

Introduction

Imagined Futures

I dream of more inclusive spaces.

—Kavitha Koshy, “Feels Like Carving Bone”

I HAVE NEVER CONSULTED a seer or psychic; I have never asked a fortune-teller for her crystal ball. No one has searched my tea leaves for answers or my stars for omens, and my palms remain unread. But people have been telling my future for years. Of fortune cookies and tarot cards they have no need: my wheelchair, burn scars, and gnarled hands apparently tell them all they need to know. My future is written on my body.

In 1995, six months after the fire, my doctor suggested that my thoughts of graduate school were premature, if not misguided. He felt that I would need to spend the next three or four years living at home, under my parents' care, and only then would it be appropriate to think about starting school. His tone made it clear, however, that he thought graduate school would remain out of reach; it was simply not in my future. What my future did hold, according to my rehabilitation psychologist and my recreation therapist, was long-term psychological therapy. My friends were likely to abandon me, alcoholism and drug addiction loomed on my horizon, and I needed to prepare myself for the futures of pain and isolation brought on by disability. Fellow rehab patients, most of whom were elderly people recovering from strokes or broken hips, saw equally bleak horizons before me. One stopped me in the hallway to recommend suicide, explaining that life in a wheelchair was not a life worth living (his son, he noted offhandedly, knew to “let him go” if he was eventually unable to walk).

My future prospects did not improve much after leaving the rehabilitation facility, at least not according to strangers I encountered, and continue to encounter, out in the world. A common response is for people to assume they know my needs better

than I do, going so far as to question my judgment when I refuse their offers of help. They can apparently see into my immediate future, forecasting an inability to perform specific tasks and predicting the accidents and additional injuries that will result. Or, taking a longer view, they imagine a future that is both banal and pathetic: rather than involving dramatic falls from my wheelchair, their visions assume a future of relentless pain, isolation, and bitterness, a representation that leads them to bless me, pity me, or refuse to see me altogether. Although I may believe I am leading an engaging and satisfying life, they can see clearly the grim future that awaits me: with no hope of a cure in sight, my future cannot be anything but bleak. Not even the ivory tower of academia protected me from these dismal projections of my future: once I made it to graduate school, I had a professor reject a paper proposal about cultural approaches to disability; she cast the topic as inappropriate because insufficiently academic. As I prepared to leave her office, she patted me on the arm and urged me to “heal,” suggesting that my desire to study disability resulted not from intellectual curiosity but from a displaced need for therapy and recovery. My future, she felt, should be spent not researching disability but overcoming it.

These grim imagined futures, these suggestions that a better life would of necessity require the absence of impairment, have not gone unchallenged. My friends, family, and colleagues have consistently conjured other futures for me, refusing to accept ableist suggestions that disability is a fate worse than death or that disability prohibits a full life. Those who have been most vocal in imagining my future as ripe with opportunities have been other disabled people, who are themselves resisting negative interpretations of their futures. They tell stories of lives lived fully, and my future, according to them, involves not isolation and pathos but community and possibility: I could write books, teach, travel, love and be loved; I might raise children or become a community organizer or make art; I could engage in activist struggles for the rights of disabled people or get involved in other movements for social justice.

At first glance, these contradictory imagined futures have nothing in common: the first casts disability as pitiable misfortune, a tragedy that effectively prevents one from leading a good life, while the second refuses such inevitability, positioning ableism—not disability—as the obstacle to a good life. What these two representations of the future share, however, is a strong link to the present. How one understands disability in the present determines how one imagines disability in the future; one’s assumptions about the experience of disability create one’s conception of a better future.

If disability is conceptualized as a terrible unending tragedy, then any future that includes disability can only be a future to avoid. A better future, in other words, is one that excludes disability and disabled bodies; indeed, it is the very *absence* of disability that signals this better future. The *presence* of disability, then, signals something else: a future that bears too many traces of the ills of the present to be desirable. In this framework, a future with disability is a future no one wants, and the figure of the disabled person, especially the disabled fetus or child, becomes the symbol of this undesired

future. As James Watson—a geneticist involved in the discovery of DNA and the development of the Human Genome Project—puts it, “We already accept that most couples don’t want a Down child. You would have to be crazy to say you wanted one, because that child has no future.”¹ Although Watson is infamous for making claims about who should and shouldn’t inhabit the world, he’s not alone in expressing this kind of sentiment.² Watson’s version simply makes clear some of the assumptions underlying this discourse, and they are assumptions that cut to the heart of this project. The first is that disability is seen as the sign of no future, or at least of no good future. The second, and related, assumption is that we all agree; not only do we accept that couples don’t want a child with Down syndrome, we know that anyone who feels otherwise is “crazy.”³ To want a disabled child, to desire or even to accept disability in this way, is to be disordered, unbalanced, sick. “We” all know this, and there is no room for “you” to think differently.

It is this presumption of agreement, this belief that we all desire the same futures, that I take up in this book. I am particularly interested in uncovering the ways the disabled body is put to use in these future visions, attending to both metaphorical and “corporeal presence and absence.”⁴ I argue that disability is disavowed in these futures in two ways: first, the value of a future that includes disabled people goes unrecognized, while the value of a disability-free future is seen as self-evident; and second, the political nature of disability, namely its position as a category to be contested and debated, goes unacknowledged. The second failure of recognition makes possible the first; casting disability as monolithic fact of the body, as beyond the realm of the political and therefore beyond the realm of debate or dissent, makes it impossible to imagine disability and disability futures differently. Challenging the rhetoric of naturalness and inevitability that underlies these discussions, I argue that decisions about the future of disability and disabled people are political decisions and should be recognized and treated as such. Rather than assume that a “good” future naturally and obviously depends upon the eradication of disability, we must recognize this perspective as colored by histories of ableism and disability oppression. Thus, in tracing these two failures of recognition—the disavowal of disability from “our” futures—I imagine futures otherwise, arguing for a crippled politics of access and engagement based on the work of disability activists and theorists.

What *Feminist, Queer, Crip* offers is a politics of crip futurity, an insistence on thinking these imagined futures—and hence, these lived presents—differently. Throughout the course of the book, I hold on to an idea of politics as a framework for thinking through how to get “elsewhere,” to other ways of being that might be more just and sustainable. In imagining more accessible futures, I am yearning for an elsewhere—and, perhaps, an “elsewhen”—in which disability is understood otherwise: as political, as valuable, as integral.

Before going any further, I admit to treading tricky ground here. “A future with disability is a future no one wants”: while I find it absolutely essential to dismantle

the purported self-evidence of that claim, I can't deny that there is truth to it. Not only is there abstract truth to it, there's personal, embodied truth: it is a sentiment I myself hold. As much joy as I find in communities of disabled people, and as much as I value my experiences as a disabled person, I am not interested in becoming more disabled than I already am. I realize that position is itself marked by an ableist failure of imagination, but I can't deny holding it. Nor am I opposed to prenatal care and public health initiatives aimed at preventing illness and impairment, and futures in which the majority of people continue to lack access to such basic needs are not futures I want.⁵ But there is a difference between denying necessary health care, condoning dangerous working conditions, or ignoring public health concerns (thereby causing illness and impairment) and recognizing illness and disability as part of what makes us human.⁶ While definitively mapping that difference is beyond the scope of this book—and, I would argue, neither fully possible nor desirable—sketching out some of the potential differences is exactly the work we need to be doing.

Defining Disability: A Political/Relational Model

The meaning of disability, like the meaning of illness, is presumed to be self-evident; we all know it when we see it. But the meanings of illness and disability are not nearly so fixed or monolithic; multiple understandings of disability exist. Like other disability studies scholars, I am critical of the medical model of disability, but I am equally wary of a complete rejection of medical intervention. In the pages that follow, I offer a hybrid political/relational model of disability, one that builds on social and minority model frameworks but reads them through feminist and queer critiques of identity. My concern with imagining disability futures differently frames my overview of each model; thinking about the kinds of futures imagined or implicit in each definition provides a useful lens for examining the assumptions and implications of these frameworks.

Despite the rise of disability studies in the United States, and decades of disability rights activism, disability continues to be seen primarily as a personal problem afflicting individual people, a problem best solved through strength of character and resolve. This individual model of disability is embodied in the disability simulation exercises that are a favored activity during “disability awareness” and diversity events on college campuses (including, in years past, my own). For these kinds of events, students are asked to spend a few hours using a wheelchair or wearing a blindfold so that they can “understand” what it means to be blind or mobility-impaired.⁷ Not only do these kinds of exercises focus on the alleged failures and hardships of disabled bodies (an inability to see, an inability to walk), they also present disability as a knowable fact of the body. There is no accounting for how a disabled person's response to impairment shifts over time or by context, or how the nature of one's impairment changes, or, especially, how one's experience of disability is affected by one's culture and environment. Wearing a blindfold to “experience blindness” is going to do little to teach someone about ableism, for example, and suggests that the only thing there is to learn about

blindness is what it feels like to move around in the dark. The meaning of blindness, in other words, is completely encapsulated in the experience of wearing a blindfold; there is simply nothing else to discuss. Although these kinds of exercises are intended to reduce fears and misperceptions about disabled people, the voices and experiences of disabled people are absent. Absent also are discussions about disability rights and social justice; disability is depoliticized, presented more as nature than culture. As Tobin Siebers notes, these are exercises in “personal imagination” rather than “cultural imagination,” and a limited imagination at that.⁸

This individual model of disability is very closely aligned with what is commonly termed the medical model of disability; both form the framework for dominant understandings of disability and disabled people. The medical model of disability frames atypical bodies and minds as deviant, pathological, and defective, best understood and addressed in medical terms. In this framework, the proper approach to disability is to “‘treat’ the condition and the person with the condition rather than ‘treating’ the social processes and policies that constrict disabled people’s lives.”⁹ Although this framing of disability is called the “medical” model, it’s important to note that its use isn’t limited to doctors and other service providers; what characterizes the medical model isn’t the position of the person (or institution) using it, but the positioning of disability as an exclusively medical problem and, especially, the conceptualization of such positioning as both objective fact and common sense.¹⁰

Indeed, some of the most passionate defenses of the medical model of disability occur outside the hospital or clinic. Literary critic Denis Dutton exemplifies this pattern of thought, condemning a writing manual for its attempt to describe disability in social rather than medical terms. Dutton refutes the need for such attention to disability language, countering that “*it is the medical condition that is the problem, not the words that describe it.*”¹¹ Because disability is a purely medical problem, Dutton finds no need to engage with disability as a category of analysis; concepts such as able-bodiedness, healthiness, and the normal body, or conditions such as “blindness, wheelchairs, polio, and cretinism” do not require or merit critical attention for they are merely facts of life.¹² For Dutton, disability is a self-evident, unchanging, and purely medical phenomenon, and the meanings, histories, and implications of “cretinism,” for example, are not available for debate or dissent.

Thus, in both the individual and medical models, disability is cast as a problematic characteristic inherent in particular bodies and minds. Solving the problem of disability, then, means correcting, normalizing, or eliminating the pathological individual, rendering a medical approach to disability the only appropriate approach. The future of disability is understood more in terms of medical research, individual treatments, and familial assistance than increased social supports or widespread social change.

Disability studies scholars and disability activists, however, refute the premises of the medical/individual framework. Rather than casting disability as a natural, self-evident sign of pathology, we recast disability in social terms. The category of “disabled”

can only be understood in relation to “able-bodied” or “able-minded,” a binary in which each term forms the borders of the other. As Rosemarie Garland-Thomson explains, this hierarchical division of bodies and minds is then used to “legitimat[e] an unequal distribution of resources, status, and power within a biased social and architectural environment.”³ In this construction, disability is seen less as an objective fact of the body or mind and more as a product of social relations.

Thus, the definitional shift away from the medical/individual model makes room for new understandings of how best to solve the “problem” of disability. In the alternative perspective, which I call the political/relational model, the problem of disability no longer resides in the minds or bodies of individuals but in built environments and social patterns that exclude or stigmatize particular kinds of bodies, minds, and ways of being. For example, under the medical/individual model, wheelchair users suffer from impairments that restrict their mobility. These impairments are best addressed through medical interventions and cures; failing that, individuals must make the best of a bad situation, relying on friends and family members to negotiate inaccessible spaces for them. Under a political/relational model of disability, however, the problem of disability is located in inaccessible buildings, discriminatory attitudes, and ideological systems that attribute normalcy and deviance to particular minds and bodies. The problem of disability is solved not through medical intervention or surgical normalization but through social change and political transformation.

This is not to say that medical intervention has no place in my political/relational model. By my reckoning, the political/relational model neither opposes nor valorizes medical intervention; rather than simply take such intervention for granted, it recognizes instead that medical representations, diagnoses, and treatments of bodily variation are imbued with ideological biases about what constitutes normalcy and deviance. In so doing, it recognizes the possibility of simultaneously desiring to be cured of chronic pain and to be identified and allied with disabled people.⁴ I want to make room for people to acknowledge—even mourn—a change in form or function while also acknowledging that such changes cannot be understood apart from the context in which they occur.

In juxtaposing a medical model with a political one, I am not suggesting that the medical model is not itself political. On the contrary, I am arguing for increased recognition of the political nature of a medical framing of disability. As Jim Swan argues, recognizing that a medical model is political allows for important questions about health care and social justice: “How good is the care? Who has access to it? For how long? Do they have choices? Who pays for it?”⁵ Swan’s questions remind us that medical framings of disability are embedded in economic realities and relations, and the current furor over health care reform underscores the political nature of these questions. Moreover, as scholars of feminist science studies, reproductive justice, and public health continue to make clear, medical beliefs and practices are not immune to or separate from cultural practices and ideologies. Thus, in offering a political/relational

model of disability, I am arguing not so much for a rejection of medical approaches to disability as for a renewed interrogation of them. Insisting upon the political dimension of disability includes thinking through the assumptions of medical/individual models, seeing the whole terrain of “disability” as up for debate.¹⁶

My framing of disability as political/relational is intended as a friendly departure from the more common social model of disability. Like Margrit Shildrick and Janet Price, my intent is to “demand an unsettling of its certainties, of the fixed identities of which it is bound up” and to pluralize the ways we understand bodily instability.¹⁷ Although both the social and political/relational models share a critique of the medical model, the social model often relies on a distinction between impairment and disability that I don’t find useful. In that framework, impairment refers to any physical or mental limitation, while disability signals the social exclusions based on, and social meanings attributed to, that impairment.¹⁸ People with impairments are disabled by their environments; or, to put it differently, impairments aren’t disabling, social and architectural barriers are. Although I agree that we need to attend to the social, asserting a sharp divide between impairment and disability fails to recognize that *both* impairment and disability are social; simply trying to determine what constitutes impairment makes clear that impairment doesn’t exist apart from social meanings and understandings. Susan Wendell illustrates this problem when she queries how far one must be able to walk to be considered able-bodied; the answer to that question, she explains, has much to do with the economic and geographic context in which it is addressed.¹⁹ What we understand as impairing conditions—socially, physically, mentally, or otherwise—shifts across time and place, and presenting impairment as purely physical obscures the effects of such shifts. As feminist theorists have long noted, there is no mention of “the” body that is not a further articulation of a very particular body.²⁰

At the same time, the social model with its impairment/disability distinction erases the lived realities of impairment; in its well-intentioned focus on the disabling effects of society, it overlooks the often-disabling effects of our bodies. People with chronic illness, pain, and fatigue have been among the most critical of this aspect of the social model, rightly noting that social and structural changes will do little to make one’s joints stop aching or to alleviate back pain. Nor will changes in architecture and attitude heal diabetes or cancer or fatigue. Focusing exclusively on disabling barriers, as a strict social model seems to do, renders pain and fatigue irrelevant to the project of disability politics.²¹

As a result, the social model can marginalize those disabled people who are interested in medical interventions or cures. In a complete reversal of the individual/medical model, which imagines individual cure as the desired future for disability, a strict social model completely casts cure out of our imagined futures; cure becomes the future no self-respecting disability activist or scholar wants. In other words, because we are so often confronted with the medical framing of disability as unending burden, or as a permanent drag on one’s quality of life, disability rights activists and scholars

tend to deny our own feelings of pain or depression; admitting to struggling with our impairments or to wanting a cure for them is seen as accepting the very framings we are fighting against, giving fodder to the enemy, so to speak. But by positioning ourselves only in opposition to the futures imagined through the medical model, and shutting down communication and critique around vital issues, we limit the discourses at our disposal. As Liz Crow warns, in refusing to acknowledge pain, fatigue, or depression, “our collective ability to conceive of, and achieve, a world which does not disable is diminished.”²²

Finally, drawing a hard line between impairment and disability, and having this distinction serve as the foundation for theorizing disability, makes it difficult to explore the ways in which notions of disability and able-bodiedness affect everyone, not just people with impairments.²³ Anxiety about aging, for example, can be seen as a symptom of compulsory able-bodiedness/able-mindedness, as can attempts to “treat” children who are slightly shorter than average with growth hormones; in neither case are the people involved necessarily disabled, but they are certainly affected by cultural ideals of normalcy and ideal form and function. Or, to take this idea in a different direction, friends and family members of disabled people are often affected by ableist attitudes and barriers, even if they are not themselves disabled. Their social lives may shrink, for example, because others are uncomfortable or embarrassed by their stories of illness and adaptation, or friends may feel guilty inviting them to inaccessible houses; difficulty accessing reliable and affordable attendant care or finding appropriate housing certainly affects entire families, not only the disabled person herself or himself. Moreover, not only does disability exist in relation to able-bodiedness/able-mindedness, such that disabled and abled form a constitutive binary, but also, to move to a different register of analysis, disability is experienced in and through relationships; it does not occur in isolation. My choice of a *relational* model of disability is intended to speak to this reality.

Similarly, my articulation of a *political* framing of disability is a direct refusal of the widespread depoliticization of disability. Dutton’s medicalized description of disability assumes that “cretinism” is a natural category, derived purely from objective medical study and irrelevant to discussions of politics or prejudice; proclaiming the naturalness of disability, he goes on to ridicule attempts to discuss disability in terms of language or identification.²⁴ By asserting that we cannot (or should not) resignify disability identities and categories, refusing to recognize the impact disability rhetoric and terminology might have on understandings of disability (and thus on the lives of disabled people), and insisting that medical approaches to disability are completely objective and devoid of prejudice or cultural bias, Dutton completely removes disability from the realm of the political. In doing so, he forecloses on the possibility of understanding disability differently; divorcing disability and disabled people from understandings of the political prohibits incorporating disability into programs of social change and transformation or, in other words,

into visions of a better future. Once disability has been placed solely in the medical framework, and both disability and the medical world are portrayed as apolitical, then disability has no place in radical politics or social movements—except as a problem to be eradicated.

A political/relational model of disability, on the other hand, makes room for more activist responses, seeing “disability” as a potential site for collective reimaging. Under this kind of framework, “disability awareness” simulations can be reframed to focus less on the individual experience of disability—or imagined experience of disability—and more on the political experience of disablement. For example, rather than placing nondisabled students in wheelchairs, the Santa Barbara-based organization People in Search of Safe and Accessible Restrooms (PISSAR) places them in bathrooms, armed with measuring tapes and clipboards, to track the failures and omissions of the built environment. As my fellow restroom revolutionaries explain in our manifesto, “This switch in focus from the inability of the body to the inaccessibility of the space makes room for activism and change in ways that ‘awareness exercises’ may not.”²⁵ In creating and disseminating a “restroom checklist,” PISSAR imagines a future of disability activism, one with disability rights activists demanding accessible spaces; contrast that approach with the simulation exercises, in which “awareness” is the future goal, rather than structural or systemic change.

In reading disability futures and imagined disability through a political/relational model, I situate disability squarely within the realm of the political. My goal is to contextualize, historically and politically, the meanings typically attributed to disability, thereby positioning “disability” as a set of practices and associations that can be critiqued, contested, and transformed. Integral to this project is an awareness that ableist discourses circulate widely, and not only in sites marked explicitly as about disability; thus, thinking about disability as political necessitates exploring everything from reproductive practices to environmental philosophy, from bathroom activism to cyberculture. I am influenced here by Chantal Mouffe, who argues that “the political cannot be restricted to a certain type of institution, or envisaged as constituting a specific sphere or level of society. It must be conceived as a dimension that is inherent to every human society and that determines our very ontological condition.”²⁶ To say that something is “political” in this sense means that it is implicated in relations of power and that those relations, their assumptions, and their effects are contested and contestable, open to dissent and debate.

In other words, I’m concerned here with what Jodi Dean calls “the *how* of politics, the ways concepts and issues come to be political common sense and the processes through which locations and populations are rendered as in need of intervention, regulation, or quarantine.”²⁷ This focus on the *how* of politics parallels the first set of questions that motivate my project: Is disability political? How is it political? How is the category of disability used to justify the classification, supervision, segregation, and oppression of certain people, bodies, and practices? Addressing these questions

requires a recognition of the central role that ideas about disability and ability play in contemporary culture, particularly in imagined and projected futures.

After stressing the importance of the “how” of politics, Dean insists on the need “to take *depoliticization* seriously, to address the means through which spaces, issues, identities, and events are taken out of political circulation or are blocked from the agenda—or are presumed to have already been solved.”²⁸ Attending to the ways in which disability is political leads to my second set of motivating questions: How has disability been depoliticized, removed from the realm of the political? Which definitions of and assumptions about disability facilitate this removal? What are the effects of such depoliticization? I’m not so much arguing for or positing a chronology here—“disability used to be political and now it’s not”—as highlighting the need for disability studies to attend to the specific ways in which ableist understandings of disability are taken as common sense.²⁹ Such attention is vital in a context in which, as Susan Schweik notes, disability-based discrimination and prejudice are often condemned not as markers of structural inequality but of cruelty or insensitivity; this kind of rhetoric “sidesteps the reality of social injustice, reducing it to a question of compassion and charitable feelings.”³⁰

These questions—of politicization and of depoliticization—lie at the root of my interest in political frameworks of the future: Do the futures I examine in these chapters assume and perpetuate the depoliticization of disability, and if so, how? What is it about disability that makes it a defining element of our imagined futures, such that a “good” future is one without disability, while a “bad” future is overrun by it? Why is disability in the present constantly deferred, such that disability often enters critical discourse only as the marker of what must be eliminated in our futures or what was unquestioningly eliminated in our pasts? And, most importantly, why are these characterizations taken for granted, recognized as neither partial nor political?

Identifying Disability: Bodies, Identities, Politics

Seeing disability as political, and therefore contested and contestable, entails departing from the social model’s assumption that “disabled” and “nondisabled” are discrete, self-evident categories, choosing instead to explore the creation of such categories and the moments in which they fail to hold. Recognizing such moments of excess or failure is key to imagining disability, and disability futures, differently. Thus I understand the very meanings of “disability,” “impairment,” and “disabled” as contested terrain.³¹ Disability can then be understood, in Jasbir Puar’s framework, as an *assemblage*, where “[c]ategories—race, gender, sexuality [and, I would add, disability]—are considered as events, actions, and encounters between bodies, rather than as simply entities and attributes of subjects.”³²

Thus, a political/relational framework recognizes the difficulty in determining who is included in the term “disabled,” refusing any assumption that it refers to a discrete group of particular people with certain similar essential qualities. On the

contrary, the political/relational model of disability sees disability as a site of questions rather than firm definitions: Can it encompass all kinds of impairments—cognitive, psychiatric, sensory, and physical? Do people with chronic illnesses fit under the rubric of disability? Is someone who had cancer years ago but is now in remission disabled? What about people with some forms of multiple sclerosis (MS) who experience different temporary impairments—from vision loss to mobility difficulties—during each recurrence of the disease, but are without functional limitations once the MS moves back into remission? What about people with large birthmarks or other visible differences that have no bearing on their physical capabilities, but that often prompt discriminatory treatment?

Government and nongovernmental organizations alike frequently issue guidelines for determining who is disabled and thus eligible for certain programs and protections. Such groups, ranging from the World Health Organization to the US Social Security Administration, would not have to be so precise in defining “disability” if such definitions were without controversy; the very fact that so much energy is funneled into defining disability and impairment suggests the fundamental instability of the terms. Moreover, the desire for fixed definitions cannot be divorced from the economic effects of such fixing. The Social Security Administration uses its definitions of disability to determine who qualifies for benefits and at what level; the US Supreme Court has continued to revisit the Americans with Disabilities Act in order to determine who merits protection under its provisions and who does not. Both entities rule as if there were bright lines between disabled and non-, even though the need for such rulings suggests otherwise. But there is clearly a notion that there are people whose claims do not rise to the level of disability, and who therefore are undeserving of such protections.

In contrast, the disability theory and politics that I develop in these pages do not rely on a fixed definition of “disability” and “disabled person” but recognize the parameters of both terms as always open to debate. I am concerned here with disability not as a category inherent in certain minds and bodies but as what historian Joan W. Scott calls a “collective affinity.” Drawing on the cyborg theory of Donna Haraway, Scott describes collective affinities as “play[ing] on identifications that have been attributed to individuals by their societies, and that have served to exclude them or subordinate them.”³³ Collective affinities in terms of disability could encompass everyone from people with learning disabilities to those with chronic illness, from people with mobility impairments to those with HIV/AIDS, from people with sensory impairments to those with mental illness. People within each of these categories can all be discussed in terms of disability politics, not because of any essential similarities among them, but because all have been labeled as disabled or sick and have faced discrimination as a result. Simi Linton illustrates this fundamental diversity of the disability community when she writes,

We are everywhere these days, wheeling and loping down the street, tapping our canes, sucking on our breathing tubes, following our guide dogs, puffing and

sipping on the mouth sticks that propel our motorized chairs. We may drool, hear voices, speak in staccato syllables, wear catheters to collect our urine, or live with a compromised immune system. We are all bound together, not by this list of our collective symptoms but by the *social and political circumstances that have forged us as a group*.³⁴

Linton's formulation strikes me as a fitting place to begin this exploration of accessible futures, primarily because it reads more as promise than fact. Both disability studies and disability movements have been slow to recognize potential linkages among people who hear voices, people with compromised immune systems, and people using wheelchairs. Although there have been notable exceptions, disability studies, especially in the humanities, has focused little attention on cognitive disabilities, focusing more often on visible physical impairments and sensory impairments.³⁵ Chronic illness has become more common in these discussions, but only in particular forms; discussion of chronic fatigue syndrome and mental disability has increased thanks to the work of scholars such as Susan Wendell, Ellen Samuels, and Margaret Price, but diabetes, asthma, and lupus remain largely unexplored by disability studies scholars.³⁶ (This oversight is all the more troubling given the fact that diabetes occurs disproportionately among "members of racial and ethnic minority groups in the United States," and asthma is a common side-effect of living in heavily polluted neighborhoods, which, unsurprisingly, are more likely to be populated by poor people.)³⁷ I repeat Linton's formulation then in an effort to call it into being, to invoke it as a possibility for thinking disability differently. I want to hold on to the possibility of a disability studies and a disability movement that does take all of these locations seriously, that feels accountable to these bodies and identities and locations.

One of the arguments I will make in this book, however, is that part of the work of imagining this kind of expansive disability movement is to simultaneously engage in a critical reading of these very identities, locations, and bodies. We must trace the ways in which we have been forged as a group, to use Linton's terminology, but also trace the ways in which those forgings have been incomplete, or contested, or refused. We need to recognize that these forgings have always already been inflected by histories of race, gender, sexuality, class, and nation; failing to attend to such relations will ensure that disability studies remains, as Chris Bell puts it, "white disability studies."³⁸ We must, in other words, think through the assumptions and erasures of "disabled" and "disability," reckoning with the ways in which such words have been used and to what effect.

Doing so might mean imagining a "we" that includes folks who identify as or with disabled people but don't themselves "have" a disability. Scholars of chronic illness have started this work, arguing for the necessity of including within disability communities those who lack a "proper" (read: medically acceptable, doctor-provided, and insurer-approved) diagnosis for their symptoms. Doing so not only provides such people with the social supports they need (everything from access to social services to recognition from friends and family), it also presents disability less as diagnostic category

and more as collective affinity; moving away from a medical/individual model of disability means that disability identification can't be solely linked to diagnosis.

Less familiar, and potentially more complicated, would be people identifying with disability and lacking not only a diagnosis but any "symptoms" of impairment. How might we understand the forging of a group that includes, in Carrie Sandahl's and Robert McRuer's framings, a "nondisabled claim to be crip?"³⁹ Hearing Children of Deaf Adults, or CODAs, would be a clear example of this kind of identification, as CODAs consider themselves part of Deaf communities, and some even claim Deaf identity, but are not themselves deaf or hard-of-hearing.⁴⁰ But does claiming crip require this kind of blood or kinship tie? What might it mean for lovers or friends to claim crip, or to understand themselves as "culturally disabled"? Or for theorists and activists committed to rethinking disability and able-bodiedness/able-mindedness to make such claims? Can claiming crip be a method of imagining multiple futures, positioning "crip" as a desired and desirable location regardless of one's own embodiment or mental/psychological processes? As McRuer notes, these practices run the risk of appropriation, but they also offer a vital refusal of simplistic binaries like disabled/nondisabled and sick/healthy.⁴¹ Claiming crip, then, can be a way of acknowledging that we all have bodies and minds with shifting abilities, and wrestling with the political meanings and histories of such shifts. Thus, to circle back to the notion of "we" as more promise than fact: thinking through what nondisabled claims to crip might entail will require exploring whether such claims might be more available, or more imaginable, to some people than others (and on what basis).

Attention to these kinds of questions—the histories and effects of disability claims, the different availability and viability of disability identification—distinguishes this kind of "nondisabled claim to crip" from the well-intentioned but deeply ableist declaration that "we are *all* disabled." The latter obscures the specificities I call for here, conflating all experiences of physical, mental, or sensory limitation without regard to structural inequality or patterns of exclusion and discrimination. It is for this reason that Linton cautions against "erasing the line between disabled and nondisabled people," explaining that "naming the category" of disabled remains necessary because it effectively "call[s] attention to" disability-based discrimination. But I suggest that exploring the possibilities of nondisabled claims, as well as attending to the promises and dangers of the category's flexibility, can facilitate exactly this kind of critical attentiveness.⁴² To claim crip critically is to recognize the ethical, epistemic, and political responsibilities behind such claims; deconstructing the binary between disabled and able-bodied/able-minded requires *more* attention to how different bodies/minds are treated differently, not less.

Attending to the epistemological challenges raised by disability claims introduces yet another set of questions about claiming crip. Thinking through this collective "we," this forging of crip communities, means accounting for those who do "have" illnesses or impairments, and who might be recognized by others as part of this "disabled we,"

but who do not recognize themselves as such. This group would include the largest proportion of disabled people: those folks with hearing impairments, or low vision, or “bum knees,” or asthma, or diabetes who, for a whole host of reasons, would claim neither *crip* identity nor disability. Even though most people with impairments might fall into this camp, it is actually the hardest group for me to address in this book; indeed, I think it is the hardest group for disability studies and disability rights activism to address.⁴³ Given my (our) focus on disability rights and justice, on radical queercrip activism, on finding disability desirable, how am I (how are we) to deal with those who want no part of such names?

One answer to these questions is that it doesn't matter whether such people claim *crip* or not: rethinking our cultural assumptions about disability, imagining our disability futures differently, will benefit all of us, regardless of our identities. As Ladelle McWhorter notes, “The practices and institutions that divide, for example, the ‘able-bodied,’ ‘sane,’ and ‘whole’ from the ‘impaired,’ ‘mentally ill,’ and ‘deficient’ create the conditions under which all of us live; they structure the situation within which each one of us comes to terms with ourselves and creates a way of life.”⁴⁴ As someone writing and teaching disability studies, as someone imagining readers and students with a whole range of bodies and minds, I find hope in McWhorter's prediction, in her articulation of a better future. Much as feminist activism benefits people who want no part of feminism, disability studies and activism ideally benefit people who are not interested or invested in either.⁴⁵ At the same time, I'm certain this is not the only, or not the full, answer. As I embark on this journey into accessible futures, I want to highlight the question of *crip* affiliation, what it means, what it entails, what it excludes.

Feminist, Crip, Queer: A Note on Terms, Methods, and Affiliations

I became disabled before I began reading feminist theory, yet it was feminist theory that led me to disability studies. It was through reading feminist theoretical approaches to the body that I came intellectually to understand disability as a political category rather than as an individual pathology or personal tragedy. Feminist theory gave me the tools to think through disability and the ways in which assumptions about disability and disabled bodies lead to resource inequalities and social discrimination. Just as feminist theorists had questioned the naturalness of femininity, challenging essentialist assumptions about “the” female body, I could question the naturalness of disability, challenging essentialist assumptions about “the” disabled body. My understanding of the political/relational model of disability has been made possible by my engagement with the work of feminist theorists, an engagement that I hope will become clear in the following pages. Simply put, feminism has given me the theoretical tools to think critically about disability, the stigmatization of bodily variation, and various modes and strategies of resistance, dissent, and collective action.

I locate this project, then, within the larger field of feminist theory and politics. Although I examine a range of radical political visions, some explicitly feminist and

others less so, I understand my investment in radical politics as a feminist investment. As many historians of feminism and women's studies have noted, feminism has long been interested in bridging theory with practice. Activists and scholars alike continue to explore the ways in which theory can inform political practice; conversely, feminists often theorize from practice, developing concepts and frameworks based on the strategies, conversations, conflicts, and achievements of feminist activists. My interest in radical politics derives in part from my theoretical and activist commitment to blending theory with practice, a commitment that I associate with feminism. I think it only appropriate to make this indebtedness explicit as I begin my exploration of possible futures, given recent disability studies texts that have downplayed or dismissed any connections to feminism; my readings and my imaginings are resolutely feminist.⁴⁶

They also are undeniably *crip*, a term that has much currency in disability activism and culture but still might seem harsh to those outside those communities. Indeed, that harshness is a large part of its appeal, as suggested by essayist Nancy Mairs: "People—crippled or not—wince at the word 'crippled' as they do not at 'handicapped' or 'disabled.' Perhaps I want them to wince."⁴⁷ This desire to make people wince suggests an urge to shake things up, to jolt people out of their everyday understandings of bodies and minds, of normalcy and deviance. It recognizes the common response of nondisabled people to disabled people, of the normative to the deviant—furtive yet relentless staring, aggressive questioning, and/or a turning away from difference, a refusal to see.⁴⁸ This wincing is familiar to many disabled people, but here Mairs turns it back on itself, almost wincing back. Like "queer," "crip" and "cripple" are, in Eli Clare's formulation, "words to help forge a politics."⁴⁹

Two related examples of such forging, of crafting an inducement to wince, would be Carrie Sandahl's preference for "crip studies" and "crip theory" over "disability studies" and Robert McRuer's decision to name his theoretical project *Crip Theory*. According to both Sandahl and McRuer, disability studies and crip theory differ in orientation and aim: crip theory is more contestatory than disability studies, more willing to explore the potential risks and exclusions of identity politics while simultaneously and "perhaps paradoxically" recognizing "the generative role identity has played in the disability rights movement."⁵⁰ I see *Feminist, Queer, Crip* as engaging in exactly this kind of contradictory crip theory, and I use both "crip" and "crip theory" as a way to stake my claim alongside the activists and cultural workers engaged in these multiple sites of radical politics.⁵¹

One of the most productive and provocative elements of crip theory, and of crip in general, is the potential expansiveness of the term. As Sandahl notes, "cripple, like queer, is fluid and ever-changing, claimed by those whom it did not originally define. . . . The term crip has expanded to include not only those with physical impairments but those with sensory or mental impairments as well."⁵² I agree with Sandahl, and this potential flexibility is precisely what excites me about crip theory, but, as with Linton's "we are everywhere," this inclusiveness is often more hope than reality. Many expressions of

crip pride or crip politics often explicitly address only physical impairments, thereby ignoring or marginalizing the experiences of those with sensory or mental impairments. Others position crip as a way of naming opposition to cure, potentially making it difficult for “crip theory” to encompass the perspectives and practices of those who both claim disability identity and desire an end to their own impairments. Thus, I move back and forth between naming this project one of “feminist and queer disability studies” and one of “crip theory,” raising the possibility that the two can be, and often are, intertwined in practice; indeed, given the rich analyses of identity that circulate within feminist and queer studies, a “feminist and queer disability studies” may very well engage in the “paradoxical” approach to identity practiced in crip theory while making room for those who do not or cannot recognize themselves in crip.⁵³

Similarly, throughout *Feminist, Queer, Crip*, I combine references to bodies with references to minds and pair “compulsory able-bodiedness” with “compulsory able-mindedness.”⁵⁴ If disability studies is going to take seriously the criticism that we have focused on physical disabilities to the exclusion of all else, then we need to start experimenting with different ways of talking about and conceptualizing our projects.⁵⁵ At the same time, I’m well aware that my use of such terms is partial in both senses of the word: I am invested in shifting the terrain of disability studies even as my own performances of it bear the marks of its current terrain, and I have only just begun to scratch the surface of what able-mindedness might mean in relation to able-bodiedness. Thus, as with Linton’s “we” and Sandahl’s “crip,” I use “mind” alongside “body” in the hope that writing and reading “bodies and minds” or “compulsory able-bodiedness/able-mindedness” makes me think disability differently. Rather than assuming that the mere use of such language is sufficient in and of itself, I’m calling for an engagement with the hard work of actually making such coalitions happen. As I suggest in the last chapter of the book, such expansiveness—mind and body, a crip of us all—can never be fully or finally achieved, but serves as a kind of hopeful horizon, “fluid and ever-changing,” as Sandahl notes, and used in ways unimagined in advance.

Queer (theory) readers will likely recognize this talk of fluidity, ever-changing horizons, and paradoxical treatments of identity as kin to queer projects, and, like Sandahl and McRuer, I position crip theory in general, and this project in particular, as such. “Queer” also remains contested terrain, with theorists and activists continuing to debate what (and whom) the term encompasses or excludes; it is this kind of contestation I welcome for disability. Indeed, Butler argues for queer as a “site of collective contestation” to be “always and only redeployed, twisted, queered.”⁵⁶ The circularity of that definition—queerness is something always to be queered—serves only to support this desire for dissent and debate. In naming my project “queer,” then, I am wanting both to twist “queer” into encompassing “crip” (and “crip,” “queer”) and to highlight the risks of such twisted inclusion. Critical examinations of compulsory able-bodiedness and compulsory able-mindedness are queer and crip projects, and they can potentially be enacted without necessarily flattening out or

stabilizing “crip” and “queer.”⁵⁷ What is needed, then, are critical attempts to trace the ways in which compulsory able-bodiedness/able-mindedness and compulsory heterosexuality intertwine in the service of normativity; to examine how terms such as “defective,” “deviant,” and “sick” have been used to justify discrimination against people whose bodies, minds, desires, and practices differ from the unmarked norm; to speculate how norms of gendered behavior—proper masculinity and femininity—are based on nondisabled bodies; and to map potential points of connection among, and departure between, queer (and) disability activists. As we shall see, one productive site for such explorations is the imagined future invoked in popular culture, academic theory, and political movements; *Feminist, Queer, Crip* begins to trace some of these queer/crip connections.

I want, then, to position this book as a fundamentally coalitional text. The “feminist, queer, crip” named in the title signals methodology as much as content. This work quite obviously, and necessarily, involves bringing disability identities and experiences to bear on existing feminist and queer theoretical frameworks. It is not simply, or not only, an additive intervention, however. While I am indeed arguing that disability needs to be recognized as a category of analysis alongside gender, race, class, and sexuality, my larger goal is to address how disability is figured in and through these other categories of difference.⁵⁸ What work does able-bodiedness do, for example, in feminist appropriations of the cyborg, or queer uses of reproductive technologies, or ecofeminist imaginings of a better life? How does reckoning with histories and experiences of disability, in other words, critique or transform feminist environmental philosophy or queer approaches to assisted reproductive technologies? I want to explore the theoretical terrain opened up by reading disability into those queer narratives and feminist analyses that never use the word “disability.” How might such readings shift our understandings of terms like “disabled,” or “queer,” or “feminist”? Or how might they expand our understanding of what it means to do cross-movement work, both in terms of theoretical development and activist practice? *Feminist, Queer, Crip* argues that a coalitional politics requires thinking disability, and disabled bodies, differently—recognizing the work done by disability and able-bodiedness/able-mindedness in different political visions, for example, or acknowledging the exclusions enacted in the desire for a unified disability community.

I know that in carefully delineating my affiliations here—feminist, queer, crip—I run the risk of further reifying these categories, thereby presenting them as discrete, separable identities. This kind of personal and theoretical positioning has long been a mainstay of feminist intersectional scholarship, and, as Puar warns, too easily requires the “stabilizing of identity across space and time.”⁵⁹ But taking such risks feels necessary because we are operating in a theoretical and activist context in which this combination of analytics and practices too rarely appears. It feels important at this particular moment to identify explicitly as feminist, queer, crip—even as I want to trouble such identifications—and to explicitly practice feminist, queer, crip work. I’m calling

attention to these shifting positions not to fix them in place, but to get them moving on the questions that face those of us committed to and invested in such positions.

I'm writing out of a concern, for example, about the silence of disability studies scholars and disability activists in response to how our movements have often (been) publicly aligned with the right. Where were the public feminist/queer/crip responses to Sarah Palin? How might we have intervened in the representation of her as a disability rights advocate, questioning the blurring of antichoice ideologies and disability critiques of prenatal testing? Or how might a feminist/queer/crip-informed analysis expand or complicate queer theoretical texts that rely on a trope of mobility for their analyses or that tend to allegorize rather than analyze disability and disabled bodies? Or, when only a small handful of papers and presentations at the annual Society for Disability Studies conference make explicit use of feminist and queer theories in their analyses, does it not become essential to name and inhabit these very intersections?⁶⁰ And, importantly, how can we do this kind of naming, demand these kinds of analytic and political practices, without stabilizing feminist/queer/crip or gender/sexuality/disability, without treating these very categories, nodes, and positions as themselves self-evident? I'm wanting this particular imagining of accessible futures—my imagining of accessible futures—to carve out a place on the theoretical/political map where feminist/queer/crip can feed and inform each other, even as they are always already bound up in each other. More, I'm wanting this imagining to generate more such imaginings, such that the nodes on the map and the map itself multiply, proliferate, regenerate. We need multiple iterations of crip theory, ones that its practitioners might not always recognize, ones that contest and exceed its very parameters, and ones that take this particular iteration to task.

In the hopes of such proliferations, questions take center stage throughout *Feminist, Queer, Crip*. Part of this focus is stylistic, aesthetic; I like the cadence of a question. But it is also, and primarily, methodological. If one of my goals with this project is to get us to think disability differently, to begin to see both the category and the experience of disability as contested and contestable, then what better way to do that than to ask questions? (I've started already.) Rhetorical questions are common in conclusions as authors hint at their next projects, or discover new problems, or point toward the need for more research. I'm including such questions in the introduction as a reminder that I should imagine readers talking back, taking these ideas in new directions, turning my own questions back on me in different contexts or to different effects. The format of the question insists on seeing these complex subjects—the future of the child with Down syndrome or the desirability of disability—as debatable, contestable: as *in question*. It also opens up the possibilities of new answers, shifting answers, unforeseen answers. As I explain in the final chapter, I am interested in a crip politics of access and engagement that is resolutely a work in progress, open-ended, aiming for but never reaching the horizon. Questions keep me focused on the inconclusiveness of my conclusion, of the desire to think otherwise.

This book contains not only unanswered questions but also contradictions and logical inconsistencies. In chapter 3, for example, I am much more critical about deselecting disability (i.e., terminating a pregnancy because tests reveal potential “genetic anomalies”) than I am about selecting for disability (i.e., using a sperm donor who carries a desired genetic trait), even though both practices involve parents wanting to have a child like themselves. Such contradictions are inevitable in a project like this one, reflecting our convoluted approaches to disability; I am writing in a culture in which inconsistency about disability is commonplace. Might it be logically inconsistent, for example, that we claim to value the lives of disabled people even as we create (and mandate) more and more prenatal tests to screen out “undesirable” fetuses? Glossing over these inconsistencies, or pretending that they can be easily and definitively resolved, simplifies the complexities inherent in questions of social justice. The desire for clear answers, free of contradiction and inconsistency, is understandable, but I want to suggest that accessible futures require such ambiguities. Following Puar, I believe that “contradictions and discrepancies . . . are not to be reconciled or synthesized but held together in tension. They are less a sign of wavering intellectual commitment than symptoms of the political impossibility to *be on one side or the other*.”⁶¹ Indeed, part of the problem I’m tracing in these pages is the assumption that there is only one side to the question of disability and that we’re all already on it.

In this spirit, my use of “we” and “they,” “them” and “us,” shifts throughout this book. To always use the third person in discussing disabled people would be to impose a distancing between myself and my subject that rings false. It also would run counter to this notion of “claiming cripp,” denying the possibility of a deep and abiding connection to the identities, bodies, minds, and practices discussed here. At the same time, to always use the first person would be to answer in advance the question of a unified community of disabled people, to presume not only that we all share the same positions but also that one person—and in this case, I—can accurately represent the whole. In other words, when it comes to the vexed issue of personal pronouns, I will occasionally use “we/us” even when I am not an obvious member of the group being discussed, and, by the same token, will occasionally use “they/them” even when I am obviously included in the category. I do this to trouble the very notion of “obvious” identifications as well as the disabled/able-bodied and disabled/nondisabled binaries.⁶² Even though I am a disabled person, I do not exist apart from the ableist discourses circulating through US society; to act as if my impairments render me immune to, or incapable of, ableist rhetoric and ideology would be to deny the insidiousness of compulsory able-bodiedness and able-mindedness.⁶³ “I,” Sedgwick reminds us, can be a powerful heuristic, and so can “we,” “they,” “you,” and “them.”⁶⁴

Overview of the Book

Whenever I tell people I have been working on a book about the role of disability in imagined futures, they almost always assume I’m writing about science fiction. I

understand their response: science fiction is full of “imagined futures,” and disabled characters are common in such novels (even if they aren’t referred to as “disabled” within the narratives themselves). I do indeed focus on stories in this book, but they are more the stories we tell ourselves as a culture—disability is a tragedy, children are our future—than the stories of literature or film.

Over the course of the book, I examine uses and representations of disability and able-bodiedness/able-mindedness across a range of sites in the contemporary United States. Given my future focus, and the ways in which the figure of the child often serves as a sign of the future, I pay particular attention to issues of reproduction, even as I work to unpack this elision between reproduction and futurity. Notions of space also play a key role here; disability rights activists have long worked to make more and more spaces accessible to disabled people, describing both flights of stairs and discriminatory hiring practices as barriers to access. As will become clear in the chapters that follow, spaces get imagined differently in different futures; creating accessible futures requires attention to space, both metaphorical and material.

Chapter 1, “Time for Disability Studies and a Future for Crips,” extends the theoretical frameworks established in this introduction, focusing primarily on the lenses of time and futurity. I begin to specify what I mean by “crip time,” positioning the project of *Feminist, Queer, Crip* alongside other work on queer temporality and critical futurity. Although rhetoric about futures—from warnings of slippery slopes to fears of deformity—pervades current discourses about disability, disability studies has yet to take up crip temporalities and futures as sites of extended analysis. In this chapter, then, I sketch out what is at stake in these frameworks, distinguishing “crip time” from “curative time” and working through what it means to project disability into the future.

The next two chapters focus on the question of medical intervention, addressing the ways in which the “future” is portrayed as a time of cures, genetic and otherwise. The cases under discussion here are characterized by a debate over the appropriate use of technology: technological attempts to eliminate disability are met with widespread praise and support because they are assumed to mark progress toward a better future, while refusals of such “healing” technology are condemned as backward and dystopic. Challenging the rhetoric of naturalness and inevitability that underlies these discussions, I argue that decisions about the future of disability and disabled people are *political* decisions and should be recognized and treated as such. Rather than assume that a “good” future naturally and obviously depends upon the eradication of disability, we must recognize this perspective as colored by histories of ableism and disability oppression. The first part of *Feminist, Queer, Crip* also zeroes in on the assumption that this kind of “elsewhere,” one without disability, is one “we” all want. Each of the chapters in this part of the book maps the ways in which disability is removed from debate, taken only as self-evident and given; these chapters unpack what it means to assume that we all want the same things.

In chapter 2, I analyze the case of Ashley X, a young disabled girl “frozen in time” through a growth attenuation regimen, hysterectomy, and bilateral mastectomy. These procedures, known as “the Ashley Treatment,” were seen as necessary by her parents and doctors to protect Ashley from future harms. According to this logic, Ashley’s body required intervention because her body was growing apart from her mind; physically, her body was developing rapidly, but mentally, her mind was failing to develop at all. As a result, she was embodied asynchrony; her mind and body were out of sync. By arresting the growth of Ashley’s body, the Treatment could stop this gap between mind and body from growing any wider. In order to make this argument, Ashley’s parents and doctors had to hold her future body—her *imagined* future body—against her, using it as a justification for the Treatment. Adding to the future framing of the case is the fact that both parents and doctors have offered the Treatment as a template for other children; they have expressed the hope that the Treatment will, in the future, become more widespread. The Ashley case, in other words, is shot through with temporal framings of the body/mind, especially the disabled body/mind, and with rhetoric about the future. As this case makes painfully clear, not all disability futures are desirable.

Using a popular example of feminist utopian fiction as an impetus for my continued exploration of cultural attitudes about disability, technology, and cure, chapter 3 begins with a description of Marge Piercy’s 1976 novel *Woman on the Edge of Time* and its evocation of a feminist utopia. While Piercy’s future is populated by peoples of all skin colors, genders, and sexualities, it is almost completely devoid of people with disabilities: advances in medicine have led to the elimination of most illnesses, and genetic “aberrations” have been eradicated or can easily be corrected. It is a utopia made possible by advances in reproductive technologies, and one frequently featured on women’s studies syllabi to discuss feminist futures. Inspired—and troubled—by Piercy’s novel, I speculate on the place of disability in the future, questioning whether “utopia,” by definition, excludes disability and illness. I focus on the use of reproductive technologies to screen out disability, highlighting the ways in which the expansion of such tests presumes the desire for futures without disability. In this context, parents who refuse such tests or, especially, who use them to select *for* disability, are portrayed as leading the nation down a slippery slope. The 2002 story of Sharon Duchesneau and Candace McCullough, a Deaf lesbian couple who used a deaf sperm donor to conceive their children, anchors my reflection on what it might mean to choose futures of disability.

Chapter 4 maintains a focus on reproduction, but looks more broadly at the reproduction of “community values” and the place of disability in such constructions. In this chapter, I offer a close reading of a widespread public service campaign in the United States, one that has reached billboards, bus shelters, movie theaters, and television stations all over the country. In the years since 9/11, the philanthropic organization Foundation for a Better Life (FBL) has funded a campaign touting “community values”

and “character development,” arguing that these values will result in a “better life” and future for the United States. Positioning itself as nonpartisan, the FBL’s mission is to foster individual and collective betterment through values education and engagement. It is this positioning that I want to examine here: this attempt to depoliticize notions of community, this assumption of shared values, and this articulation of what a better life entails. By presenting these concepts as apolitical, the FBL renders them natural, accepted, common sense, and therefore beyond the scope of debate or discussion. Representations of disability and illness play a large role in this campaign, with a majority of billboards praising individuals with disabilities for having the strength of character to “overcome” their disabilities. The depoliticization mandated by these billboards and the FBL itself is made possible through reference to the disabled body. Indeed, the presence of the disabled body is used to render this campaign not as ideology but as common sense. The billboards seem to promise a future that includes disability—disabled people are a highly visible presence in the campaign—but disability appears here only as the site for personal triumph and overcoming.

In the next section of the book, I turn to two existing frameworks for thinking disability futures: cyborg theory and environmentalism. Both of these bodies of theory have explicitly imagined what a better future might look like, and, in doing so, have relied on tropes of disability, illness, and hyper-ability in their constructions. After making this figuration of ability/disability apparent, I explore the ways in which these same bodies of knowledge can be reimagined from feminist, queer, crip perspectives.

Chapter 5 examines the figure of the cyborg, focusing on its appearance in feminist theories of politics, a use that began with Donna Haraway and continues in the work of theorists such as Malini Johar Schueller, Anne Balsamo, and Jennifer Gonzalez. In her “cyborg manifesto,” Haraway positions the cyborg figure as an intervention in feminist theory and politics, using it to critique the reductionist approaches to technology and the exclusionary definitions of “women” that pervaded feminist thought in the 1970s and 1980s. She argues that the cyborg can offer a model for how to do feminist politics, suggesting that the figure can be useful in imagining a feminist “elsewhere.” But what is the place of disability in her imagining? Can the cyborg figure offer an effective model for a feminist disability theory and politics? Does it facilitate the articulation and creation of an anti-ableist “elsewhere”? As I argue, cyborg theories, because of their focus on cybertechnologies and human/machine interfaces, tend to represent disability exclusively as an individual, medical problem, a positioning that depoliticizes disability and disabled people. This contemporary understanding of disability, evident in the frequent use of disabled bodies as illustrations of cyborgism, presents a future vision of technological and medical intervention—not social transformation or political action—as the only proper response to disability. However, the practices and identifications of queer disability activists begin to hint at ways of crippling this cyborg legacy.

In a 1991 interview in the *Socialist Review*, Donna Haraway notes that her articulation of the cyborg stems from a commitment to ecofeminism, and theorists from Stacy Alaimo to Catriona Sandilands take Haraway at her word, incorporating the figure into their own ecofeminist theorizing. Following this cyborgian trail, I turn in chapter 6 to the role disability and able-bodiedness play in representations of nature and environmentalism. Ecofeminist visions of the future cannot be reduced to one coherent story: there are many different ecofeminist futures and perhaps even more different ways of imagining ecofeminist politics. Many of these visions, however, are rooted in contemporary ableist assumptions about how bodies look, move, sense, communicate, and think. Environmental conceptualizations of nature tend to assume that everyone accesses nature in the same way, and it is this presumption that colors environmental political visions. Nonnormative approaches to nature and the limitations of the body are erased; able-bodiedness becomes a prerequisite for imagining environmental futures. If disabled people are believed to lack the physical and mental capacities to access and experience nature in the present, then they can play no role in environmental understandings of nature in the future. Drawing on the work of crip artists and writers, I argue that the embodied experience of illness and disability presents alternative ways of understanding ourselves in relation to the environment, understandings which can then expand ecofeminist frameworks and current practices in environmental activism.

Each of these future visions—cyborg theory, environmentalism, and genetic utopianism—is characterized by a normalizing impulse, an impulse that is made apparent when viewed through the lens of disability. Adhering to ideologies of wholeness, cyborg theory attempts to normalize the disabled body through prosthetics and technological intervention, striving to make disabled bodies (appear) whole. Environmentalists often predicate their theories on the experiences of the nondisabled body, normalizing the body itself by marginalizing its limitations, buttressing ideals of hyper-ability and able-bodiedness, and erasing the experiences and insights of disabled people. Finally, genetic discourses frequently advocate genetic testing and selective abortion, normalizing the body/mind by testing disability out of existence.

It is possible, however, to theorize an “elsewhere,” to provide a political framework for a more just world that does not rely on a normalizing impulse. Queer theorists are committed to forging a politics that does not marginalize, normalize, or criminalize queer bodies, practices, or desires; feminist theorists are engaged in imagining open-ended politics that do not attempt to normalize all women under a unified category of “woman.” Building on these frameworks, disability theorists are actively imagining anti-ableist futures, theorizing what Robert McRuer and Abby Wilkerson call “desirably disabled” worlds that are not founded on the normalization of disabled people.⁶⁵ I position my text as part of this queer/feminist/disability project of imagining desirably queer/feminist/disabled worlds. By exposing the ableist assumptions embedded in future visions of genetic and biomedical intervention while simultaneously suggesting

ways in which these ableist ideologies can be subverted, I reject the widespread depoliticization of disability.

It is this refusal that fuels, at least in part, my attempt to offer anti-ableist political visions of “elsewhere.” Chapter 7, “Accessible Futures, Future Coalitions,” represents my attempt to counter this erasure of disability from the political, this tendency to marginalize disabled people in political visions of the future. Building on the insights of feminist and queer theorists, queer disability activists, and disability studies scholars, I sketch the parameters of yet another idea of how to get “elsewhere,” but one that welcomes, relishes, and desires disability, one that recognizes disability as political. This crisp vision of elsewhere remains, by definition and by design, incomplete. In this final chapter, I explore three potential sites for coalition politics—trans and gender-queer bathroom access, environmental justice, and reproductive rights and justice—in order to develop a *crip* futurity that finds value in dissent and disagreement, that recognizes loss, that remains open. Using these three sites of possibility, I speculate on how we might extend and challenge the parameters of disability theory and politics, a theory and politics which too rarely engages in serious coalition work with other movements, communities, and inquiries. Reading narratives and movements as *crip*, even when they do not explicitly mention disability, might lead all of us to begin thinking disability, and disability futures, otherwise.

Notes

Introduction

1. Michael Gerson, "The Eugenics Temptation," *Washington Post*, October 24, 2007, A19.

2. I have borrowed my phrasing here from Ruth Hubbard. See her "Abortion and Disability: Who Should and Who Should Not Inhabit the World?" in *The Disability Studies Reader*, ed. Leonard J. Davis (New York: Routledge, 2006), 93–103. For an overview of Watson's career by one of his former assistants, see Charlotte Hunt-Grubbe, "The Elementary DNA of Dr. Watson," *Sunday Times* (UK), October 14, 2007. In that article, Watson laments that "all our social policies are based on the fact that [Africans'] intelligence is the same as ours—whereas all the testing says not really." He has been quoted elsewhere as supporting the abortion of fetuses that contain "the gay gene," if such tests eventually become possible, although he later claimed he was simply defending women's right to choose under any circumstances. V. MacDonald, "Abort Babies with Gay Genes, Says Nobel Winner," *Telegraph* (UK), February 16, 1997; Steve Boggan and Glenda Cooper, "Nobel Winner May Sue over Gay Baby Abortion Claim," *Independent* (UK), February 17, 1997; and Richard Dawkins, "Letter: Women to Decide on Gay Abortion," *Independent* (UK), February 19, 1997.

Watson is often described as a provocateur, willing to put things in the most shocking way to make a point, and, as a result, it is tempting to dismiss his comments as extreme and isolated. But his personal penchant for the outrageous doesn't change the fact that many of his assumptions, particularly about disability, are quite pervasive. The filing of wrongful birth suits would be another manifestation of this notion that no one wants disabled children; in these suits, parents sue their doctors for failing to catch disabling conditions in utero and thereby preventing them from aborting the fetus. I discuss the issue of disabled children and reproduction in chapters 3 and 7.

3. In his deployment of "crazy," Watson employs the same kind of "common sense" logic he uses regarding Down syndrome: in this framework, "obviously" both conditions are undesirable and irredeemable. Part of my project in this book, then, is to work to counteract this assumption about both mental illness and cognitive disabilities. That work occasionally involves occupying and reimagining epithets like "crazy."

4. Monica J. Casper and Lisa Jean Moore, *Missing Bodies: The Politics of Visibility* (New York: New York University Press, 2009), 4.

5. Although disability theorist Tom Shakespeare and journalist Norah Vincent hold opposing views about the worth and need for disability studies (with Shakespeare "for" and Vincent "against"), they share the belief that casting disability as desirable leads, logically, to the belief that we can intentionally disable other people. Vincent suggests, for example, that adhering to such a position must mean that one is opposed to giving pregnant women access to folic acid because it decreases the incidence of certain impairments. Shakespeare argues that "if impairment were just another difference"—not negative but neutral—"there would be nothing wrong with painlessly altering a baby so they could no longer see, or could no longer hear, or had to use a wheelchair." Contrast their position with that of Nirmala Erevelles, who argues that a critical disability response to the question of desiring disability is not to deny such a possibility but rather to explore the social and material conditions under which such desire is possible. Nirmala Erevelles, *Disability and Difference in Global Contexts: Enabling a Transformative Body Politic* (New York: Palgrave Macmillan, 2011), 29. Tom Shakespeare, *Disability Rights and Wrongs* (London: Routledge, 2006), 64; Norah Vincent, "Enabling Disabled Scholarship," *Salon*, August 18, 1999, <http://www.salon.com/books/it/1999/08/18/disability/index.html>.

6. For an account of disability as human biodiversity, see Rosemarie Garland-Thomson, “Welcoming the Unbidden: The Case for Preserving Human Biodiversity,” in *What Democracy Looks Like: A New Critical Realism for a Post-Seattle World*, ed. Amy Schrager Lang and Cecelia Tichi (New Brunswick, NJ: Rutgers University Press, 2006), 77–87. See also Kenny Fries, *The History of My Shoes and the Evolution of Darwin’s Theory* (New York: Carroll & Graf, 2007).

7. Although most simulation exercises focus on mobility-impairment/wheelchairs and blindness/blindfolds, I have heard of exercises employing deafness/noise-canceling headsets and, astonishingly, speech impairment/marbles (i.e., asking students to try to speak with marbles in their mouths). Other disabilities, however, seem beyond the reach of these exercises. There are not simulations, for example, of chronic illness, pain, or fatigue, perhaps because people assume they already know what those sensations feel like. I suspect simulations are limited to those conditions that sound fun to experience because they come with props or accoutrements, e.g., canes and wheelchairs. Mental disability and multiple chemical sensitivities are less visible and perhaps therefore more frightening; it would be harder to know when the simulation was beginning and ending, thereby interrupting the distancing dynamic on which these exercises ultimately rely. Some impairments are harder to take on and off.

8. Tobin Siebers, *Disability Theory* (Ann Arbor: University of Michigan Press, 2008), 29. For another critique of disability simulation exercises, see Art Blaser, “Awareness Days: Some Alternatives to Simulation Exercises,” *Ragged Edge Online*, September/October 2003, <http://www.ragged-edgemagazine.com/0903/0903ft1.html>.

9. Simi Linton, *Claiming Disability: Knowledge and Identity* (New York: New York University Press, 1998), 11.

10. Nor do all medical professionals employ an individual/medical model of disability; service providers are also often allies and activists, and there certainly are medical professionals who themselves have disabilities. Thus, as Leslie J. Reagan notes, “[t]he disabilities critique of the medical model . . . perhaps may be best understood as a critique of the entire society, rather than of the medical profession alone, for prioritizing medicine and medical solutions over social reconstruction.” Leslie J. Reagan, *Dangerous Pregnancies: Mothers, Disabilities, and Abortion in Modern America* (Berkeley: University of California Press, 2010), 65.

11. Denis Dutton, “What Are Editors For,” *Philosophy and Literature* 20 (1996): 551–66, accessed September 24, 2009, http://www.denisdutton.com/what_are_editors_for.htm; emphasis in original.

12. To clarify this point, Dutton provides a list of the symptoms of cretinism: “The bodily symptoms (including limb stunting, enlarged lips, open, drooling mouth, broad, flat face, sallow skin, etc.), and intellectual subnormality to the level of imbecile or moron, are actual medical conditions.” Dutton, “What Are Editors For.”

13. Rosemarie Garland-Thomson, “Integrating Disability, Transforming Feminist Theory,” in *Gendering Disability*, ed. Bonnie Smith and Beth Hutchison (New Brunswick, NJ: Rutgers University Press, 2004), 77.

14. For one of the most well-known examples of this phenomenon, see Susan Wendell, *The Rejected Body: Feminist Philosophical Reflections on Disability* (New York: Routledge, 1996).

15. Jim Swan, “Disabilities, Bodies, Voices,” in *Disability Studies: Enabling the Humanities*, ed. Sharon L. Snyder, Brenda Jo Brueggemann, and Rosemarie Garland-Thomson (New York: Modern Languages Association, 2002), 293.

16. Shakespeare suggests that the focus on the medical model as the main site for disability critique is misguided; “when closely analyzed, it is nothing but a straw person” because no one actively and explicitly argues for such an approach to disability. Although I agree that a notion of “the” medical model is unnecessarily simplistic and reductionist—medical approaches to disability are not monolithic, and many service providers support social change on top of any medical treatments—medical constructions and definitions of disability, impairment, and disabled bodies/minds remain the most culturally pervasive frameworks. Shakespeare, *Disability Rights and Wrongs*, 18.

17. Janet Price and Margrit Shildrick, "Uncertain Thoughts on the Dis/abled Body," *Vital Signs: Feminist Reconfigurations of the Bio/logical Body*, ed. Margrit Shildrick and Janet Price (Edinburgh: Edinburgh University Press, 1998), 243, 246.
18. B. J. Gleeson, "Disability Studies: A Historical Materialist View," *Disability and Society* 12, no. 2 (1997): 193. See also Shakespeare, *Disability Rights and Wrongs*.
19. Wendell, *Rejected Body*, 14. See also Shelley Tremain, "On the Subject of Impairment," in *Disability/Postmodernity: Embodying Political Theory*, ed. Mairian Corker and Tom Shakespeare (New York: Continuum, 2002), 32–47.
20. See, for example, Adrienne Rich, "Notes Toward a Politics of Location," *Blood, Bread, Poetry: Selected Prose, 1979–1985* (New York: W. W. Norton, 1994): 210–31.
21. Nor, suggests Michael Bérubé, can the social model adequately address cognitive or intellectual impairments; although social and structural changes are both necessary and long overdue, "it's possible that [a] cognitively impaired person . . . would be impaired by any built environment." Michael Bérubé, "Term Paper," *Profession* (2010): 112. For other recent critiques of the social model, particularly its foreclosure of certain questions from debate, see Julie Livingston, "Insights from an African History of Disability," *Radical History Review* 94 (Winter 2006): 111–26; Anna Mollow, "When Black Women Start Going on Prozac: Race, Gender, and Mental Illness in Meri Nana-Ama Danquah's *Willow Weep for Me*," *MELUS* 31, no. 3 (2006): 67–99; Anna Mollow and Robert McRuer, introduction to *Sex and Disability*, ed. Robert McRuer and Anna Mollow (Durham, NC: Duke University Press, 2012), 1–34; and Shakespeare, *Disability Rights and Wrongs*.
22. Liz Crow, "Including All of Our Lives: Renewing the Social Model of Disability," in *Encounters with Strangers: Feminism and Disability*, ed. Jenny Morris (London: The Women's Press, 1996), 210. For sharp analyses and moving insights on the importance of trauma and depression to radical projects—what Heather Love calls "feeling backward"—see Ann Cvetkovich, *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures* (Durham, NC: Duke University Press, 2003); and Heather Love, *Feeling Backward: Loss and the Politics of Queer History* (Cambridge, MA: Harvard University Press 2007).
23. Tom Shakespeare, "The Social Model of Disability," in *The Disability Studies Reader*, 2nd ed., ed. Lennard J. Davis (New York: Routledge, 2006), 199.
24. Dutton uses race as his primary example, arguing that there can be no disability equivalent to the "Black is Beautiful" movement of the 1960s.
25. Simone Chess, Alison Kafer, Jessi Quizar, and Mattie Udora Richardson, "Calling All Restroom Revolutionaries!" in *That's Revolting! Queer Strategies for Resisting Assimilation*, ed. Matt Bernstein Sycamore (New York: Soft Skull, 2004), 189–206. I discuss PISSAR in more detail in chapter 7.
26. Chantal Mouffe, *The Return of the Political* (London: Verso, 1993), 3.
27. Jodi Dean, "Introduction: The Interface of Political Theory and Cultural Studies," in *Cultural Studies and Political Theory*, ed. Jodi Dean (Ithaca, NY: Cornell University Press, 2000), 6.
28. Dean, "Introduction: The Interface of Political Theory," 4; emphasis mine.
29. For an examination of ableism, see Fiona Kumari Campbell, *Contours of Ableism: The Production of Disability and Aabledness* (New York: Palgrave Macmillan, 2009). On compulsory able-bodiedness, see Robert McRuer, "Compulsory Able-Bodiedness and Queer/Disabled Existence," in *Disability Studies: Enabling the Humanities*, ed. Sharon L. Snyder, Brenda Jo Brueggemann, and Rosemarie Garland-Thomson (New York: Modern Language Association, 2002): 88–99; and Alison Kafer, "Compulsory Bodies: Reflections on Heterosexuality and Able-bodiedness," *Journal of Women's History* 15, no. 3 (2003): 77–89.
30. Susan M. Schweik, *The Ugly Laws: Disability in Public* (New York: New York University Press, 2009), 280.
31. For other critical accounts of disability identity, see Gloria Anzaldúa, "Disability and Identity," in *The Gloria Anzaldúa Reader*, ed. AnaLouise Keating (Durham, NC: Duke University Press,

2009), 298–302; Robert McRuer, *Crip Theory: Cultural Signs of Queerness and Disability* (New York: New York University Press, 2006); Anna Mollow, “Identity Politics and Disability Studies: A Critique of Recent Theory,” *Michigan Quarterly Review* 43, no. 2 (2004): 269–96; and Mollow and McRuer, introduction to *Sex and Disability*.

32. Ben Pitcher and Henriette Gunkel, “Q&A with Jasbir Puar,” *darkmatter Journal*, accessed December 3, 2009, <http://www.darkmatter101.org/site/2008/05/02/qa-with-jasbir-puar/>.

33. Joan W. Scott, “Cyborgian Socialists?” in *Coming to Terms: Feminism, Theory, Politics*, ed. Elizabeth Weed (New York: Routledge, 1989), 216.

34. Linton, *Claiming Disability*, 4, emphasis mine.

35. The field of philosophy has a fair number of texts dealing with cognitive impairments, partly because of the importance of, and discourses around, rationality in the field. Disability studies approaches to these topics within the field, however, remain quite rare. For exceptions, see, for example, Licia Carlson, “Cognitive Ableism and Disability Studies: Feminist Reflections on the History of Mental Retardation,” *Hypatia* 16, no. 4 (2001): 128–33; Licia Carlson, *The Faces of Intellectual Disability* (Bloomington: Indiana University Press, 2010); and Sophia Isako Wong, “At Home with Down Syndrome and Gender,” *Hypatia* 17, no. 3 (2002): 89–117. There is also a critical set of historical texts addressing cognitive impairments through a disability studies lens. See, for example, Martin S. Pernick, *The Black Stork: Eugenics and the Death of “Defective” Babies in American Medicine and Motion Pictures since 1915* (New York: Oxford University Press, 1996); and James W. Trent, Jr., *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley: University of California Press, 1995).

36. Margaret Price, *Mad at School: Rhetorics of Mental Disability and Academic Life* (Ann Arbor: University of Michigan Press, 2011); Ellen Samuels, “My Body, My Closet: Invisible Disability and the Limits of Coming-Out Discourse,” *GLQ: A Journal of Lesbian and Gay Studies* 9, nos. 1–2 (2003): 233–55; and Susan Wendell, “Unhealthy Disabled: Treating Chronic Illnesses as Disabilities,” *Hypatia: A Journal of Feminist Philosophy* 16, no. 4 (2001): 17–33.

37. Signorello et al. explain that “[r]easons for racial disparities in diabetes prevalence are not clear, but behavioral, environmental, socioeconomic, physiological, and genetic contributors have all been postulated.” Their findings suggest that these differences cannot be attributed to “race” per se, but to other established risk factors including socioeconomic status. L. B. Signorello et al., “Comparing Diabetes Prevalence between African Americans and Whites of Similar Socioeconomic Status,” *American Journal of Public Health* 97, no. 12 (2007): 2260. For a critique of race-based medicine, see Dorothy Roberts, *Fatal Invention: How Science, Politics, and Big Business Re-create Race in the Twenty-first Century* (New York: The New Press, 2011).

38. Chris Bell, “Introducing White Disability Studies: A Modest Proposal,” in *The Disability Studies Reader*, 2nd ed. (New York: Routledge, 2006): 275–82. Nirmala Erevelles and Andrea Minear offer a productive reading of theories of intersectionality through the lens of disability studies; they work in both directions, interrogating the whiteness of disability studies and the inattention to disability in critical race studies. Nirmala Erevelles and Andrea Minear, “Unspeakable Offenses: Untangling Race and Disability in Discourses of Intersectionality,” *Journal of Literary and Cultural Disability Studies* 4, no. 2 (2010): 127–45. See also Corbett Joan O’Toole, “The Sexist Inheritance of the Disability Movement,” in *Gendering Disability*, ed. Bonnie G. Smith and Beth Hutchison (New Brunswick, NJ: Rutgers University Press, 2004), 294–95.

39. Carrie Sandahl, “Queering the Crip or Crippling the Queer: Intersections of Queer and Crip Identities in Solo Autobiographical Performance,” *GLQ* 9, nos. 1–2 (2003): 27; Robert McRuer, *Crip Theory: Cultural Signs of Queerness and Disability* (New York: New York University Press, 2006), 36.

40. Robert Hoffmeister, “Border Crossings by Hearing Children of Deaf Parents: The Lost History of Codas,” in *Open Your Eyes: Deaf Studies Talking*, ed. H-Dirksen L. Bauman (Minneapolis: University of Minnesota Press, 2008), 189–215; see also Lennard J. Davis, *My Sense of Silence*:

Memoirs of a Childhood with Deafness (Champaign: University of Illinois Press, 2000). Brenda Jo Brueggemann offers a productive examination of deaf identity and the space between identities. Brenda Jo Brueggemann, *Deaf Subjects: Between Identities and Places* (New York: New York University Press, 2009).

41. McRuer, *Crip Theory*, 36–37.

42. Linton, *Claiming Disability*, 13. See also Carlson, *Faces of Intellectual Disability*, 192–94.

43. Drawing on her work on disability in Botswana, Julie Livingston suggests the term “debility” as an alternative to disability because it encompasses chronic illness, aging, and a wide range of impairments, not just “disability per se.” Livingston, “Insights,” 113.

44. Ladelle McWhorter, foreword to *Foucault and the Government of Disability*, ed. Shelley Tre-main (Ann Arbor: University of Michigan Press, 2005), xv.

45. For a discussion of the inclusion of women who do not identify as feminists in feminist political activism and coalition work, see Sohera Syeda and Becky Thompson, “Coalition Politics in Organizing for Mumia Abu-Jamal,” in *Feminism and Antiracism: International Struggles for Justice*, ed. France Winddance Twine and Kathleen M. Blee (New York: New York University Press, 2001), 193–219.

46. In some of his recent work on disability and identity politics, Lennard J. Davis provides a progress narrative of theories of identity in which he consigns the work of feminist and queer theorists to earlier, problematic stages, with disability—a disability apparently separate from feminist and queer theory—offering a solution to the problems of identity politics. See *Bending Over Backwards: Disability, Dismodernism, and other Difficult Positions* (New York: New York University Press, 2002), 9–32. For a brief critique of Davis’s representation of feminist and queer theory and activism, see McRuer, *Crip Theory*, 202.

My desire to make these links explicit echoes the work of Gayatri Gopinath, who, in her study of queer diasporas, “challenges the notion that these fields of inquiry [queer and feminist scholarship] are necessarily distinct, separate, and incommensurate.” Gayatri Gopinath, *Impossible Desires: Queer Diasporas and South Asian Public Cultures* (Durham, NC: Duke University Press, 2005), 16.

47. Nancy Mairs, *Plaintext: Essays* (Tucson: University of Arizona Press, 1992), 9.

48. On the dynamic of staring, see Rosemarie Garland-Thomson, *Staring: How We Look* (New York: Oxford University Press, 2009).

49. Eli Clare, *Exile and Pride: On Disability, Queerness, and Liberation* (Boston: South End Press, 1999), 70.

50. Sandahl, “Queering the Crip,” 53n1; McRuer, *Crip Theory*, 35.

51. “Critical disability studies” is another term describing this orientation toward disability and disability studies; as Margrit Shildrick describes it, critical disability studies is the frame favored “by those . . . for whom the original challenge of the social model of disability no longer provides an effectively dynamic model.” Margrit Shildrick, *Dangerous Discourses of Disability, Subjectivity, and Sexuality* (New York: Palgrave Macmillan, 2009), 15.

52. Sandahl, “Queering the Crip,” 27.

53. Part of my reluctance to articulate a strict boundary between feminist disability studies (or queer disability studies) and crip theory stems from an awareness that contradictory strategies and epistemologies often circulate under the same name. Merri Lisa Johnson explains, for example, that some work marked “feminist disability studies” refuses all medical terminology while other feminist disability studies approaches do not; similarly, some “disability studies” texts deconstruct the disabled/nondisabled binary while others reify it. Moreover, I worry about the possibility of “crip theory” being positioned as a successor narrative to disability studies, as if all the problems with the field could be solved with this one shift in approach. (After all, crip theory could also be critiqued, in Bell’s terms, as *white* crip theory.) I hasten to add that neither McRuer nor Sandahl have positioned crip theory this way, and both continue to practice and claim “disability studies”; I believe their

distinction invites a contestatory approach to both disability and disability studies while remaining invested in the promises of the field as a whole. For an example of a theorist who is interested in mapping the differences between feminist disability studies and crip feminism, see Merri Lisa Johnson, “Crip Drag Swan Queen: Two Readings of Darren Aronofsky’s *Black Swan*,” National Women’s Studies Association Conference, Atlanta, GA, November, 2011.

54. “Compulsory able-mindedness” is a way of capturing the normalizing practices, assumptions, and exclusions that cannot easily be described as directed (exclusively) to *physical* functioning or appearance. Kristen Harmon suggests, for example, that “able-bodiedness” cannot sufficiently address what she calls “compulsory hearing.” Kristen Harmon, “Deaf Matters: Compulsory Hearing and Ability Trouble,” in *Deaf and Disability Studies: Interdisciplinary Perspectives*, ed. Susan Burch and Alison Kafer (Washington, DC: Gallaudet University Press, 2010), 42. For extensive analyses of compulsory able-mindedness in terms of mental disability, see Andrea Nicki, “The Abused Mind: Feminist Theory, Psychiatric Disability, and Trauma,” *Hypatia* 16, no. 4 (2001): 80–104; and Margaret Price, *Mad at School: Rhetorics of Mental Disability and Academic Life* (Ann Arbor: University of Michigan Press, 2010).

55. Anna Mollow makes a similar argument in her discussion of depression and mental illness; to engage fully with questions of mental illness, disability studies will need to shift its guiding frameworks and terminologies. Mollow, “When *Black Women* Start Going on Prozac.” See also Elizabeth J. Donaldson, “Revisiting the Corpus of the Madwoman: Further Notes toward a Feminist Disability Studies Theory of Mental Illness,” in *Feminist Disability Studies*, ed. Kim Q. Hall (Bloomington: Indiana University Press, 2011), 91–113.

56. Judith Butler, *Bodies That Matter: On the Discursive Limits of “Sex”* (New York: Routledge, 1993), 223.

57. Carrie Sandahl expresses the same hope, and concern, noting that queer theory (and, I would add, disability studies) has a “tendency to absorb and flatten internal differences, in particular to neutralize its constituents’ material and cultural differences and to elevate the concerns of gay white men [or middle-class white male wheelchair users] above all others.” Sandahl, “Queering the Crip,” 27.

58. Mattilda suggests that it is in the “messiness” of intersectional work that “the possibility for a rigorous analysis emerges.” Jason Ruiz, “The Violence of Assimilation: An Interview with Mattilda aka Matt Bernstein Sycamore,” *Radical History Review* 100 (Winter 2008): 239.

59. Jasbir K. Puar, *Terrorist Assemblages: Homonationalism in Queer Times* (Durham, NC: Duke University Press, 2007), 212.

60. Of course, this lack is even more pronounced in the other direction; papers on disability studies topics or drawing on disability theory remain few and far between at many cultural studies and critical theory conferences.

61. Puar, *Terrorist Assemblages*, 209; emphasis in original.

62. Janet Price and Margrit Shildrick play with this desire for and practice of disability identification in some of their collaborative work, as do Robert McRuer and Anna Mollow. See Price and Shildrick, “Uncertain Thoughts”; and Mollow and McRuer, introduction to *Sex and Disability*.

63. John B. Kelly’s analysis of quad rugby offers a potent reminder that ableism or, in his framing, the ideology of ability, affects relationships *between* disabled people. John B. Kelly, “It Could Have Been Worse: Quadriplegic Athletes and the Ideology of Ability,” Society for Disability Studies Annual Meeting, Chicago, June 2000.

64. Eve Kosofsky Sedgwick, *Tendencies* (Durham, NC: Duke University Press, 1994), xiv. See also Margaret Price, “‘Her Pronouns Wax and Wane’: Psychosocial Disability, Autobiography, and Counter-Diagnosis,” *Journal of Literary and Cultural Disability Studies* 3, no. 1 (2009): 11–33.

65. Robert McRuer and Abby L. Wilkerson, “Introduction,” *GLQ: A Journal of Lesbian and Gay Studies* 9, nos. 1–2 (2003): 13.