

## Crip Theory and Late-Onset Disability

By Jane Gallop

In 2019 I published a book entitled *Sexuality, Disability, and Aging*. It was on account of that book that I received an invitation from our editors to contribute to this volume. While I was extremely pleased to get this response to my writing, this invitation-as-response-to-book actually places me in a bit of a dilemma: what in fact should this paper's relation to the book be? Some of you, I imagine, will have read my 2019 book, and others, I am quite sure, will not. Thus, as I write this, I can neither simply present material from the book (as that will only bring something which some of you already know, have already read); nor can I move forward, building upon what is in the book, thus speaking with the presumption that you have already read what I wrote there (as that will exclude the rest of you).

At the risk of pleasing neither of these two sub-audiences, I have decided on a path that mixes both these approaches. Shortly after I had finished the book, I thought of a few things I wished I had said, things that connected to what I did say that could underline or amplify a point or two I was trying to make in the book. These considerations do not really posit new ideas so much as make clearer the significance of ideas in the book. Speaking of these, I thought, would allow me to present a couple of the ideas in the book for those unfamiliar with it, at the same time that I would make some different connections, say a few things that were not in the book.

The origin of my 2019 book was a disability that began in 2001. I started to have debilitating pain in my feet, which has over the last twenty years increasingly limited my ability to walk or even stand. Not only did this change the way I live my life, but after the first couple years of shock and despair, I began to want to theorize from this situation.

I was by then “working in queer theory” (reading, teaching, writing in the field of queer theory). Early in this century, I began to encounter a good bit of writing on disability within my queer theory reading. So, during the very period that I was, in my life, beginning to think of myself as disabled, in my scholarship I was starting to encounter disability-based writing. It was while doing this reading that I decided I should try to theorize from my experience.

My entry into disability studies was thus from the side, from queer theory. I entered at the intersection of queer and disability, an intersection that I thought of as “crip theory,” inspired by the title of Robert McRuer’s 2006 book. As a queer theorist coping with a relatively new disability, I began to think that I would do crip theory.

By “crip theory,” I meant work at what was becoming quite a busy intersection at the beginning of this century, the corner of disability and queer theory. Queer theory and disability studies in the academic humanities had both really taken off in the 1990s, separately but at approximately the same time. They flourished in parallel for about a decade until they began intersecting around the turn of the century.

Shortly after publishing my crip theory book, I went back and reread two major books from the 1990s: one a founding classic of queer theory, the other a founding classic theorizing disability. I hadn't discussed either in my 2019 book, but rereading both of them, I found valuable connections to and amplifications of a central idea in my book. So, as I here discuss that idea as I formulated it, I will also be talking about these two 1990s classics, both crucial forerunners of crip theory: Eve Sedgwick's *Epistemology of the Closet* and Lennard Davis' *Enforcing Normalcy*.

Neither of these two brilliant books are yet crip theory. Both were written as if the fields of queer and disability do not intersect. But while neither imagines crip theory, both books, completely separately, made contributions essential to the possibility of 21<sup>st</sup> century crip theorizing. And, perhaps more to my point here, both offer us help in thinking through an idea that is central to my 2019 book.

*Sexuality, Disability, and Aging*: that is my book's title. The first two words, the relation between them, represents the "crip theory" intersection where I had initially thought my book would be located. But a chance encounter in the lobby of an academic conference in 2013 changed that, necessitating the addition of the third noun in my title.

As I have said, the origin of my book was a disability that began when I was 49 years old. After a chance conversation with an acquaintance in aging studies, a conversation about the relation between disability and aging, I began to wonder why I thought of what happened to me at 49 as my entry into disability rather than as part of aging. Adding critical aging studies to my reading agenda in the run-up to what I had thought would be a crip theory book, made me realize that the focus of

that book, its particular location, could be understood as either disability or aging. The book calls this location, where aging and disability intersect, “late-onset disability.”

That is what I want to discuss here. I want to talk about “late-onset disability,” about how a focus on that might alter our theoretical paradigms, for disability, and maybe even for identity more generally. And as I lay out the theoretical stakes of “late-onset disability” here, I want to bring the acuity of Sedgwick’s *Epistemology of the Closet* and Davis’ *Enforcing Normalcy* into the conversation, even though neither book is explicitly concerned with theorizing this particular category.

My focus in *Sexuality, Disability, and Aging* is what I call “late-onset disability,” disability beginning in the middle years or beyond. This swath where disability and aging bleed into each other is inhabited by a whole lot of people, and yet is not really properly accounted for by our models of disability. It is not integrated into our reigning model of disability, even though it is almost always mentioned at some point by disability scholars.

The example of this frequent mention that I cite in my book is from Michael Berubé’s “Afterword” to the important 2002 volume *Disability Studies*. Berubé there says: “The fact that many of us will become disabled if we live long enough is perhaps the fundamental aspect of human embodiment.”<sup>1</sup> “The fundamental aspect of human embodiment” is a big claim, suggesting possible theoretical centrality to this “fact”: which is that “many of us,” those who are not disabled as they read his words, “will become disabled if we live long enough.” “If we live long enough,” that

is, if we are fortunate enough to age, “many of us will become disabled.” This is a major temporality of disability, and yet one that is underdiscussed in our conceptualization of disability.

Seven years before Berubé wrote these words, Lennard Davis, in the preface to his groundbreaking *Enforcing Normalcy*, made a similar statement: “Most humans, as they age, will find themselves less able to see, hear, walk, or think so well as they did before.”<sup>2</sup>

I want to note a couple things about Davis’s version of this statement. Davis explicitly uses the verb “age,” making even clearer the stakes of Berubé’s “if we live long enough.” And where Berubé writes “many of us,” Davis says “most humans.” Berubé’s “many” implies a lot, but Davis’ “most” goes beyond that to suggest that a majority of humans will become disabled.

What Davis is talking about here is what I call “late-onset disability.” In this account, “late-onset disability” is not just a minor subset of disability, but affects “most humans,” thus changing disability from the attribute of a minority to something that affects the majority of people. While this statement is only in the preface of his book, Davis there recognizes its radical theoretical import. In the same paragraph he says that when one takes such a “fact” into account, “the category ‘disability’ begins to break down.” What I want to explore here in this essay is precisely this “breaking down” of the category.

On page 1 of *Enforcing Normalcy*, on the first page of the introduction, we read: “For most temporarily abled people, the issue of disability is a simple one.” As we might expect, following this statement Davis will proceed to deconstruct the

common notion of disability, showing how it is actually far from simple, far from how most people think of it. That is the main direction of the argument as he begins the book, but before he gets there, something a bit striking happens in the introductory phrase of this short sentence. Before he even gets to the subject of the sentence, Davis appends an endnote to the phrase “temporarily abled people.” Turning to the note at the back of the book, we read: “I use the term ‘temporarily abled’ in referring to ‘normal’ people” (p. 172).

Davis does not discuss this phrase in the body of his text, much less its implications. Explicit consideration of it is relegated to the endnotes where it functions more as a vocabulary usage note than an idea. What I want to stress here is that the phrase “temporarily abled” *is* an idea, one that links disability to aging, that inextricably links disability to temporality. Being normal or able-bodied in this paradigm is only ever a temporary condition; a “normal” person is one who is *not yet* disabled.

The phrase “temporarily abled” is not, to be sure, unique to Davis. While the phrase has been fairly widely used, I believe that its implications have not been enough considered. This is not just a better or more politically correct term for “normal”; this phrase changes disability from an identity category to a temporal mode and demands we think disability in relation to aging.

Rather than divide humans into “normal” and disabled, the distinction becomes “temporarily abled” or already disabled. The divide is thus not between two different categories, two different types of people, but rather between two different moments in a life. If “most humans, as they age, will find themselves”

disabled, then disability is an aspect of aging, is part of the typical lifecourse for the majority of people. In such a framework, disability might even, ironically, be considered the norm.

What I have called “late-onset disability” in fact plays a rather interesting if minor role in Davis’ 1995 book. As we have seen, it is pretty explicitly manifest early, in the introductory sections, although it tends to disappear as the book proceeds. The closest *Enforcing Normalcy* gets to saying “late-onset disability” is the appearance in the introduction of the phrase “late-deafened adults” (p. 6). This particular late-onset disability is especially resonant in Davis’ book, which devotes more than half its pages to exploring deafness. Deafness in this book is not just one among other disabilities; it in fact provides the model that allows Davis to theorize disability.

Given the centrality of deafness to Davis’ theorizing of disability, it is perhaps no wonder that he has occasion to talk about “late-deafened adults.” But what he actually says about this rather large subset of the deaf -- about these late-onset disabled people -- is worth our exploring here for a bit.

The phrase “late-deafened adults” appears in the introduction after Davis cites “an editor at a prominent university press” who justifies the absence of attention to disability in theories of the body by claiming “that academics were not exposed to many disabled people.” This, Davis says, is “ableist discourse”; the notion that “only a small fraction of the population appears to be disabled . . . must be seen as ideology.” Davis brings up the example of “late-deafened adults” to counter the editor’s ableist claim that the disabled are a small minority. To suggest

just how common and familiar such people are, in the next sentence he refers to them as “hard-of-hearing grandparents.” Focus on late-onset disability tends to move disability from minoritized toward mainstream status.

In the last chapter of *Enforcing Normalcy*, as the book moves away from deafness to theorize about disability more generally, the “late-deafened” make one final appearance. Explaining widespread cultural notions of disability, Davis writes: “We tend to group impairments into the categories either of ‘disabling’ or just ‘limiting.’ For example, wearing a hearing aid is seen as much more disabling than wearing glasses, although both serve to amplify a deficient sense. But loss of hearing is associated with aging in a way that nearsightedness is not” (p. 130).

This is one of the very few times the word “aging” appears in the book. And it appears here merely as a comment on an “example.” But what is implied here is that the distinction between “disabling” and “limiting” seems to have something to do with whether an impairment is “associated with aging.” While Davis does not follow up on this, I will . . . in order to remark that in this moment of the text, aging seems bound up with widespread everyday understandings of what is and isn’t disability; aging here seems to play a role in the very definition of disability.

Aging and old people do not often appear in Davis’ 1995 book, but there is one appearance of an “older person” in the notes that I really must take a bit of time to talk about here. In the introduction, just a page after he uses the phrase “late-deafened adults,” Davis writes: “Able-bodied (or temporarily able-bodied) people safely wall off the severely disabled so that they cannot be seen as part of a



continuum of physical differences . . . . How many people with hearing aids consider themselves deaf . . . ?” (p. 7).

Let us note in passing that the phrase “temporarily abled” here appears within parentheses even though he has already said he was going to use that phrase in place of “normal,” as if his commitment to using the phrase is not quite as solid as it first appears. (In fact, the phrase ends up not being used nearly as often or as regularly as we might think from the note appended to the book’s first page.) But that is not why I wanted to bring this passage to your attention.

After the question about people with hearing aids, the reader is directed to a note at the end of the book. Let me take the liberty of quoting this note at length:

This denial of the continuity of disability has rather bad consequences not only for the “disabled” but also for the “abled.” For example, I am always saddened when I see the older person who sits quietly during the din of the dinner table because her hearing aid cannot function well in large, noisy groups. Because these people do not consider themselves Deaf they have not learned sign language and will not associate with other Deaf people. Consequently their deafness really is a form of isolation caused mainly by audist assumptions about the divide between hearing and deaf (p. 173).

Let me first say that I completely agree with the main point here, which is that the denial of continuity is bad for both the “disabled” and the “abled.” What I want to talk about, however, is the example. “I am always saddened when I see the older person,” writes Davis, in his forties at the time. I must admit to being a bit

shocked by this “always saddened,” because there is so consistent and thorough a critique of pity in disability studies. Davis in this note pities the older person (gendered female, we might also note). He pities this older person not because she cannot hear but because she doesn’t know sign language.

I imagine that learning sign language is much rarer in the late-deafened than in those born deaf or deafened young. Among other reasons, older people find it a lot harder to learn languages. Perhaps more to the point here, however: this scenario is one where the rest of the dinner table is not using sign language. I am not convinced that identification as deaf or even knowledge of sign language would allow this older person to participate better in the type of dinner table conversation that Davis takes as his example. (I do by the way love his phrase “the din of the dinner table.”)

Let me add a quick personal note. I have for some years had a lot of trouble following the conversation at just such dinner tables, particularly in restaurants with a lot of background noise. Presuming that my hearing was failing, at age 67 I went to an audiologist to have it tested. I was quite surprised to learn that I had absolutely no hearing loss. The audiologist then explained to me that the problem was not my hearing but my brain. As the brain ages, it cannot switch its ability to translate the sounds from different people quickly enough to follow a multi-person conversation. Thus, trouble with the dinner party conversation is endemic to the older person, whether or not her hearing is impaired. The scenario that “always saddens” Davis is one that is especially “associated with aging.”

When Davis looks at the late-deafened person and feels pity, his framework is Deaf culture, where the Deaf have their own language, a different-not-inferior way of communicating. Deaf culture and its insistence on its difference-not-inferiority is not only the frame through which Davis is saddened by the late-deafened older person; it is the main frame through which this book theorizes disability.

The conclusion of *Enforcing Normalcy* reminds us that the “assumption has been made throughout this book that the Deaf constitute a linguistic minority.” “But that argument,” the conclusion goes on to say, “can only be true if the deaf person has learned sign language. But some deaf people have never learned to sign” (p. 168). On the very last page of the book’s conclusion, Davis remarks that these deaf people who have never learned to sign “represent an otherness to the notion of Deaf people as a linguistic minority” (p. 170). For my purposes here, I want to spend some time on this idea of “otherness to the notion of a minority.”

The book’s conclusion focuses on a 29-year-old deaf man in jail in New Jersey who never learned sign language because he was raised in a remote rural area of Puerto Rico. *Enforcing Normalcy* ends with a “meditation on this man” who falls outside of the book’s predominant assumption that the Deaf are a linguistic minority. I very much like the way Davis’s 1995 book ends by opening up this assumption “made throughout,” but I would want to add the “older person” from the note to the introduction, the “late-deafened” older woman, as another figure that “represent[s] an otherness to the notion of Deaf people as a linguistic minority.”

I might even go so far as to say that the “late-deafened adult” is the site of a meaningful and productive contradiction around minority status. While the figure is

to be sure marginal to the book, this contradiction, articulated in relation to a number of other figures, is in fact central to the book. *Enforcing Normalcy* takes political backbone from the argument that the Deaf are a linguistic minority, but it also brilliantly speculates that “all readers are deaf because they are defined by a process that does not require hearing or speaking” (p. 4). In *Enforcing Normalcy*, the deaf are a minority *and* deafness is also radically universalized. This particular contradiction is, I would posit, central to the book’s theoretical genius.

To help us understand this admittedly puzzling contradiction between minority status and speculative universalization, let us turn to another theoretical landmark of the 1990s, Eve Sedgwick’s *Epistemology of the Closet*. As you might remember, the confrontation between minoritizing and universalizing models runs throughout Sedgwick’s *Epistemology*. (In fact, if you look up “Minoritizing/universalizing” in the book’s index, as I did in order to prepare this paper, you discover a reference to literally every page of all of its chapters!<sup>3</sup>) In Sedgwick’s 1990 book, minoritizing versus universalizing applies of course not to deafness nor to disability but to homosexual identity.

I turn now to Sedgwick’s deft and insightful exploration of the contradiction between these two models, because I think it can help us -- not only as we puzzle Davis’s 1995 version of that same contradiction in deaf identity, but in order to more fully appreciate this contradiction as it underpins disability theory more generally. While *Epistemology of the Closet* is undoubtedly familiar to many of you, I would like to spend some time here walking through the way it lays out the contradiction between minoritizing and universalizing identity, because I believe it

provides a valuable resource for theorizing disability identity. I will, in the next section of this paper, thus be presenting a good number of quotations from Sedgwick's text with relatively minimal commentary.

On page one of *Epistemology*, on the first page of its famous "Introduction: Axiomatic," Sedgwick begins by articulating "the contradiction between seeing homo/heterosexual definition on the one hand as an issue of active importance primarily for a small, distinct, relatively fixed homosexual minority (what I refer to as a minoritizing view), and seeing it on the other hand as an issue of continuing, determinative importance in the lives of people across the spectrum of sexualities (what I refer to as a universalizing view)."

Sedgwick calls this a "contradiction," but she does not respond to the contradiction in the typical way. Contradiction in *Epistemology* is not a logical error to be corrected.

Toward the end of the book's first chapter, itself entitled "Epistemology of the Closet," Sedgwick states: "It has been the project of many, many writers and thinkers of many different kinds to adjudicate between the minoritizing and universalizing views of sexual definition and to resolve this conceptual incoherence. With whatever success, on their own terms, they have accomplished this project, none of them has budged in one direction or other the absolute hold of this yoking of contradictory views" (p. 86).

"Many, many . . . many." Coming after a long line of writers and thinkers who have tried to resolve this contradiction, Sedgwick emphasizes just how widespread, how common the attempt to resolve has been: "many, many writers and thinkers of

many different kinds.” She looks at all these attempts and sees that nothing they have said has made any difference in terms of the hold of this contradiction: “*none* of them has *budged* in one direction or other.” The originality of *Epistemology* is to *not* try to resolve this contradiction but rather to appreciate it, ponder it, think with it.

As Sedgwick sees it, quite a wide demographic shares this contradictory conception of homosexuality. “Most moderately to well-educated Western people in this century,” she writes, “seem to share a similar understanding of homosexual definition, independent of whether they themselves are gay or straight, homophobic or antihomophobic. That understanding is close to . . . what . . . mine is and probably yours. This is to say, it is organized around a radical and irreducible incoherence. It holds the minoritizing view that there is a distinct population of persons who ‘really are’ gay; at the same time, it holds the universalizing view that sexual desire is an unpredictably powerful solvent of stable identities” (p. 85).

While these two views are *logically* opposed, they are *not* held by opposing groups of people. For example, *both* of these logically opposed views are held by homophobic *and* antihomophobic people. And while Sedgwick is astute in delineating the logical contradiction, she herself, she tells us, holds *both* these contradictory views. As likely does her reader, she wagers. Writing near the end of the twentieth century, she asserts that “most educated Western people *in this century*” hold this contradictory view. Thirty years later, we might wonder if that remains true in our century . . . but since I am here interested in this contradiction as a model for thought and an analogy with disability identity, that will not be my concern here.

In 1990, Sedgwick states: “this incoherence has prevailed for at least three-quarters of a century. Sometimes, but not always, it has taken the form of a confrontation between politics and theory” (p. 86). Although it does not always take this form, I am interested in the way these two positions that cannot be assigned to a divide between people (between say “gay or straight, homophobic or antihomophobic”) *can be* assigned to a divide between politics and theory. Because I believe this same divide between politics and theory is manifest not only in Davis’s 1995 book, but more generally in relation to disability identity.

In *Epistemology’s* account of homosexual identity, the minority model clearly lines up on the side of politics. The “post-Stonewall gay movement,” writes Sedgwick in the Introduction, “posited gay women and men as a distinct minority with rights comparable to those of any other minority” (p. 57). She goes on to say: “Political progress ... has depended precisely on the strength of a minority-model gay activism; it is the normalizing persuasive analogy between the needs of gay/lesbian students and those of Black or Jewish students, for instance, and the development of the corresponding political techniques that enable progress” (p. 58).

The “persuasive analogy” to racial or ethnic minorities is absolutely fundamental to the minority model. This same minority model, based on the analogy to racial minorities, has, as you probably know, also played a major role in disability politics, where it has functioned very much like it does in gay politics, and during approximately the same time period. For example, in his latest book, about the success of the 1990 Americans with Disabilities Act, Davis refers to the disabled as “the largest US minority.”<sup>4</sup> It is the striking similarity between the gay and the

disabled use of the minority model that actually led me to want to use Sedgwick's *Epistemology* to think about disability identity.

The Sedgwick passage I just quoted calls the analogy to racial minorities not only “persuasive” but also “normalizing.” The latter adjective suggests that while she values the way the analogy leads to political progress, she has theoretical issues with the analogy, issues that were, as you might recall, central to the queer theory that this 1990 book played a role in instituting. In queer theory, “normalizing” is a bad thing. Sedgwick's use of the word “normalizing,” however complicated in this context, resonates with Davis' title *Enforcing Normalcy*. It is indeed, I would say, through their shared critique of normalization that queer theory and disability studies will join up and find common cause, in the period following our two 1990s books, resulting in what McRuer has called “crip theory.”

While queer theory quite prominently criticized the minority model and its identity politics, crip theory never really focused in this way on the minority model for disability. Sedgwick's use of the adjective “normalizing” in relation to the minority model might point the way to a crip questioning of our use of it.

If political progress is on the side of minoritizing gay identity, what does Sedgwick place on the other side, the side of universalizing? While we can surmise that the answer is “theory,” Sedgwick also names a quite particular kind of theory; in fact, she names exactly one theorist – Freud. For example, in *Epistemology's* first chapter, we read: “Freud gave psychological texture and credibility to a countervailing, universalizing mapping of this territory, based on the supposed



protean mobility of sexual desire and on the potential bisexuality of every human creature" (p. 84).

While Sedgwick is not considered a big fan of psychoanalysis (and for good reason), *Epistemology* gives Freud credit for the universalizing model of sexual identity. More striking for our purposes here, however, is that Davis' 1990s book also grounds its universalizing model in psychoanalytic theory, although of course in Davis' case he is universalizing disability.

While *Enforcing Normalcy* makes some use of Freud in its theorizing, its most powerful move to universalize disability is via Lacan. In the book's final chapter, where it moves from a specific focus on deafness to a theorization of disability generally, we read: "The disabled body, far from being the body of some small group of 'victims,' is an entity from the earliest of childhood instincts, a body that is common to all humans, as Lacan would have it" (pp. 140-41). "Far from being the body of some small group" -- that is, far from being a minority identity -- "the disabled body" -- in Davis's bold, disability-affirmative if Lacanian, theorization -- is "common to all humans."

Just as Sedgwick points to Freud's perverse infantile sexuality as *preceding* normative sexuality, Davis points to Lacan's infantile "body in bits and pieces" as *preceding* the normative body. Based on Lacan's theory, Davis asserts: "The 'normal' body is actually the body we develop later."

Davis is here referring to Lacan's theorization of the "mirror stage," where the infant takes on a fictive normal body, a body that is in control of itself and can stand. At that moment, the infant's uncoordinated real body is denied only to come

back to haunt us in the form of what Lacan called *le corps morcelé*, “the body in bits and pieces.” As someone who, earlier in my career, studied and wrote extensively about Lacan’s mirror stage, there is so much I would like to explore from a disability studies perspective about the mirror stage and *le corps morcelé* . . . but for now, suffice it to say that Davis back in the nineties has already done a great job of that exploration.

*Le corps morcelé*, which *Enforcing Normalcy* calls “the fragmented body,” is crucial to Davis’ move from minoritizing to universalizing disability: “the issue of disability transcends the rather narrow category to which it has been confined. . . . we all – first and foremost – have fragmented bodies” (*Enforcing*, p. 141). “The rather narrow category to which it has been confined”: for Davis, minoritizing is a way of dismissing, cordoning off disability, ultimately part of what he calls enforcing normalcy. And on the other hand, what could be more universalizing than the gesture of “we all” here?

I love Davis’ use of *le corps morcelé* and his theoretical universalization of the disabled body. I feel like this is a crucial supplement to the minoritizing of disability, however helpful that can be *and has been* politically. But, despite my enthusiasm, I also regret how Davis relegates his theoretical universalization to the infantile.

While the infantile universalization of disability is featured in a brilliant theorization, *Enforcing Normalcy* also includes, as I have shown in this paper, another, more anecdotal manifestation of universalized disability much later in life. At the end of the book, in the Lacanian final chapter, Davis theorizes his way to “we all – first and foremost – have fragmented bodies.” At the beginning of the book, we

find a different, less theoretical universalization: for example, the introduction tells us that “the longer we live, the more likely we are to be disabled. . . . The odds are pretty good that many ‘normal’ people reading these words will become disabled within twenty or thirty years” (pp. 8-9). What, I want to ask, is the relation between these two universalizations?

There are, in short, two different universalizations of disability in Davis’ 1995 book. The first, carefully theorized, is assigned to the early period of life; the second, assigned to the latter part of life, appears anecdotally and marginally. It is this second universalization that is behind the use of the term “temporarily abled” for the so-called “normal.” It is this second universalization that I have called “late-onset disability” and is the subject of my 2019 book.

In my book, I too use psychoanalytic theory. While I appreciate that the great originality of psychoanalysis was to introduce us to the infantile thinking behind our normative adult concepts, in my book I, perhaps perversely, use psychoanalysis to think not the infantile but aging adults.

Let me take a moment to give credit to Kathleen Woodward, who in her pioneering 1991 book *Aging and Its Discontents*,<sup>5</sup> showed us how to use Freud to think about old people. Unlike the two 1990s books I have been discussing here, Woodward’s book plays an important role in my 2019 book. Writing now in 2021, I remember the very first time I met Woodward (back in 1979): knowing my work on Lacan, she came up and asked me about applying the mirror stage to old people. Back then, as a typical psychoanalytic theorist, I didn’t even know how to begin thinking about such things.

Now, 42 years later, I think I might be ready to start answering that question. Thanks to Davis' 1995 book. Davis theorizes that the repression of the early fragmented body leads us to feel repulsion and fear when faced with a disabled body. While Davis is not explicitly thinking about aging adults when he crips the mirror stage, we can. The repression of our early fragmented body underpins our fear of aging, our fear that when we age, we will again become *corps morcelé*. That, I think, is how the two universalized disabled bodies in *Enforcing Normalcy* (one at the beginning of life, the other at the end) interact. Because our self is founded on the repression of our originary disabled body, we are terrified of aging as the moment the mirror will break and we will revert to *corps morcelé*.

My 2019 book talks about the psychoanalytic notion of castration, which it employs to understand the fear and horror brought on by late-onset disability. Today, after our reading of Davis, I would say that "castration" is another figure for *le corps morcelé*. It is likewise a terrifying image of a damaged body, but in this case the damage specifically affects gender and sexuality.

My book insists that castration, as used by psychoanalysis, is an inherently temporal notion, in that it configures *whoever does not have the phallus as having had it in the past* (p. 16). Although it may have seemed that phallic and castrated characterize two different kinds of people, they actually represent two different moments of the same life. To be "castrated" is to have once had the phallus; to be phallic is to suffer from "castration anxiety." This is the same temporalizing of identity categories that I discussed earlier in reference to Davis' use of the phrase

“temporarily abled.” Just as Davis would replace “normal” with “temporarily abled”; instead of phallic, we could more correctly say “temporarily phallic.”

Those who have not yet read my 2019 book might find the psychoanalytic concept of castration problematic because of its history of sexist usage. For how I deal with that sexism and for the rest of what I say about castration and temporality -- in this book whose subtitle is *Queer Temporalities of the Phallus* -- let me refer you to *Sexuality, Disability, and Aging*.

For those who *have* already read this book, thank you so very much for reading it and wanting to hear more from me. I hope you have found this little paper a useful supplement to the book.

---

<sup>1</sup> Michael Berubé, “Afterword,” in *Disability Studies: Enabling the Humanities*, edited by Sharon Snyder, Brenda Jo Brueggemann, and Rosemarie Garland-Thomson, (New York: MLA, 2002), p. 339, quoted in *Sexuality, Disability, and Aging*, p. 5.

<sup>2</sup> Lennard J. Davis, *Enforcing Normalcy: Disability, Deafness, and the Body* (London: Verso Books, 1995), p. xv.

<sup>3</sup> Eve Kosofsky Sedgwick, *Epistemology of the Closet* (University of California Press, 1990), p. 256.

<sup>4</sup> Lennard Davis, *Enabling Acts: The Hidden Story of How the Americans with Disabilities Act Gave the Largest US Minority Its Rights* (Beacon Press, 2015).

<sup>5</sup> Kathleen Woodward, *Aging and Its Discontents: Freud and Other Fictions* (Bloomington: Indiana University Press, 1991).