

The spaces we inhabit are not inhabited equally. Differences in physical and mental ability result in dissimilar encounters: instructions written in English, a cobblestone street, or a ringing telephone cause profoundly disparate experiences for those generally considered “able bodied” and those considered “disabled.”<sup>1</sup> Yet, these spaces remain the same; excluding radical solipsists, people agree that those physical objects, spaces, and events are held in common even while they are experienced differently.

Family life, when life is lived in part for others, necessitates a pluralization of space—the ability to experience it through the experiences of an other. These locations provide an exemplary site through which to understand the interlinked nature of commonality and incommensurability, particularly as encouraged by familial relations. (Though here I focus primarily upon physical disability, similar arguments could and should be made regarding mental and psychological disabilities—they too should assist in remapping the normative universalities we too often presume.) This exemplarity arises not from the

physical changes that a disability causes, nor necessarily from the changes in lifestyle that a disabled person undergoes, but from an abstract expansion: the corporeal and conceptual pluralization of spatial experience that disability produces. The individuals for whom this happens are not necessarily disabled themselves. Indeed, this multiplication may exist merely as background for those with congenital disabilities. Instead, it is predominantly found in those in the process of learning about disability, be it their own or others'. In other words, the focus herein is not to figure out "what to do" with or for disabled people, nor how society has treated or created disability, nor even how to improve conditions for those with disabilities; each of these projects has been (and continues to be) addressed and discussed and debated elsewhere. The focus instead is on how we, disabled and abled (or "temporarily able-bodied," the term favored by many disability activists), can learn from the experience of disability: that our world, our space, operates both universally and particularly, all at the same time.

As in the previous two chapters, the aim here is not merely to show that interdependence and incommensurability are "already there" in our lives, but also to point to the ways in which we—both as thinkers and as human beings—can learn from those who have most deeply thought about and acted upon these realizations.

#### EXAMINING DISABILITY

Disability studies, as a field, has predominantly taken one of two forms.<sup>2</sup> The first, which generated the possibility of disability as a social and political approach, strove to build common understandings between disabled people for intellectual and political purposes. Emerging from activist organizations and social justice concerns, this branch of disability studies has emphasized the overcoming of institutional impediments for the disabled. By highlighting the difficulties faced by people with seemingly dissimilar impairments, activists and scholars created the conceptual alliances necessary to argue for equality and to attack discrimination. In the United States, the Americans With Disabilities Act, which nationally mandated access to public and commercial space, stands as the grand achievement of this first approach.

The second, which emerged more recently but now constitutes the majority of the discipline, examines the various ways in which disability is constructed through the social citation of normativity. A society, theorists of this camp argue, institutionalizes particular and dominant modes of transportation, sensation, and information technologies. In doing so, it *disables* those particular people who do not meet its criteria. Culture, in this view, privileges certain approaches, making any deviation from them seem extreme or even insurmountable. By positioning certain bodies as normative, cultural practices position other bodies as inferior, bizarre, or in need of supplementarity and control.

Various intellectual traditions have discovered different but overlapping evidence for this second analysis. One method highlights historical examples where deaf or blind people or others who modern Western culture would consider disabled were far better integrated into their communities than they would be today, one could even say “fully” integrated.<sup>3</sup> Another examines specific methods by which contemporary societies demand and inscribe norms: speech, or reading, or even climbing stairs are made to be the necessary preconditions for full personhood.<sup>4</sup> A third looks at the ways the meanings of disabilities have been variously constituted as representative or endemic within different societies while others have been naturalized.<sup>5</sup> Each of these approaches show how cultures, and not people, cause incapacity.<sup>6</sup>

While the particulars of disability and the politics of space in this chapter do not correspond neatly with any of these traditions, it remains indebted to them. One commonality between these two arises from their coincident recognition that the social can be critically politicized through the transformation of our understandings. The first wants to reconfigure our collective space into one which is inviting or at least functional for those with disabilities, the second to transform our collective understanding of the social to recognize the inherently oppressive nature of “normality.”

In both cases, interestingly, the subject of the discourse becomes not “the disabled body,” as it has traditionally been positioned in medical and remedial discourses, but “society”: how those without disabilities should

change (laws or presumptions) to better welcome “the disabled” (as they are commonly represented) into their midst. It is “others” who are addressed, who are entreated to transform, a profound distance from the cultural positions that accept (or even celebrate) the disabled depending on how well they can achieve normality. Both approaches are also “normative,” however, in the academic sense of the word: social presumptions and laws should be like this, not that, they say.

The purpose of this chapter tends more toward the descriptive than the normative. The attempt to change prevailing social attitudes, while admirable, will be extensive, and if history is any indication, political philosophers will be far more likely to follow than to lead. But there are those who go through such a shift on their own without following societal pressures, and discussing their experiences can provide tremendous insight. In fact, two groups of people do this, the first more obviously than the second: first, those who become disabled beyond early childhood and must learn their worlds anew; second, those who are the close friends and family of people who become or are born disabled and feel the need to figure out the world from their loved ones’ perspectives.

This latter group proves particularly interesting for the purposes of understanding pluralized spaces. For these people, whom I term “caregivers,” the experience of disability is real yet removed—they continue in the experiences and bodies to which they have become accustomed, but to be effective they also must imagine themselves into another’s experiences and body. Concentrating on caregivers, however, causes an interesting theoretical difficulty, for such a focus seems not to be about disability at all. The changes undergone by a person who loves and cares for a disabled person are not physical or bodily, nor are they cultural or societal. They continue to live in the same bodies and the same large-scale society as always.

This experiential doubling implies certain philosophical dynamics. Those who are affected by disability without undergoing it through their own bodies or minds often find their relationship to the world utterly transformed, without concomitantly experiencing any change in their material, physical being. Materialism cannot explain this at all, since the

concrete manifestation of particular physicality does not change. Nor does it fit neatly with the philosophical presumptions of phenomenology: the “thrownness” of the world, in Heideggerian terms, does not fundamentally change, and yet the being-in-the-world that is thought to result from this thrownness is profoundly altered.<sup>7</sup>

Instead, these individuals bring disability’s aesthetic dimension to the forefront. If what changes is their *judgment* of the world, not their *experience* of the world, then the category of the aesthetic makes sense of this shift. Aesthetics, of course, should not be seen here as “mere” aesthetics, but rather as “taste” in a post-Kantian sense: as a communally created yet individually responsive set of interpretive lenses which form the very possibilities and groundworks of judgment.

At times, the aesthetics of disability are clearly laid out, such as with the proliferation of “ugly laws” in nineteenth-century North American cities (many of which lasted well into the latter half of the twentieth), which criminalized the public appearance of visibly disfigured people.<sup>8</sup> At other times, conceptions of normality and abnormality almost entirely obscure the aesthetic component, such as when the main hope for disabled people (from strangers, from their families, and even from themselves) is to achieve ordinariness, to “be like everyone else.”

The aesthetics of disability become central for a variety of reasons. First, an aesthetic approach highlights the contingent and political nature of judgments. Second, aesthetics also enact the communal and collective nature of judgment, openly depending on social dynamics to reach collective conclusions. Finally, most people view aesthetic conclusions as malleable and non-ontological in nature, readily allowing for change, critique, and evolution.<sup>9</sup> In other words, both the disabilities themselves and the experiences of those who care for those with disabilities are aesthetic.

#### EXPERIENCE

Especially for those who are not born with a disability or those who have not developed an awareness of themselves as disabled (e.g., an individual who finds he or she has a late-onset genetic disease), this experience is particularly pronounced: suddenly the world looks a far different place, with

obstacles where none had previously been. This transformation, while basically cognitive, depends on physical experience. Lived incidents underlie this intellectual transformation; trying to imagine various disabilities cannot replicate experiencing life with one.

The empirical ways that many people begin to deal with issues of physical disability illustrate these creative locations. For most, such issues are raised by the experiences either of their own disabilities or of those close to them—usually family members (though, again, the definition of family remains wide). Envision, therefore, the process that members of this latter group experience. Your wife develops diabetes, leading in time to partial blindness. You give birth to a deaf son. Your daughter's doctor diagnoses her with multiple sclerosis. A sports accident paralyzes your sister. Your elderly father begins to require a scooter or a walker to move outside the house. Your brother has an epileptic seizure and must decide whether or not to give up driving.

First, you probably view this event as a tragedy: the contingency of the disability, the necessary arrangement or rearrangement of care, the profound *unfairness* of it while so many others continue their lives unscathed. And not only does this seem unfair and tragic, but the larger world seems inexplicably indifferent to this calamity: institutions, buildings, transportation, arrangements your mother depends on suddenly are inaccessible to her. Distances, tasks, even everyday cleaning and care are magnified to the point of impossibility. At times, physical space itself seems the enemy.

Eventually, he or she starts to adjust, however well or poorly, depending upon the local environment, friendship and kinship networks, and social and institutional responsiveness to this particular disability. New routines become established; certain pastimes remain possible; previously unfamiliar technologies take their place in the household; a new kind of life is lived. You, too, are changed: you have started to see the world differently. Now, entering a coffee shop, you notice front steps that had been invisible to you before. You internally criticize the distances between bus stops. You realize that the local elementary school's emergency information system depends entirely on sound. You notice that the local library's

physical layout is crowded, with no room for a wheelchair. Airports seem even worse.

Actually, you probably do not notice each and every one of these. What you attend to are those specific impediments to your loved one's life. But you start noticing these barriers everywhere. Your world has been transformed. It has gone from a relatively supportive, manageable system to a somewhat antagonistic one. Where once there was nothing, now you see long distances, physical obstacles, or insufficient information.

You know that this antagonism is not directed at you. Unless you are with your sibling, you can negotiate the subway and the supermarket just as well as before. The critical difference is your ability to see through eyes not your own while, simultaneously, you are seeing your old world. While living in your particular and individual spaces, you also imaginatively live in different ones, ones far less cooperative with your family member's physical abilities.

To those who go through these experiences through their own bodies, especially those with congenital or developmentally early disabilities, this seems unremarkable. They of course share your double vision. Even though she cannot see, a blind person has developed a conceptual version of "sight," the sensual system that others have. A wheelchair user knows very well how easy it is for others to board a bus. But to you, who has unthinkingly assumed a normative, universal body, this pluralized physical world comes as a shock.

To make sense of this experience, however, one cannot simply conceptualize physical disability as a problem that some people have and others do not. The relationships described above rely on three interlinking complexities, none of which are properly taken into account by the received wisdom that conceives of disability as identical with impairment. These complexities are the relations of care, the social nature of spatiality, and the meanings of embodiment. For each I turn to different conceptual and intellectual conceptions, arising from feminism (care ethics), social geography (the particularity and historicity of space), and body politics (the centrality of corporealism). Each of these fields, of course, far exceeds in complexity what can be briefly sketched here, but each plays an important

role in understanding how and why our physical worlds can be so radically multiplied by the practice of caretaking.

#### CARING ETHICS

Precisely how such a realization comes about likely depends on inter-related factors, dependent on the kind and degree of care and also on the personal relationship between the family member and a person who desires or needs care. Those who care for a parent gradually descending into confusion will find a notably different set of obstacles than will the young parent caring for a child with myalgic encephalomyelitis. And the antagonisms within a sibling relationship may be exacerbated or rendered moot when one is diagnosed with multiple sclerosis. All may have in common a mix of gratitude and frustration toward medical personnel, a transformed outlook on government, and a new relationship to caring, but the precise dynamics of each will depend on myriad encounters, feelings, and problems. So what if anything can be said about care overall? Does caring in and of itself have a common cause or effect?

The decades-old debates emerging from the feminist discussions of “care ethics” may lead one to believe not. The idea of care as a set of practices and attitudes deserving of serious philosophical inquiry arose from an insight by Carol Gilligan and has been developed through the writings of Sara Ruddick, Nel Noddings, and Joan Tronto.<sup>10</sup> Though they differ in certain important respects, the overall point of their contributions has been to emphasize how “ethics” as a philosophical subdiscipline has delegitimized the everyday experiences of care. This, they convincingly argue, has resulted from a combination of sexism, the attractions of Kantian formal logics, and a dismissal of the quotidian aspects of human (and family) life. Each in turn argues for a centering of care in ethical understandings, pointing out that most people make their largest efforts and sacrifices in their quotidian concerns, not in logic games concerning trains on tracks. Ethical resolution already surrounds us, and one need only look to those (usually women) who make those decisions to understand care.

For Ruddick, this example is to be found in the maternal caregiver; for Gilligan, in the way girls are socially formed. Whether or not women

come to care as a result of social pressures or natural causes (e.g., “maternal instinct”) has become a central aspect of the debates over care ethics that have emerged within the feminist literature. But for the particular issue of caretaking being asked here, concerns about foundationalism prove far less important than the transformational nature of caregiving, one that disappears and reappears in these discussions.

That transformation is, namely, the process of coming to care, the alteration of the self that caring entails. For these theorists, and the many who have followed their insights, the person one becomes though care generates a wide variety of new ethical outlooks. Care transforms one’s ethics, one’s engagements, one’s very understanding of individualism and community. Raising a child can make one far less supportive of military actions which result in death, especially if there is a risk to one’s child.<sup>11</sup> It can make one particularly aware of power and authority, and force one to develop skills of attentiveness.<sup>12</sup> Noddings puts it thus: “When I care . . . there is also a motivational shift. My motive energy flows toward the other, and perhaps, though not necessarily, toward his motivational ends.”<sup>13</sup>

In the experience of caring, the self is changed: not physically nor analytically, but emotionally and aesthetically. Admittedly, the vast majority of these discussions focus more on the good that caring does for those being cared for, but the dynamic and profound changes that the caregiver undergoes serves as a constant refrain and undercurrent. And while these philosophies also tend to focus on care for children rather than for siblings, peers, friends, or parents, virtually all these theorists hope for an expansive and widely applicable notion of care.

Three other important points emerge from taking care ethics seriously. The first arises from the sometimes implicit, sometimes explicit assumption that an inability to care, whether institutionally or personally, serves as a necessary precondition for evil. Hannah Arendt points to an extreme case: the inability of Eichmann “to *think*, namely, to think from the standpoint of someone else.”<sup>14</sup> (As Maurice Hamington has pointed out, it is precisely Arendt’s ability to intuitively enter Eichmann’s experience, her skill at imagining his inner life, that makes this insight possible.)<sup>15</sup> This imaginative alterity, Arendt insightfully argues, serves as one necessary

precondition for ethical behavior. One must dislocate the self from its Archimedean centrality to the world before one can see what ethical behavior and judgment entails.

The second point concerns the relation of care to justice. From its inception, care ethics has been presented as an alternative, oppositional ethical outlook: feminine, instinctual, and undervalued, where justice is masculine, formalized, and overvalued. As a result, some feminists read care as an alternative way to experience relationships, others as a superior methodological approach, still others as a necessary supplement to “justice ethics” though insufficient on its own grounds. Even for this last, amalgamating point of view, care and justice are seen as intrinsically oppositional, needing to be brought together.<sup>16</sup>

A third and final point emerges when care discourse bumps up against disability: the terminologies of care turn out to have negative implications. The general uses of the term “care” emphasize its unfreedom, its responsibility, which positions caregiving as a selfless, almost saintly practice. Popular discourse and media can allow for the possibility that care could have its own rewards or necessarily be part of life when it comes to children, but not nearly so readily when it comes to those with disabilities. As Jane Stables and Fiona Smith have shown, children with disabled parents intensify this effect: stories of children doomed to care for their family members universally bemoan the destruction of an innocent childhood by the circumstances of disease and disability.<sup>17</sup> Caring, in other words, smuggles a set of negative political connotations under cover of sunny optimism.

And yet these relationships can, on the other hand, become idealized by the very theorists who celebrate them. Though misrepresenting care as unending and unrewarding obligation has certain untrue and depoliticizing effects, so does misrepresenting it as unalloyed joy. Caretakers often feel frustrations, anxieties, even rages. Those being cared for also feel intruded upon, controlled, and delegitimized. Individuals clash in most circumstances when something important is at stake. What stakes are greater than control over a life? To ignore such passionate conflicts romanticizes caretaking, rendering it shallow and undemanding.

Thus, the linguistic locale of “care” remains unsettled, in ways both provocative and troubling. The incommensurability inheres within the word (and the concept) itself, between the caregiver and the person cared for, and, in many families, between caregivers, who must make decisions for people incapable or unwilling to make decisions on their own. Precisely because of their importance, the conflicts and undecidabilities within care and caregiving are not only unsolvable, they proliferate new and varied kinds of oppositions.

Yet, while important, these points remain conditional. One productive formulation of care ethics could emphasize neither the ability to care nor the desire to care. It could accent, instead, the transformative power of caring itself. The experience of caregiving in turn gives new abilities, new sights and sounds, new appreciations and criticisms. The locale of the self is no longer bound to the strictures of singularity: one becomes more than one, one with another’s interests, one imbricated in another. Care ethics, in emphasizing interaction over self-sufficiency, enables a view of the self as multiple and engaged.

#### PARTICULAR SPACE, HISTORICAL SPACE

Space itself makes up a second component of the rewriting of space highlighted by care for someone with a disability. In traditional discussion of disability and its relationship to space, constructionality (or reconstruction) serves as the common denominator: problems get identified by an author, and solutions are suggested to solve those problems. Be it stairways and ramps, signage and sound alternatives, or bathrooms and bathtubs, the barriers faced by the physically disabled are authorially transformed into possible solutions (and costs and benefits).

But these discussions depend upon, even reinforce, a particular conception of space, one which itself helps disable. That presupposition is that space is “empty,” merely a concept always waiting to be shaped into something by walls, people, objects. Things are assumed to have material reality, whereas space merely responds to those things.<sup>18</sup> Space, in this view, is normatively meaningless: eternal, universal, vacuous, and ahistorical.

This conception arises not from the uses of space but from a self-

anointing vantage point. In *The Practice of Everyday Life*, Michel de Certeau attacks the universalist presuppositions of the “space planner urbanist, city planner, or cartographer.”<sup>19</sup> These people, he argues, approach space as though they could be gods, seeing-all and totalizing space as finite and mapable. Their scopic drive leads them to prioritize concepts over practices, formulations over techniques, and organization over life. In their conception, cities are inert, even cadaverous; only their own omniscience can comprehend such space. Sentient beings must control and formulate empty space to make it useful.

In contrast, Certeau celebrates the “ordinary practitioners” of a city, who walk in, participate with, and make use-networks of the varieties of city space in which they live. “They are walkers,” he writes, who “make use of spaces that cannot be seen; their knowledge of them is as blind as that of lovers in each other’s arms.”<sup>20</sup> By engaging with spaces in all their complexities and partialities, Certeau contends, they *enunciate* space: they make it their own, with a range of meanings, connections, and locations. Here and there, rather than abstractions such as north and south, specify and locate these walkers.

His positively charged metaphor of blindness was not accidental—he overtly refers to the Cartesian tradition of sensory doubt, wherein vision misleads.<sup>21</sup> Such nonseeing results in continual and plural meaning creation; a place *here* becomes linked to certain experiences and sensations, as well as another place *there*. For the city planner, not only are these associative, sensate connections absent and even nonsensical, but the relationships *here* and *there* can have with one another are limited to the adjacent.

Certeau’s overarching theme, to note how people redemocratize the spaces and meanings that are assumed to be fixed, has been shared by others. Guy Debord, for example, published a map of Paris that became an iconic representation for the Situationists. Unlike most maps, however, *The Naked City* is “composed of nineteen cut-out sections of a map of Paris . . . which are linked by directional arrows printed in red.”<sup>22</sup> For the Situationists, space is partial, lived, and filled with chance. Their map subverts the cartographic imperatives of totality and completion. It is “predicated on a model of moving; . . . it organizes movements metaphorically

around psychogeographic hubs.”<sup>23</sup> For both Certeau and Debord, only by emphasizing the lived and contingent natures of space can its democratic aspects be understood.

A tradition of Marxist and post-Marxist thought has similarly emphasized the historicity and politics of space, though for different reasons. Spatiality, theorists such as Henri Lefebvre, Edward Soja, and David Harvey have shown, arises from specific historical and economic trajectories.<sup>24</sup> Instead of embracing the particularity and specificity of space to which Certeau was attuned, these theorists (and many who followed them) emphasize the social forces which construct the abilities and limitations space creates for people. In Lefebvre’s words: “The space that homogenizes thus has nothing homogenous about it. . . . It subsumes and unites scattered fragments or elements by force.”<sup>25</sup> Capitalism, especially, serves as the mechanism by which certain people are forced into specific spaces: disallowed from some, isolated by others, mechanized into still more.

Using diverse methods, these analyses sometimes transcend attention to class to reach a variety of critical postures. Each shares a common objection to received spatiality; each critiques what Neil Smith and Cindi Katz called “absolute space.”<sup>26</sup> For this generation of geographers, the idea of space as normatively empty hid a vast range of oppressions: not merely of owners over workers, but also of whites over nonwhites, men over women, straightness over other sexualities, even the imperial empires over the rest of the world.<sup>27</sup> In these analyses, space operates to exclude or privilege. The distinction between public and private, the idiom of travel, the language and metaphor of distance, the meanings of housing, and the proprietorship of locale: all are structured by relations of political power within contemporary society. By examining the historical development of what counts as “absolute space,” these critics have examined how these forms of oppression have come to be normalized and thus invisible in our everyday social relations (often implicating coetaneous systems of globalized capitalism).<sup>28</sup>

Attention to these two understandings of spatiality—one might call the first “the particularization of space” and the second “the historicization of

space”—clarifies the theoretical possibilities of pluralized spaces. Multiple modalities of spatial experience have always been available, whether actual, as in Certeau’s celebrations, or closed-off, as in the post-Marxist critiques. Thus, the different ways that the physically disabled experience space and the similarly varied conceptualizations of their caregivers show that space has always been, and can always continue to be, both communal and plural. These experiences, more than the abstractions of urban planners, serve as reminders to all, disabled and temporarily able-bodied alike, of the potentials within space.<sup>29</sup>

#### EMBODIMENT

The encumbrances of physical disability result from engagements with spaces, as determined by the specificity of the body’s interactions. A remembrance of climbing a mountain by Eli Clare encourages attention to this dynamic. In his antinormative reclamation of abusive terminology, Clare describes himself as “a gimp, a cripp, disabled with cerebral palsy.”<sup>30</sup> For Clare, the oppositional nature that space can have for a mobility-impaired person poses both an opportunity and a threat. Opportunity arises from the pure pleasure of movement, of hiking for example, but this pleasure can too easily fall into the trap of what he calls the “Supercrip” narrative, the disabled person who is celebrated for performing “just as well as a normal person.” Access, mobility, social pressure, and concepts of normality all help construct his everyday experiences of space.

Clare’s climb illuminates this complexity. Hiking Mt. Adams in Massachusetts, reminded at each step how cerebral palsy limits his access, he interrogates his own motivations for the endeavor. Is he attempting to be a disabled person whose primary purpose is to achieve what passes for normality (even though many if not most nondisabled people actually do not hike mountains)? Is he enjoying the hike on its own terms, or attempting to summit the mountain for the sake of achieving it? Do the reasons he gives for hiking meet the standards of this particular trip?

These questions do not arise from generalized and universal bodily challenges of hiking (which he enjoys immensely), but from the implicit and particular challenges of *this* hike in *this* body on *this* day. The speci-

ficity of Clare's journey defines the meaning of the spaces through which he travels. The mountain, this particular negotiation of acceptance, overcoming, purpose, and pleasure, belongs to Clare alone. In describing this experience, however, he raises similar questions for other bodies on other journeys.

It is too easily forgotten that care does not take place between ideas, concepts, archetypes, or ideologies, but between bodies. Our intentions and wills interact, cooperate, resist; our bodies do the same. Interpretations of (or engagements with) disability must account for the material existence of bodies. Otherwise, abstract histories and the theoretical conceptualization of disability risk becoming entirely abstracted from the people with whom they are ostensibly concerned.

This is not to imply, as the disability theorist Tobin Siebers wrongly does, that the human body escapes its social formulations, that it provides one "side" in opposition to theoretical thinking's other side.<sup>31</sup> But Siebers correctly diagnoses in social constructionism a reluctance to take on the specificity of bodies (e.g., the reality of physical pain as opposed to metaphorical pain). In this, his attention to functionality requires our attention to specificity: "people with disabilities want to be able to function: to live with their disability, to come to know their body, to accept what it can do."<sup>32</sup>

It is the specific nature of various types of care—the lifting of bodies, reading of words, cleaning of catheters—from which the concrete interrelationships between people arise. Theoretical renditions of caretaking tend to forget or elide this.<sup>33</sup> That is, many academic treatments of caring do one of two things, both of which displace particular bodies: they allow one form of disability to synecdochically stand for all (e.g., the way in which many public and academic discussions of disability access unintentionally focus merely on wheelchair users), or they generalize a universally "disabled" body (as the opposite of the "normal" body, since normality is presumed universal).

Of course, the particularities of each personal narrative contain multitudes. It is difficult to insist upon the specific delimitations between physical disabilities and other sorts, for example. Many born with physical

disability also suffer from congenital mental impairments; sudden-onset physical trauma often leads to changes in emotional state (which themselves cause difficulty in caregiving).<sup>34</sup>

Each caretaker, just like each person who suffers, must take these specificities into account. For one person, bandages will need to be properly applied and stretching techniques imparted; for another, the things around the house must be moved; for still another, proper methods of chest physiotherapy treatments must be learned. The caregiver who generalizes care, who assumes that one body is much like the next, fails in his or her responsibilities. Good care must respond to the particularities of each body's needs, and pains, and desires. Regard for the specifics of a particular body is just as important as the general knowledge of the disabilities attendant to that person.

The physical presence of bodies, a critical understanding of geography, and the insights of care theory: each of these seems dissimilar, perhaps unduly abstruse on their own. But together they provide the conceptual framework that helps explain what you have already discovered in taking care of your loved one: the physical world is a pluriverse, filled with overlapping spaces which are contradictory but communal.

#### THE DYNAMICS OF MULTIPLICITY

Many approaches to the topic of disability seek to develop a sympathy for those who "suffer," often for emotional or therapeutic reasons. Other treatments encourage identification, seeking access to equality through political change. Both these approaches are important, but as has likely become clear, neither serves as the goal of this chapter. Instead, the focus here has been on how the experience of caring for someone with a physical disability expands the conceptual overlaps of differing spatialities, how it develops the ability to recognize the incommensurability of the communal.

Yet two key questions remain: How have we lost sight of these pluralized spaces in the first place? And how can we learn to see them again? The answer to the first question has as much to do with epistemology as with disability; the answer to the second touches on imagination and pedagogy.

Western culture developed the very idea of normality relatively recently. Lennard Davis points out that the concepts of “normal,” “norm,” “average,” and “standard” did not develop their current usage until 1840.<sup>35</sup> Previous to this, all corporeal things were assumed to deviate not from one another, but from the nonexistent ideal (e.g., Plato’s forms or God’s archetypes). The development of statistics and collectivity, however, encouraged the idea of a common standard, around which certain variations can be measured.<sup>36</sup>

In this bell-curved world, disability is parasitical on normality. Without the assumption that an average both exists and is desirable, the idea of disability makes no sense. All bodies, so long as they are earthly (that is to say, corporeal), fail to approach perfection. If perfection serves as the ideal body-type, our current dividing line between the able-bodied and the non-able-bodied makes no sense. Theologically, all on earth is imperfection, whereas statistically, perfection surrounds us.

Of course, this popular conception arises from a misunderstanding of statistical reasoning, but one often shared by statisticians as well. Neither “the average” nor “the most common” (in, say, a bell-shaped distribution) should imply “the normative.” But within the modern socius, the average becomes confused with the rule or the ideal. In the rule-bounded nature of the normative, profound divergences from the norm must be described in terms of that divergence rather than on their own terms. Not only does this tend to conflate all extreme forms of deviance from the norm into one category (in this case, “the disabled”), but it also incorrectly implies that a universalism of treatment, of renorming, should and does exist.

In turn, no perfect standard of care could exist (much as some would like to use one, for example, to sell guidebooks). Care must always arise from context—what is pernicious at one moment might well be desirable at another. Noddings uses an example from mothering, where a general rule boundary (for example, no sundaes before dinner) can be temporarily superseded by viewing the event through the perspective of the other: “We see the desired sundae with our own eyes and with the child’s. If our own view reveals nothing very important and even seems a bit stuffy, we turn to the child with eyes brightened and refreshed with delight.”<sup>37</sup> Only

through attentiveness and flexibility, combined with a long-term concern for another, do we reach these realizations.

These variations may have been lost, but can they be found once again? If so, how? The example of the caregiver shows one method through which they can be regained, though not one most people will be happy to experience. Short of caring for a loved one with a disability, two methods come to mind.

The first method, often the default position for academics, entails overt pedagogy. As disability studies emerges as an interdisciplinary field of study in the academy, its presuppositions and definitions continue to be debated, often intensely. As college students enter those debates, issues of judgments, performances, and enactments of disability, and thus of the pluralization of social spaces, repeatedly emerge. Margaret Price, for example, argues that studying disability allows students to clarify the implicit relationships between language and power as well as between ideology and practice.<sup>38</sup> Analyzing the usually unacknowledged presumptions contained within disability discourse, law, and practice, she argues, encourages attention to one location where boundaries blur and possibilities multiply.

This dynamic will emerge even more strongly as disabled teachers themselves appear in the classroom. Students spend their days figuring out what motivates their teachers: the experience of learning from a disabled instructor will ingrain the variability of experience almost as strongly as caring does. This depends on the continuing training of disabled teachers, of course. Schools of education might well begin to see disabled people as potentially better teachers than the temporarily able-bodied.<sup>39</sup>

But overt pedagogy is only one method of awakening our recognition of the multiplicity of space which surrounds us. Another, which this chapter has attempted to evoke, arises from imaginativeness. What if your father, your sister, your lover, or your child found his or her life irrevocably changed, and yours changed along with it? This need not happen for it to be imagined; indeed, its happening may well overwhelm your ability to theoretically conceptualize the event's political and spatial implications. People do take a great amount of care, after all.