

Coming “Into” Adjacency in Disability Studies

Katie Rose Guest Pryal, J.D., Ph.D.

Chapel Hill, NC

CCCC 2015 Presentation, Session #C20

1. Prelude: Disclosure Blues

For accessibility purposes, I have done the following: provided handouts of slides and print-outs of this talk; uploaded materials to the CCCCs website; and written oral descriptions of slides to deliver during the presentation. If you are live-tweeting, and please do, my twitter handle is **@krgpryal** and this session is **#C20**.

Slide 1 gives the title slide of this presentation: Coming “Into” Adjacency in Disability Studies. The slide includes my name and letters, Katie Rose Guest Pryal, JD, PhD, and my job title, Author, Lawyer, Speaker. The background theme for my slideshow that is in Carolina Blue.

The abstract to this talk said that, among other things, I was going to “demonstrate the possible rewards of coming ‘into’ a disabled ethos in academia.” I would use memoirs by law professors who have revealed they are people with psychiatric disabilities (PPDs).

I can't do that talk any more. The problem is two-fold. First, as of December 2014, after eleven years, I left academia. Second, I thought more about what it means to disclose a psychiatric disability in any profession, especially academia, and I realized that I've changed my mind profoundly. I even wrote about it.

Slide 2 reads Columns: Life of the Mind

Interrupted. It shows a screen-captured image of the headline and header image of a column I wrote for the *Chronicle of Higher Education Vitae* titled “Disclosure Blues: Should You Tell Your Colleagues About Your Mental Illness?” The header image is a highly stylized black and orange image of a man and a woman in profile, looking downward, the man's hand cupped to his face.

In my Life of the Mind Interrupted columns, especially the first one, “Disclosure Blues,” I interviewed one of the law professors whose work I was going to analyze for this talk. I read the work of the others. And I concluded this: If you don't have tenure or a lot of money in the bank, if you aren't giving TED talks on the regular, if you don't have a spouse with a very steady paycheck, if you don't have a bulletproof ego, then you probably shouldn't disclose your psych disability to your academic colleagues. Sure, every person needs to make the right decision for themselves, but I could no longer advocate for disclosure.

2. Disability Status in Disability Studies

I first confronted the disclosure issue personally at my 2014 CCCCs panel, when an audience member asked where the members of my panel situated ourselves as scholars writing about disability studies in light of our own ability status.

I didn't want to answer the question. Indeed, I don't think ever really did. I never said the plain words, *I have a psychiatric disability*. I certainly didn't share a diagnosis.

My diagnosis often scares people, so I usually keep it to myself. Indeed, my talk that day at CCCCs consisted of genre analyses of reactions to the spree-killing at the Washington Navy Yard in September of 2013, in particular of how the public reacted to indications that the shooter might be a PPD and the ensuing backlash against PPDs.

What I was trying to say that day while avoiding the audience question was this: my ability to conduct a genre analysis of documents dealing with a mass shooting's connections with psych disability comes from my skills as a rhetoric scholar, not from status as a PPD. Although I have a psych disability, I conduct rhetorical analysis with my doctorate in rhetoric, not with my disability.

Now, looking back, I don’t think I have that right. Sure, my training in rhetoric and genre theory gives me the analytical tools to conduct genre analysis. But my disability gives me the sensitivity to notice certain problems in the first place. I noticed the harm caused by the brutal insensitivity of the news coverage after the spree killing. Perhaps someone like me—someone with a disability like mine—is the *only* kind of person qualified to do the work that I did that day.

However, my unspoken answer to the question went even further. What I didn’t say was that my ability to conduct that genre analysis would likely be *hindered* by my disability status so it would be better to keep it under wraps. After all, the stigma of having a psych disability means that your audience perceives you to have a broken brain (among other things). Therefore, academic scholarship is likely not your forte.

This is especially true in the field of rhetoric. It’s not okay to act unreasonably in a field where reason rules. Your individual *ethos* depends on others being able to trust you. How does your *ethos*, traditionally interpreted, interact with psych disability? Can you have *phronesis*, good judgment and practical wisdom, if your brain is unreliable? How can you cultivate *eunoia*, the goodwill between a speaker and her audience, if your brain isn’t to be trusted?

Surely, you say, people in the academy—especially disability studies, don’t still believe that to be “disabled mentally is to

be disabled rhetorically.”¹ Note that the author who made that very claim has since repudiated it.² She’s sitting next to me. (I’m pointing at Catherine.)

I do believe it to be true, though. That’s why I wrote “Disclosure Blues.”

3. The Neuroatypical Rhetorical Deficit

But perhaps the most important question that we should be asking is this: When we as people with disabilities write about *others* with disabilities, what are we doing, exactly, with language?

That’s the question that the audience member got me thinking about when she asked where I’m situated in disability studies in light of my own disability status. Situated. That’s a *physical* word. It implies a position in space.

Whatever we are doing, we should not be doing it with cold, clinical distance. Distance. That’s another physical word. These physical words are an important way to think about how we write about disabilities, especially psych disabilities, which may not have physical manifestations.

I learned this lesson about distance in 2013, when I delivered a talk at the CCCCs in Las Vegas.³ My talk was

about online coming-out stories of people with psych disabilities. While reading clips of these stories, I started to cry, because the pain in the stories was so apparent. Note: I’m not the first person on this panel to cry in disability studies.⁴ I am now pointing at Catherine and Elizabeth.

A colleague who was live-tweeting the panel sent me a twitter hug after.

Slide 3’s title reads “The Twitter Hug from 4C13.” The bottom half contains a screen capture from Twitter of my online interaction with my live-tweeting colleague. She wrote: “That moment when you want to give the presenter a hug and tell her it’s ok.” I replied, “If you mean me, I appreciate it.” She replied, “Yes, Sorry. Virtual hugs.”

Here’s what the audience member’s question means to me now. As disability scholars, where do we place ourselves when we study to mind-bodies of people with disabilities in order to conduct our work? At a clinical distance? Above, in a position of power? (Imagine staring down, through, say, a microscope.) Or *adjacent*? (Even hugs, albeit virtually.)

And when we, ourselves, are also people with disabilities, does that make any difference? What difference could it possibly make?

I’ve written about the genre of “mood memoirs,” in which authors with psych disabilities (neuroatypical authors) claim rhetorical agency via the memoir genre.⁵ But there is another memoir genre, one that I have not written about, the family-mood memoir, in which (usually) a parent or child recounts the psych disability of a child or parent. A simple search reveals many books of this genre.

Here are five titles, written by parents about their neuroatypical children, published since 2000. Listen to what the titles share: *Broken Glass: A Family's Journey Through Mental Illness*; *Crazy: A Father's Search Through America's Mental Health Madness*; *Ben Behind His Voices: One Family's Journey from the Chaos of Schizophrenia to Hope*; *January First: A Child's Descent into Madness and Her Father's Struggle to Save Her*; *The Price of Silence: A Mom's Perspective on Mental Illness*.⁶

These memoirs, as a genre, are troubling.

Slide 4’s title is Family-Mood Memoir

Keywords. The slide presents three columns. The first column is labeled “Voyage,” and lists the following keywords from the five book titles: Search, Journey, Descent, and Struggle. The second column is labeled Damage, and presents these keywords: Chaos, Madness, Broken, Price, Silence. The third column is labeled Breakthrough, and presents these keywords: Through, Behind, Save, Hope.

The titles suggests these memoirs are stories of parents overcoming the disabilities of their children, journeying through the disability of the child in order to come out of the other side—of what?—*of the child’s disability*.

I don’t want to be terribly down on family-mood memoirs as a genre, though, because I do believe they can be written well. I just don’t think they usually are. Whenever anyone, including a family member, writes on behalf of a neuroatypical person, the author needs to take great care. The generic conventions are wildly entrenched, and they place the author of the memoir in the powerful position of spokesperson.

Melanie Yergeau, for example, took to task the “typical autism essay,” which she finds repugnant, indeed, “gag-worthy.” She identifies three main conventions.

Slide 5’s title is Yergeau: The Typical Autism Essay. It lists the three conventions of the autism essay identified by Yergeau in three blue boxes. (1) About autism. (2) By neurotypicals who presume people with autism can’t “represent themselves.” (3) Not limited to specific fields.⁷

Thus, according to Yergeau, the neurotypical writers of the autism essay believe that they are better equipped to write about autism than people who actually have autism.

This solipsistic attitude identified by Yergeau is the same problem that I tend to have with the family-mood memoir. Typically, these memoirs show that the neurotypical believe that they should speak on behalf of the neuroatypical because they are better equipped to do so.

I’m borrowing from Yergeau and Prendergast and calling the consequence of this belief the *neuroatypical rhetorical deficit*.

Slide 6 contains only a large rectangle in a startling shade of orange with the term “Neuroatypical Rhetorical Deficit” in the middle of the slide.

4. Coming Into Adjacency

Not all is not lost. Whether we are neurotypical or neuroatypical, there are greater risks we can take, and therefore greater rewards that we can find, if we rethink what it means to *share a life story with someone*. Sharing a life with a neuroatypical person can be risky. I know from experience. But with those risks come rewards. That is the entire point of this conference, and more modestly, of this panel.

Adjacency—a physical word—is how my copanelists and I have described this potentially rewarding relationship with

neuroatypical family members. Deriving from the word adjacent, it means the positioning of oneself beside another. Not in front of another, inserting your voice in the place of her. Or on top of another, patronizing or imposing. Adjacency means resisting the urge to dominate, in this instance, rhetorically, the life story of a neuroatypical person—instead, helping mend the neuroatypical rhetorical deficit by shutting up and listening.

Let’s return to the rhetorical tradition for a moment, where the good man speaking well, the cogito ergo sum, even the Sophistic dialogue, have little room for sharing space with another person. One person is always empowered with greater knowledge. In physical terms, even when there is dialogue, the more powerful person is positioned above the less powerful.

LuMing Mao points to this rhetorical behavior as a flaw of the Western rhetorical tradition, and I agree. He calls it the “ideology of individualism,”⁸ an ideology (like most ideologies) so entrenched in our way of thinking about and doing discourse that we do not even notice it any more.

Mao contrasts the “what is this” question of Western rhetoric with the “where is this” question of Chinese and Chinese American rhetoric. “[T]he Western ‘what’ question” speaks to “an ultimate agency or a transcendental origin believed to account for states of affairs that make up the world.”⁹ This human-atop-the-world approach to

philosophical problem-solving accounts for the family-mood memoir titles I read above—making way through chaos of mental illness and into wisdom. Even the term “crazy,” which implies something that cannot be accounted for, is distinctly western.

What is this crazy thing that I cannot understand?

This gloss of Mao’s observations show how disability rhetoric bumps up against the individualism of Western rhetoric, for example, the family-mood memoirs and the autism essays. Our answer—here, today—is adjacency.

In that word you hear adjacent, a location. But you also hear echoes of the word “agency,” another commodity that PPDs often lack in rhetorical, legal, medical, and potentially innumerable other situations.

Adjacency, as my copanelists and I have formulated it, then, is this:

Slide 7’s title is Adjacency. Below the title is a large, pale blue rectangle with black text that reads: “rhetorically positioning oneself *beside* a neuroatypical person and resisting the urge to dominate her life story.” The word “beside” appears in orange for emphasis.

Thank you.

¹ Catherine Prendergast, “On the Rhetorics of Mental Disability,” *Towards a Rhetoric of Everyday Life: New Directions in Research on Writing, Text, and Discourse* 189–206, 202 (Martin Nystrand & John Duffy eds., 2003).

² Catherine Prendergast, “Mental Disability and Rhetoricity Retold: The Memoir on Drugs,” *Changing Social Attitudes Toward Disability Perspectives From Historical, Cultural, and Educational Studies* 60–68 (David Bolt ed., 2014).

³ Titles and other information about all of my prior talks, and any materials available from them, can be accessed on my website at <http://www.katieroseguestpryal.com/speaking>.

⁴ Catherine Prendergast & Elizabeth J. Donaldson, “There's No Crying in Disability Studies!,” *Journal of Literary and Cultural Disability Studies* 5:129-135, 130 (2011).

⁵ Katie Rose Guest Pryal, “The Genre of the Mood Memoir and the Ethos of Psychiatric Disability,” *Rhetoric Society Quarterly* 40.5:479-501 (2010).

⁶ Robert Hine, *Broken Glass: A Family's Journey Through Mental Illness* (2006); Pete Early, *Crazy: A Father's Search Through America's Mental Health Madness* (2007); Randye Kaye, *Ben Behind His Voices: One Family's Journey from the Chaos of Schizophrenia to Hope* (2011); Michael Schofield, *January First: A Child's Descent into Madness and Her Father's Struggle to Save Her* (2012); Liza Long, *The Price of Silence: A Mom's Perspective on Mental Illness* (2014).

⁷ Melanie Yergeau, “Circle Wars: Reshaping the Typical Autism Essay,” *Disability Studies Quarterly* 30.1 (2010), <http://dsq-sds.org/article/view/1063/1222>.

⁸ LuMing Mao, *Reading Chinese Fortune Cookie: The Making of Chinese American Rhetoric* 121 (2006).

⁹ LuMing Mao, “Searching for the Way: Between the Whats and Wheres of Chinese Rhetoric,” *College English* 72.4:329–349, 330 (2010).