinely ignored in establishing the rationale for medical treatment (Dreger 1998b). In truth, these procedures benefit not the affected individuals, but rather they expunge the kinds of corporeal human variations that contradict the ideologies the dominant order depends upon to anchor truths it insists are unequivocally encoded in bodies.

I do not want to oversimplify here by suggesting that women and disabled people should not use modern medicine to improve their lives or help their bodies function more fully. But the critical issues are complex and provocative. A feminist disability theory should illuminate and explain, not become ideological policing or set orthodoxy. The kinds of critical analyses I am discussing offer a counterlogic to the overdetermined cultural mandates to comply with normal and beautiful at any cost. The medical commitment to healing, when coupled with modernity's faith in technology and interventions that control outcomes, has increasingly shifted toward an aggressive intent to fix, regulate, or eradicate ostensibly deviant bodies. Such a program of elimination has often been at the expense of creating a more accessible environment or providing better support services for people with disabilities. The privileging of medical technology over less ambitious programs such as rehabilitation has encouraged the cultural conviction that disability can be extirpated; inviting the belief that life with a disability is intolerable. As charity campaigns and telethons repeatedly affirm, cure rather than adjustment or accommodation is the overdetermined cultural response to disability (Longmore 1997). For instance, a 1949 March of Dimes poster



FIGURE 4. March of Dimes poster child, 1949 (Courtesy of The March of Dimes Birth Defects Foundation)

shows an appealing little girl stepping out of her wheelchair into the supposed redemption of walking: "Look, I Can Walk Again!" the text proclaims, while at once charging the viewers with the responsibility of assuring her future ambulation (fig. 4). Nowhere do we find posters suggesting that life as a wheelchair user might be full and satisfying, as many people who actually use them find their lives to be. This ideology of cure is not isolated in medical texts or charity campaigns but in fact permeates the entire cultural conversation about disability and illness. Take, for example, the discourse of cure in get well cards. A 1950 card, for instance, urges its recipient to "snap out of it." Fusing racist, sexist, and ableist discourses, the card recruits the Mammy figure to insist on cure. The stereotypical racist figure asks, "Is you sick, Honey?" and then exhorts the recipient of her care to "jes hoodoo all dat illness out o you."

The ideology of cure directed at disabled people focuses on changing bod-

ies imagined as abnormal and dysfunctional rather than on exclusionary attitudinal, environmental, and economic barriers. The emphasis on cure reduces the cultural tolerance for human variation and vulnerability by locating disability in bodies imagined as flawed rather than social systems in need of fixing. A feminist disability studies would draw an important distinction between prevention and elimination. Preventing illness, suffering, and injury is a humane social objective. Eliminating the range of unacceptable and devalued bodily forms and functions the dominant order calls disability is, on the other hand, a eugenic undertaking. The ostensibly progressive sociomedical project of eradicating disability all too often is enacted as a program to eliminate people with disabilities through such practices as forced sterilization, so-called physician-assisted suicide and mercy killing, selective abortion, institutionalization, and segregation policies.

A feminist disability theory extends its critique of the normalization of bodies and the medicalization of appearance to challenge some widely held assumptions about reproductive issues as well. The cultural mandate to eliminate the variations in form and function that we think of as disabilities has undergirded the reproductive practices of genetic testing and selective abortion (Saxton 1998; Rapp 1999; Parens and Asch 2000). Some disability activists argue that the "choice" to abort fetuses with disabilities is a coercive form of genocide against the disabled (Hubbard 1990). A more nuanced argument against selective abortion comes from Adrienne Asch and Gail Geller (1996), who wish to preserve a woman's right to choose whether to bear a child, but who at the same time object to the ethics of selectively aborting a wanted fetus because it will become a person with a disability. Asch and Geller counter the quality-of-life and prevention-of-suffering arguments so readily invoked to justify selective abortion, as well as physician-assisted suicide, by pointing out that we cannot predict or, more precisely, control in advance such equivocal human states as happiness, suffering, or success. Neither is any amount of prenatal engineering going to produce the life that any of us desire and value. Indeed, both hubris and a lack of imagination characterize the prejudicial and reductive assumption that having a disability ruins lives. A vague notion of suffering and its potential deterrence drives much of the logic of elimination that rationalizes selective abortion (Kittay 2000). Life chances and quality are simply far too contingent to justify prenatal prediction.

Similarly, genetic testing and applications of the Human Genome Project as the key to expunging disability are often critiqued as enactments of eugenic ideology, what the feminist biologist Evelyn Fox Keller (1992) calls a "eugenics of normalcy." The popular utopian belief that all forms of disability can be eliminated through prophylactic manipulation of genetics will only serve to intensify the prejudice against those who inevitably will acquire disabilities through aging and encounters with the environment. In the popular celebrations of the Human Genome Project as the quixotic pinnacle of technological progress, seldom do we hear a cautionary logic about the eugenic implications of this drive toward what Priscilla Wald (2000, 1) calls "future perfect." Disability scholars

have entered the debate over so-called physician-assisted suicide as well, by arguing that oppressive attitudes toward disability distort the possibility of unbiased free choice (Battin, Rhodes, and Silvers 1998). The practices of genetic and prenatal testing as well as physician-administered euthanasia, then, become potentially eugenic practices within the context of a culture deeply intolerant of disability. Both the rhetoric and the enactment of this kind of disability discrimination create a hostile and exclusionary environment for people with disabilities that perhaps exceeds the less virulent architectural barriers that keep them out of the workforce and the public sphere.

Integrating disability into feminism's conversation about the place of the body in the equality and difference debates produces fresh insights as well. Whereas liberal feminism emphasizes sameness, choice, and autonomy, cultural feminism critiques the premises of liberalism. Out of cultural feminism's insistence on difference and its positive interpretation of feminine culture comes the affirmation of a feminist ethic of care. This ethic of care contends that care giving is a moral benefit for its practitioners and for humankind. A feminist disability studies complicates both the feminist ethic of care and liberal feminism in regard to the politics of care and dependency.

A disability perspective nuances feminist theory's consideration of the ethics of care by examining the power relations between the givers and receivers of care. Anita Silvers (1995) has argued strongly that being the object of care precludes the equality that a liberal democracy depends upon, and undermines the claim to justice as equality that undergirds a civil rights approach used to counter discrimination (1995). Eva Kittay (1999, 4), on the other hand, formulates a "dependency critique of equality," which asserts that the ideal of equality under liberalism repudiates the fact of human dependency, the need for mutual care, and the asymmetries of care relations. Similarly, Barbara Hillyer (1993) has called attention to dependency in order to critique a liberal tendency in the rhetoric of disability rights. Disability itself demands that human interdependence and the universal need for assistance be figured into our dialogues about rights and subjectivity.

Identity

The third domain of feminist theory that a disability analysis complicates is identity. Feminist theory has productively and rigorously critiqued the identity category of woman, on which the entire feminist enterprise seemed to rest. Feminism increasingly recognizes that no woman is ever *only* a woman, that she occupies multiple subject positions and is claimed by several cultural identity categories (Spelman 1988). This complication of *woman* compelled feminist theory to turn from an exclusively male/female focus to look more fully at the exclusionary, essentialist, oppressive, and binary aspects of the category woman itself. Disability is one such identity vector that disrupts the unity of the classification woman and challenges the primacy of gender as a monolithic category.

Disabled women are, of course, a marked and excluded—albeit quite varied—group within the larger social class of women. The relative privileges of normative femininity are often denied to disabled women (Fine and Asch 1988). Cultural stereotypes imagine disabled women as asexual, unfit to reproduce, overly dependent, unattractive—as generally removed from the sphere of true womanhood and feminine beauty. Women with disabilities often must struggle to have their sexuality and rights to bear children recognized (Finger 1990). Disability thus both intensifies and attenuates the cultural scripts of femininity. Aging is a form of disablement that disqualifies older women from the limited power allotted females who are young and meet the criteria for attracting men. Depression, anorexia, and agoraphobia are female-dominant, psychophysical disabilities that exaggerate normative gendered roles. Feminine cultural practices such as footbinding, clitorectomies, and corseting, as well as their less hyperbolic costuming rituals such as stiletto high heels, girdles, and chastity belts—impair women's bodies and restrict their physical agency, imposing disability on them.

Banishment from femininity can be both a liability and a benefit. Let me offer—with some irony—an instructive example from popular culture. Barbie, that cultural icon of femininity, offers a disability analysis that clarifies both how multiple identity and diversity is commodified and how the commercial realm might offer politically useful feminist counterimages. Perhaps the measure of a group's arrival into the mainstream of multiculturalism is to be represented in the Barbie pantheon. While Barbie herself still identifies as able-bodied—despite her severely deformed body—we now have several incarnations of Barbie's "friend," Share-A-Smile Becky. One Becky uses a cool hot pink wheelchair; another is Paralympic Champion Becky, brought out for the 2000 Sydney Olympics in a chic red-white-and-blue warm-up suit with matching chair. Most interesting however is Becky, the school photographer, clad in a preppy outfit, complete with camera and red high-top sneakers (fig. 5). As she perkily gazes at an alluring Barbie in her camera's viewfinder, this Becky may be the incarnation of what Erica Rand (1995) has called "Barbie's queer accessories."

A disabled, queer Becky is certainly a provocative and subversive fusion of stigmatized identities, but more important is that Becky challenges notions of normalcy in feminist ways. The disabled Becky, for example, wears comfortable clothes: pants with elastic-waists no doubt, sensible shoes, and roomy shirts. Becky is also one of the few dolls with flat feet and legs that bend at the knee. The disabled Becky is dressed and poised for agency, action, and creative engagement with the world. In contrast, the prototypical Barbie performs excessive femininity in her restrictive sequined gowns, crowns, and push-up bras. So while Becky implies on the one hand that disabled girls are purged from the feminine economy, on the other hand, Becky also suggests that disabled girls might be liberated from those oppressive and debilitating scripts. The last word on Barbies comes from a disability activist who quipped that he would like to outfit a disabled doll with a power wheelchair and a briefcase to make her a



FIGURE 5. Barbie's friend Becky, the School Photographer

civil rights lawyer who enforces the *Americans with Disabilities Act* (1990). He wants to call her "Sue-Your-Ass-Becky."² I think she would make a very good role model.

The paradox of Barbie and Becky, of course, is that the ultra-feminized Barbie is a target for sexual appropriation both by men and beauty practices while the disabled Becky escapes such sexual objectification at the potential cost of losing her sense of identity as a feminine sexual being. Some disabled women

negotiate this possible identity crisis by developing alternate sexualities, such as lesbianism (Brownworth and Raffo 1999). However, what Harlan Hahn (1988) calls the "asexual objectification" of people with disabilities complicates the feminist critique of normative sexual objectification. Consider the 1987 *Playboy* magazine photos of the paraplegic actress Ellen Stohl. After becoming disabled, Stohl wrote to editor Hugh Hefner that she wanted to pose nude for *Playboy* because "sexuality is the hardest thing for disabled persons to hold onto" ("Meet Ellen Stohl" 1987, 68). For Stohl, it would seem that the performance of excessive feminine sexuality was necessary to counter the social interpretation that disability cancels out sexuality. This confirmation of normative heterosexuality was then for Stohl no Butlerian parody but rather the affirmation she needed as a disabled woman to be sexual at all.

Ellen Stohl's presentation by way of the sexist conventions of the porn magazine illuminates the relation between identity and the body, an aspect of subject formation that disability analysis can offer. Although binary identities are conferred from outside through social relations, these identities are nevertheless inscribed on the body as either manifest or incipient visual traces. Identity's social meaning turns on this play of visibility. The photos of Stohl in *Playboy* both refuse and insist on marking her impairment. The centerfold spread—so to speak—of Stohl nude and masturbating erases her impairment to conform to the sexualized conventions of the centerfold. This photo expunges her wheelchair and any other visual clues to her impairment. In other words, to avoid the cultural contradiction of a sexual, disabled woman, the pornographic photos must offer up Stohl as visually nondisabled. But to appeal to the cultural narrative of overcoming disability that sells so well seems novel and capitalizes on sentimental interest; Stohl must be visually dramatized as disabled at the same time. So *Playboy* includes several shots of Stohl that mark her as disabled by picturing her in her wheelchair, entirely without the typical porn conventions. In fact, the photos of her using her wheelchair invoke the asexual poster child. Thus, the affirmation of sexuality that Stohl sought by posing nude in the porn magazine came at the expense of denying, through the powerful visual register, her identity as a woman with a disability, even while she attempted to claim that identity textually.

Another aspect of subject formation that disability confirms is that identity is always in transition. Disability reminds us that the body is, as Denise Riley (1999, 224) asserts, "an unsteady mark, scarred in its long decay." As Caroline Walker Bynum's (1999) intriguing work on werewolf narratives suggests, the body is in a perpetual state of transformation. Caring for her father for over twenty years of Alzheimer's disease prompted Bynum to investigate how we can understand individual identity as continuous even though both body and mind can and do change dramatically, certainly over a lifetime and sometimes quite suddenly. Disability invites us to query what the continuity of the self might depend upon if the body perpetually metamorphoses. We envision our racial, gender, or ethnic identities as tethered to bodily traits that are relatively secure.

Disability and sexual identity, however, seem more fluid, although sexual mutability is imagined as elective where disability is seldom conceived of as a choice. Disability is an identity category that anyone can enter at any time, and we will all join it if we live long enough. As such, disability reveals the essential dynamism of identity. Thus, disability attenuates the cherished cultural belief that the body is the unchanging anchor of identity. Moreover, it undermines our fantasies of stable, enduring identities in ways that may illuminate the fluidity of all identity.

Disability's clarification of the body's corporeal truths also suggests that the body/self materializes—in Judith Butler's (1993) sense—not so much through discourse, but through history. The self materializes in response to an embodied engagement with its environment, both social and concrete. The disabled body is a body whose variations or transformations have rendered it out of sync with its environment, both the physical and the attitudinal environments. In other words, the body becomes disabled when it is incongruent both in space and in the milieu of expectations. Furthermore, a feminist disability theory presses us to ask what kinds of knowledge might be produced through having a body radically marked by its own particularity, a body that materializes at the ends of the curve of human variation. For example, an alternative epistemology that emerges from the lived experience of disability is nicely summed up in Nancy Mairs's book title, *Waist High in the World* (1996), which she irreverently considered calling "cock high in the world."³ What perspectives or politics arise from encountering the world from such an atypical position? Perhaps Mairs's epistemology can offer us a critical positionality called *sitpoint theory*, a neologism I can offer that interrogates the ableist assumptions underlying the notion of standpoint theory (Hartsock 1983).

Our collective cultural consciousness emphatically denies the knowledge of vulnerability, contingency, and mortality. Disability insists otherwise, contradicting such phallic ideology. I would argue that disability is perhaps the essential characteristic of being human. The body is dynamic, constantly interactive with history and environment. We evolve into disability. Our bodies need care; we all need assistance to live. An equality model of feminist theory sometimes prizes individualistic autonomy as the key to women's liberation. A feminist disability theory, however, suggests that we are better off learning to individually and collectively accommodate bodily limits and evolutions than trying to eliminate or deny them.

Identity formation is at the center of feminist theory. Disability can complicate feminist theory often quite succinctly by invoking established theoretical paradigms. This kind of theoretical intertextuality inflects familiar feminist concepts with new resonance. Let me offer several examples: the idea of "compulsory able-bodiedness," which Robert McRuer (1999) has coined, extends Adrienne Rich's (1986) famous analysis of "compulsory heterosexuality." Joan Wallach Scott's (1988, 1) germinal work on gender is recruited when we discuss disability as "a useful category of analysis." The feminist elaboration of the gender system informs my use of the term *disability system*. Lennard Davis

(1995) suggests that the term *normalcy studies* supplant the name *disability studies* in the way that *gender studies* sometimes succeeds *feminism*. The oft-invoked distinction between sex and gender clarifies a differentiation between impairment and disability, even though both binaries are fraught. The concept of performing disability cites (as it were) Judith Butler's (1990) vigorous critique of essentialism. Reading disabled bodies as exemplary instances of "docile bodies" invokes Foucault (1979). To suggest that identity is lodged in the body, I propose that the body haunts the subject, alluding to Susan Bordo's (1994, 1) notion regarding masculinity that "the penis haunts the phallus." My own work has complicated the familiar discourse of the gaze to theorize what I call the stare, which I argue produces disability identity. Such theoretical shorthand impels us to reconsider the ways that identity categories cut across and redefine one another, pressuring both the terms *woman* and *disabled*.

A feminist disability theory can also highlight intersections and convergences with other identity-based critical perspectives such as queer and ethnic studies. Disability coming-out stories, for example, borrow from gay and lesbian identity narratives to expose what previously was hidden, privatized, and medicalized in order to enter into a political community. The politicized sphere into which many scholars come out is feminist disability studies, which enables critique, claims disability identity, and creates affirming counternarratives. Disability coming-out narratives raise questions about the body's role in identity by asking how markers so conspicuous as crutches, wheelchairs, hearing aids, guide dogs, white canes, or empty sleeves can be closeted.

Passing as nondisabled complicates ethnic and queer studies' analyses of how this seductive but psychically estranging access to privilege operates. Some of my friends, for example, have measured their regard for me by saying, "But I don't think of you as disabled." What they point to in such a compliment is the contradiction they find between their perception of me as a valuable, capable, lovable person and the cultural figure of the disabled person whom they take to be precisely my opposite: worthless, incapable, and unlovable. People with disabilities routinely announce that they do not consider themselves as disabled. Although they are often repudiating the literal meaning of the word *disabled*, their words nevertheless serve to disassociate them from the identity group of the disabled. Our culture offers profound disincentives and few rewards to identifying as disabled. The trouble with such statements is that they leave intact, without challenge, the oppressive stereotypes that permit, among other things, the unexamined use of disability terms such as *crippled*, *lame*, *dumb*, *idiot*, *moron* as verbal gestures of derision. The refusal to claim disability identity is in part due to a lack of ways to understand or talk about disability that are not oppressive. People with disabilities and those who care about them flee from the language of *crippled* or *deformed* and have no other alternatives. Yet, the Civil Rights Movement and the accompanying black-is-beautiful identity politics have generally shown white culture what is problematic with saying to black friends, "I don't think of you as black." Nonetheless, by disavowing disability

identity, many of us learned to save ourselves from devaluation by a complicity that perpetuates oppressive notions about ostensibly real disabled people. Thus, together we help make the alternately menacing and pathetic cultural figures who rattle tin cups or rave on street corners, ones we with impairments often flee from more surely than those who imagine themselves as nondisabled.

Activism

The final domain of feminist theory that a disability analysis expands is activism. There are many arenas of what can be seen as feminist disability activism: marches; protests; The Breast Cancer Fund poster campaign I discussed earlier; action groups such as the Intersex Society of North America (ISNA); and Not Dead Yet, which opposes physician-assisted suicide; or the American Disabled for Accessible Public Transit (ADAPT). What counts as activism cuts a wide swath through U.S. society and the academy. I want to suggest here two unlikely, even quirky, cultural practices that function in activist ways but are seldom considered as potentially transformative. One practice is disabled fashion modeling and the other is academic tolerance. Both are different genres of activism from the more traditional marching-on-Washington or chaining-yourself-to-a-bus modes. Both are less theatrical but perhaps fresher and more interestingly controversial ways to change the social landscape and to promote equality, which I take to be the goal of activism.

The theologian and sociologist, Nancy Eiesland (1994, 98), has argued that in addition to legislative, economic, and social changes, achieving equality for people with disabilities depends upon cultural "resymbolization." Eiesland asserts that the way we imagine disability and disabled people must shift for real social change to occur. Whereas Eiesland's work resymbolizes our conceptions of disability in religious iconography, my own examinations of disabled fashion models do similar cultural work in the popular sphere, introducing some interesting complications into her notion of resymbolization.

Images of disabled fashion models in the media can shake up established categories and expectations. Because commercial visual media are the most widespread and commanding source of images in modern, image-saturated culture, they have great potential for shaping public consciousness—as feminist cultural critics are well aware. Fashion imagery is the visual distillation of the normative, gilded with the chic and the luxurious to render it desirable. The commercial sphere is completely amoral, driven as it is by the single logic of the bottom line. As we know, it sweeps through culture seizing with alarming neutrality anything it senses will sell. This value-free aspect of advertising produces a kind of pliable potency that sometimes can yield unexpected results.

Take, for example, a shot from the monthly fashion feature in *WE Magazine*, a *Cosmopolitan* knock-off targeted toward the disabled consumer market (fig. 6). In this conventional, stylized, high fashion shot, a typical female model—slender, white, blonde, clad in a black evening gown—is accompanied by her



FIGURE 6. Blind model with service dog (Photographer: Alberto Rizzo)

service dog. My argument is that public images such as this are radical because they fuse two previously antithetical visual discourses, the chic high fashion shot and the earnest charity campaign. Public representations of disability have traditionally been contained within the conventions of sentimental charity images, exotic freak show portraits, medical illustrations, or sensational and forbidden pictures. Indeed, people with disabilities have been excluded most fully from the dominant, public world of the marketplace. Before the civil rights initiatives of the mid-twentieth century began to transform the public architectural and in-

stitutional environment, disabled people were segregated to the private and the medical spheres. Until recently, the only available public image of a woman with a service dog that shaped the public imagination was a street-corner beggar or a charity poster. By juxtaposing the elite body of a visually normative fashion model with the mark of disability, this image shakes up our assumptions about the normal and the abnormal, the public and the private, the chic and the desolate, the compelling and the repelling. Introducing a service dog—a standard prop of indigents and poster children—into the conventional composition of an upscale fashion photo forces the viewer to reconfigure assumptions about what constitutes the attractive and the desirable.

I am arguing that the emergence of disabled fashion models is inadvertent activism without any legitimate agent for positive social change. Their appearance is simply a result of market forces. This both troubling and empowering form of entry into democratic capitalism produces a kind of instrumental form of equality: the freedom to be appropriated by consumer culture. In a democracy, to reject this paradoxical liberty is one thing; not to be granted it is another. Ever straining for novelty and capitalizing on titillation, the fashion-advertising world promptly appropriated the power of disabled figures to provoke responses. Diversity appeals to an upscale liberal sensibility these days, making consumers feel good about buying from companies that are charitable toward the traditionally disadvantaged. More important, the disability market is burgeoning. At 54 million people and growing fast as the baby boomers age, their spending power was estimated to have reached the trillion-dollar mark in 2000 (Williams 1999).

For the most part, commercial advertising presents disabled models in the same way as nondisabled models, simply because all models look essentially the same. The physical markings of gender, race, ethnicity, and disability are muted to the level of gesture, subordinated to the overall normativity of the models' appearance. Thus, commercial visual media cast disabled consumers as simply one of many variations that compose the market to which they appeal. Such routinization of disability imagery—however stylized and unrealistic it may be—nevertheless brings disability as a human experience out of the closet and into the normative public sphere. Images of disabled fashion models enable people with disabilities, especially those who acquire impairments as adults, to imagine themselves as a part of the ordinary, albeit consumerist, world rather than as a special class of excluded untouchables and unviewables. Images of impairment as a familiar, even mundane, experience in the lives of seemingly successful, happy, well-adjusted people can reduce the identifying against oneself that is the overwhelming effect of oppressive and discriminatory attitudes toward people with disabilities. Such images, then, are at once liberatory and oppressive. They do the cultural work of integrating a previously excluded group into the dominant order—for better or worse—much like the inclusion of women in the military.

This form of popular resymbolization produces counterimages that have

activist potential. A clearer example of disability activism might be Aimee Mullins, who is a fashion model, celebrity, champion runner, a Georgetown University student, and double amputee. Mullins was also one of *People Magazine's* 50 Most Beautiful People of 1999. An icon of disability pride and equality, Mullins exposes—in fact calls attention to—the mark of her disability in most photos, refusing to normalize or hide her disability in order to pass for non-disabled. Indeed, the public version of her career is that her disability has been a benefit: she has several sets of legs, both cosmetic and functional, and so is able to choose how tall she wants to be. Photographed in her prosthetic legs, she embodies the sexualized jock look that demands women be both slender and fit (fig. 7). In her cosmetic legs, she captures the look of the high fashion beauty in the controversial shoot by Nick Knight called Accessible, showcasing outfits created by designers such as Alexander McQueen (fig. 8). But this is high fashion with a difference. In the jock shot, her functional legs are brazenly displayed, and even in the voguishly costumed shot, the knee joints of her artificial legs are exposed. Never is there an attempt to disguise her prosthetic legs; rather all of the photos thematically echo her prostheses and render the whole image chic. Mullins's prosthetic legs—whether cosmetic or functional—parody, indeed proudly mock, the fantasy of the perfect body that is the mark of fashion, even while the rest of her body conforms precisely to fashion's impossible standards. So rather than concealing, normalizing, or erasing disability, these photos use the hyperbole and stigmata traditionally associated with disability to quench postmodernity's perpetual search for the new and arresting image. Such a narrative of advantage works against oppressive narratives and practices usually invoked about disabilities. First, Mullins counters the insistent narrative that one must overcome an impairment rather than incorporating it into one's life and self, even perhaps as a benefit. Second, Mullins counters the practice of passing for nondisabled that people with disabilities are often obliged to enact in the public sphere. Mullins uses her conformity with beauty standards to assert her disability's violation of those very standards. As legless and beautiful, she is an embodied paradox, asserting an inherently disruptive potential.

What my analysis of these images reveals is that feminist cultural critiques are complex. On the one hand, feminists have rightly unmasked consumer capitalism's appropriation of women as sexual objects for male gratification. On the other hand, these images imply that the same capitalist system in its drive to harvest new markets can produce politically progressive counterimages and counternarratives, however fraught they may be in their entanglement with consumer culture. Images of disabled fashion models are both complicit and critical of the beauty system that oppresses all women. Nevertheless, they suggest that consumer culture can provide the raw material for its own critique.

The concluding version of activism I offer is less controversial and subtler than glitzy fashion spreads. It is what I call academic activism, the activism of integrating education, in the very broadest sense of that term. The academy is no ivory tower but rather it is the grass roots of the educational enterprise.



FIGURE 7. Aimee Mullins using functional legs (Photo by Nick Knight)

Scholars and teachers shape the communal knowledge and the pedagogical archive that is disseminated from kindergarten to the university. Academic activism is most self-consciously vibrant in the aggregate of interdisciplinary identity studies—of which Women's Studies is exemplary—that strive to expose the workings of oppression, examine subject formation, and offer counternarratives for subjugated groups. Their cultural work is building an archive through historical and textual retrieval, canon reformation, role modeling, mentoring, curricular reform, and course and program development.



FIGURE 8. Aimee Mullins using cosmetic legs (Photo by Nick Knight)

A specific form of feminist academic activism can be deepened through the complication of a disability analysis. I call this academic activism the methodology of intellectual tolerance. By this I do not mean tolerance in the more usual sense of tolerating each other—although that would be useful as well. What I mean is the intellectual position of tolerating what has been thought of as incoherence. As feminism has embraced the paradoxes that have emerged from its challenge to the gender system, it has not collapsed into chaos, but rather it developed a methodology that tolerates internal conflict and contradiction. This method asks difficult questions, but accepts provisional answers. This method recognizes the power of identity, at the same time that it reveals identity as a fiction. This method both seeks equality and it claims difference. This method allows us to teach with authority at the same time that we reject notions of pedagogical mastery. This method establishes institutional presences even while it

acknowledges the limitations of institutions. This method validates the personal but implements disinterested inquiry. This method both writes new stories and recovers traditional ones. Considering disability as a vector of identity that intersects gender is one more internal challenge that threatens the coherence of woman, of course. But feminism can accommodate such complication and the contradictions it cultivates. Indeed the intellectual tolerance I am arguing for espouses the partial, the provisional, the particular. Disability experience and acceptance can inform such an intellectual habit. To embrace the supposedly flawed body of disability is to critique the normalizing phallic fantasies of wholeness, unity, coherence, and completeness. The disabled body is contradiction, ambiguity, and partiality incarnate.

My claim here has been that integrating disability as a category of analysis, an historical community, a set of material practices, a social identity, a political position, and a representational system into the content of feminist—indeed into all inquiry—can strengthen the critique that is feminism. Disability, like gender and race, is everywhere, once we know how to look for it. Integrating disability analyses will enrich and deepen all our teaching and scholarship. Moreover, such critical intellectual work facilitates a fuller integration of the sociopolitical world—for the benefit of everyone. As with gender, race, sexuality, and class: to understand how disability operates is to understand what it is to be fully human.

Notes

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1. Interestingly, in Fiske's study, feminists, businesswomen, Asians, Northerners, and black professionals were stereotyped as highly competent, thus envied. In addition to having very low competence, housewives, disabled people, blind people, so-called retarded people, and the elderly were rated as warm, thus pitied.
2. Personal conversation with Paul Longmore, San Francisco, California, June 2000.
3. Personal conversation with Nancy Mairs, Columbus, Ohio, April 17, 1998.

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