No Pity: Disability Memoirs and Narrative Empathy in
Robert Murphy’s *The Body Silent* and Reynolds
Price’s *A Whole New Life* *

Rosalía Baena
Modern Languages Department
University of Navarra, Spain

Abstract
Personal narratives have been considered one of the most potent vehicles for advancing human rights claims across the world (Schaffer and Smith 1). It is my contention that they have played a major role in a renewed perception of disability in contemporary culture, a new thinking that claims that there is no pity or tragedy in disability; rather, it is society’s myths, fears, and stereotypes that most make being disabled difficult, and thus serve as obstacles in the advancement of disability rights. The question addressed in this article is how personal narratives exert a specific social mediation. In this critical context, I aim to analyze the different ways to elicit narrative empathy, mainly through the choice of autobiographical genre, with its characteristic self-reflexivity, as well as the representation of emotional responses. I will analyze two of the earliest disability memoirs, namely Robert Murphy’s *The Body Silent* (1987) and Reynolds Price’s *A Whole New Life: An Illness and a Healing* (1994), in order to see how these academics wrote about their lives to influence the way their readers perceive and understand illness and disability.

Keywords
disability memoirs, narrative empathy, human rights, Robert Murphy, Reynolds Price

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While turning a page I am arrested by a compelling description, a constellation of events, a conversation between characters, an interior monologue. Suddenly and without warning, a flash of connection leaps across the gap between text and reader. . . . I feel myself addressed, summoned, called to account: I cannot help seeing traces of myself in the pages I am reading. Indisputably, something has changed; my perspective has shifted; I see something that I did not see before.

—Rita Felski
_The Uses of Literature_

Personal narratives have been considered one of the most potent vehicles for advancing human rights claims across the world. Indeed, through personal storytelling, people may claim new identities and assert their participation in the public sphere. As Kay Schaffer and Sidonie Smith have argued, storytelling contains, both for tellers and their audiences, affective and cognitive dimensions that may activate ethical imperatives in the social field where literature merges into politics (5); not incidentally, the production, circulation and reception of life narratives have contributed directly and indirectly to campaigns for human rights. As Joseph Davis explains, the power of stories to both create and strengthen movement community and collective identity is very strong: “In their efforts to transform values and institutions, movements struggle against preexisting cultural and institutional narratives and the structures of meaning and power they convey” (25). Thus, given the prominent role of personal narratives in the process of recognition of human rights, we should take a closer look at the narrative mechanisms of empathic connection that take place in these contemporary reading practices. Narrative empathy reveals itself as a useful framework to further understand human rights discourses, as personal narratives engage in narrative empathizing to reach their various audiences (Keen, “Human” 349). Specifically, I would like to explore the role of narratives in the field of disability rights. As scholars on life writing and human rights have pointed out, “Narratives of disability

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1 The United Nations has described people with disability as the “world’s largest minority”: around 10% of the world’s population (650 million people, approx.), and more than 50 million in the US. From: United Nations International Convention on the Rights of Persons with Disabilities. 2006. <www.un.org/disabilities/convention/facts.shtml>.
direct attention to the failure of advanced democracies to address the particular needs of the disabled as denials of basic human rights” (Schaffer and Smith 2). However, further research is needed to explore the connection between disability narratives and disability rights.

By the 1960s, when the civil rights movement began to take shape in the United States, disability advocates saw the opportunity to join forces with other minority groups to demand equal treatment, equal access and equal opportunities for people with disabilities. In fact, the struggle for disability rights has followed a similar pattern to many other civil rights movements—challenging negative attitudes and stereotypes, rallying for political and institutional change, and lobbying for the self-determination of a minority community. As different civil rights movements have had powerful allies in narratives, disability memoirs have also played a very active role in promoting disability consciousness in contemporary Western societies. Like life writing by women, African Americans, and gays, disability life writing can be seen as a cultural manifestation of a civil or human rights movement. Significantly, the upsurge in the personal literature of disability coincided with the agitation for, passage of, and aftermath of the American with Disabilities Act (1990) (Couser, “Quality-of-Life” 353-54). As Peter Shapiro argues in recounting the history of disability rights activism, this movement expressed “a new thinking by disabled people that there is no pity or tragedy in disability, and it is society’s myths, fears, and stereotypes that most make being disabled difficult” (Shapiro 5). “No Pity” was in fact the rally cry of this new rights movement, since it highlighted one of the main prejudices held against this social group: to feel pity implied that people with disabilities were perceived as being less good as friends, partners or workers, and this led to subtle forms of discrimination.

This article aims to explore the specific narrative ways in which illness and disability memoirs create an empathic connection with the reader, and thus may promote social change. The social mediation exerted by narratives is often

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2 “After decades of campaigning and lobbying, the Americans with Disabilities Act (ADA) was passed in 1990, and ensured the equal treatment and equal access of people with disabilities to employment opportunities and to public accommodations. . . . While the signing of the ADA placed immediate legislative demands to ensure equal access and equal treatment of people with disabilities, deep-rooted assumptions and stereotypical biases were not instantly transformed with the stroke of a pen.” See “A Brief History of the Disability Rights Movement.” <http://archive.adl.org/education(curriculum_connections/fall_2005/fall_2005_lesson5_history.html>.
explained through an empathetic reading experience, an experience that “can contribute to changing a reader’s disposition, motivations, and attitudes” (Keen, “Theory” 214). In this critical context, I will analyze the different ways to elicit narrative empathy, mainly through the choice of autobiographical genre, with its characteristic self-reflexivity, as well as the representation of emotional responses. Specifically, I will examine two already “classic” disability memoirs, namely Robert Murphy’s *The Body Silent* (1987) and Reynolds Price’s *A Whole New Life: An Illness and a Healing* (1994). We will see how Murphy and Price write their lives to influence the way their readers perceive and understand illness and disability.

**Life Writing and Empathy**

As I have already mentioned, in order to explore readers’ engagement with these narratives, the concept of narrative empathy might be a useful frame in this examination of contemporary reading practices. As Megan Hammond and Sue Kim explain, it is time to “rethink empathy through close reading, analysis of form and genre” (3). Certainly, literary criticism reveals the narrative tools authors use to enhance narrative empathy, e.g. the choice of genre, the use of a specific voice or vision in the texts, and the interior representation of characters’ consciousness and emotional states. Among other scholars who have applied the concept of empathy to literary studies, ³ Suzanne Keen has successfully coined the term “narrative empathy” to designate an affective element of the reading operations investigated by cognitive narratology. Keen’s theory of narrative empathy elaborates the uses to which authors put empathy to work in their stories, and pays attention to readers’ responses. She defines narrative empathy as “the sharing of feeling and perspective-taking induced by reading, viewing, hearing, or imagining narratives of another’s situation and condition” (Keen, “Narrative”). Basically, Keen shows how emotions that arise from makers and receivers in literary communication are provoked both by representations and by narrativity itself (“Novel” 31).

While narrative empathy has been readily applied to fictional texts (by Keen, Hogan, Adamson, Harrison, Bouson, among others), the connection between life writing and empathy has only recently begun to receive critical attention. It is certainly the case that we normally read fiction and nonfiction in different ways.

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³ See Hammond and Kim’s *Rethinking Empathy through Literature* (16-17).
However, this does not imply that autobiographical narratives do not have as much potential for creating empathetic responses and for arousing strong emotions in readers as novels and short stories. In fact, the genre of autobiography itself calls out for some level of intimacy between reader and writer: telling stories about ourselves presupposes a certain amount of intimate sharing with an audience, and that intimacy “can prepare the way for a reader’s empathetic response to the autobiographer or to others within her narrative” (Anderst 280). Nonetheless, narrative theories that deal with narrative empathy limit themselves to fiction, basing this limitation on the perceived freedom fiction allows its readers (Anderst 273). As Keen holds, “Fiction may invoke empathy in part because it cannot make direct demands for action” (Empathy 106; emphasis in original). However, in 2015 (presumably prompted both by Anderst’s article and the Symposium on “Life Writing and Empathy”), Keen revisited her former claims on fiction and empathy, and set out to explore the potential of nonfiction narrative, especially life-writing and testimonio, to expand the empathetic circle of readers through varieties of authorial strategic empathy. Keen effectively advances two relevant claims on the topic of life writing and empathy: first, that narrative emotions are forms of affect “shared across the narrative transaction by authors who employ the powers of narrativity,” and this can be the case both in fictional and nonfictional narratives”; and second, that authors can employ narrative empathy strategically in order to reach different audiences with specific hoped-for results in mind, and she acknowledges that life writing vividly illustrates the use of strategic narrative empathy (Keen, “Life” 12-13). Thus, Keen’s concept of the author’s strategic empathy is especially apt to describe the mechanisms at work in the impact of testimonies that deal with issues of justice and demands for recognition of an ingroup. This concept refers to an author’s attempt to direct an emotional transaction through a work aimed at a particular audience, that is to say, “the effort to reach specific audiences to evoke fellow-feeling, compassion, and even political or economic responses” (Keen, “Strategic” 481).

Indeed, narratives seem to exert a meaningful impact mainly by promoting a sense of collective identity in emotional terms. In this line, these memoirs characteristically assert disabled people’s right not to be pitied, showing that a more appropriate response to disability demands proper recognition of their distinctive identity as a social group. The proliferation of such narratives has definitely helped
promote this positive attitude towards the experience of disability. I am especially interested in the emotional and cultural mediation these texts exert on the perception and social consideration of disability in contemporary society. Considered a reaction to a medical model, “one so dominated by a biophysical understanding of illness that its experiential aspects are virtually ignored” (Hawkins 11), disability narratives are valued for their connection with a social paradigm of illness; through their affirmation of subjective human experience and human agency, they are able to challenge dominant health care ideologies (Sakalys 1469). In making specific ethical and emotional claims on their readers, disability narratives thus aspire to modify both affective and cognitive responses to the experience of disability: “Narratives of disease and disability demand attention today . . . because they epitomize quality-of-life issues crucial to public policy” (Couser, “Quality-of-Life” 351).

In this context, we may further analyze the texts’ capacity for empathic engagement. Specifically, disability memoirs seem to have the potential to reach three circles of readers: broadcast, ambassadorial, and bounded audiences. First of all, since illness and disability are universal experiences, they have a high potential for raising empathy. As Couer explained, “Unlike racial or gender minority status, disability is a minority status that anyone may assume unexpectedly any time” (Signifying 9). Thus, I believe a broadcast strategic empathy predominates, that is to say, a calling upon all readers to experience emotional fusion through empathetic representations of universal human experiences and generalizable responses to particular situations (Keen, “Strategic” 481-83). Moreover, since the autobiographical genre itself calls out for an intense level of intimacy between reader and writer, this might get more accentuated with bodily descriptions any human being can identify with. Through these descriptions, authors exert a special call to what we may call “embodied” narrative empathy. The experience of cancer, extreme pain, and body deterioration described in the memoirs is sufficiently common to make any reader across time and space feel with the authors.

Secondly, the likely audience of disability memoirs includes readers who are not members of the in-group (the disabled) but who are especially sensitive to these issues, be it for having close kin in that situation, or due to a professional or academic relationship with disability. This is what Keen would call the ambassadorial audience, members of a temporally, spatially, or culturally remote

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4 More on the history of the genre of illness and disability narratives in Jurecic 2.
audience but who can readily relate to the experience being recounted. And thirdly, disability memoirs, may also address members of the disability community, so a bounded strategic empathy is also part of these narratives’ intended audience. Members of the in-group may find themselves comforted by the recognition of similar situations and common feelings with familiar others. However, though authorial strategic empathizing may reach these three circles of readers, it is my contention that the broadcast strategic empathy predominates.

**Disability Memoirs by Academics**

Through the analysis of two disability memoirs, I will further support the claim that affective responses and empathetic engagements can be especially operative in autobiographical narratives. Robert Murphy’s *The Body Silent* and Reynolds Price’s *A Whole New Life* were written by two academics in the last decade of the 20th century, when the genre of disability memoirs started proliferating. In fact both authors have lived quite similar lives: both were academics that met disability rather unexpectedly in mid-life, both suffered a spinal cord cancer that left them confined to a wheelchair, and both wrote memoirs dealing with how they moved from illness to disability.

Significantly, these authors devote a large part of their books to an analysis of social reactions and perceptions on disability. Peter Grahams calls such disability narratives, “metapathographies” since they are “not simple personal stories of illness but artful transformations of the genre, works whose authors, relying on the distinctive professional strengths at their disposal, write themselves out of illness and suffering—and do so, finally, by looking past pathography itself” (73). Murphy and Price certainly belong to a rather large group of academic authors who write about their illnesses and disabilities. Their vantage point is quite unique. In their stories, they fuse two perspectives on the experience of illness: theoretical and experiential. They draw on their training and expertise in order to frame their personal experience, as they are highly aware of the fact that the disabled body can

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become a dimension of knowledge about the world (Avrahami 2). In turn, they use personal experience to raise general questions and to challenge some assumptions of current medical practice. As professional writers, they are in a position to challenge preconceived ideas on disability, and to offer a more authentic and guided account of what being disabled really means. Moreover, their professional engagement with language and constant search for knowledge may account for what Jerome Bruner calls, “well-wrought narratives” (Frank, “Five” 308) which are able to present multiple possibilities for affective responses. Both Murphy and Price define their conditions in terms of identity rather than as situations to be pitied. Thus both appeal to a Western audience that may tend, in general terms, to understand cancer and disability more in medical rather than social terms, thus challenging commonly accepted stereotypes of what it means to be disabled.

Robert Murphy was a professor of anthropology at Columbia for many years. In 1972, and at the age of 48, he first started experiencing spasms, which became increasingly serious. Only four years later, in 1976, he first saw a neurologist and was eventually told that he had a tumor inside his spine. While treatment slowed the tumor’s growth, his doctors told him that they could not remove it and that it would steadily grow, restrict his movement, and ultimately lead to his death. As Murphy explains, his memoir is “the social history of a paralytic illness that has taken me slowly and inexorably from its first symptom, a little muscle spasm in 1972, to quadriplegia in 1986” (3). He died in 1990, three years after publishing his memoir at the age of 66. The Body Silent not only provides a personal account of Murphy’s experience of disability, but also an ethnographic account of the culture of disability. Trained as an anthropologist, Murphy uses his skills at participant observation honed in the Amazon forest to describe the “impact of a quite remarkable illness upon my status as a member of society” (4). Thus he is able to explain his position inside the framework of the social model of disability and the minority paradigm: “writing as a member of the marginalized group, he has the opportunity to validate its perspective in a transformational way” (Couser, Recovering 207). Murphy’s account of his experience of cancer may appeal to a broadcast audience since he projects himself as member of an identifiable group with a distinctive identity, rather than from a merely pathological perspective. He reflects on his situation from an anthropological and theoretical perspective rather than from the point of view of an individual tragedy. His perspective thus calls for social recognition of his situation rather than pity for a tragic situation.

Reynolds Price had also been a long-time professor at Duke University, when he was diagnosed with spinal cord cancer at the age of 51. In his memoir, he
recounts his four-year fight (from 1984 to 1988) as part of a longer war against the “alien and deadly eel,” as he imagines his tumor to be. As one reviewer vividly recounts, “From the first stumble through the numbness, denials, consultations, diagnosis of, operation, pain, years of ineffectual treatment, progressive paralysis, Price brings us through the detail of what it means to lose more and more of your body's function, and to be burdened with more and more pain in what is left” (Kelly). Already a well-known novelist, poet and dramatist, he ventured into a new literary genre, the disability memoir, in order to make the reader feel the struggle, the pain as well as his determination to choose life, since despite the bleak plot the overall tone of his memoir is quite optimistic. Mainly through his intellectual rigor, his religious convictions and good humor, he precludes self-pity. He calls himself “a certified gimp, in working order” (Price 191), and concludes that he has led a mainly happy life: “I know that this new life is better for me” (189).

In general, disability memoirs by academics share two main features in their construction of narrative empathy: self-reflexivity and the representation of common emotional responses to disability. Both The Body Silent and A Whole New Life are highly reflexive narratives, that is to say, they engage at length in theoretical issues concerning identity and disability itself, in essay-like passages. It could be argued that their metanarrative digressions may disrupt the plot, and may preclude empathy on the part of the reader. However, we see that, in fact, they may also encourage a closer connection between writer and reader at a more intellectual level, thus drawing the reader closer to the experiences of the autobiographer during the instance of narrating. The reader, in these digressions, is unusually close to the narrating-I, rather than the experiencing-I, as these authors constantly digress from plot to social and cultural analysis. In turn, this may also serve as to “strengthen the reader’s identification with the autobiographer herself who has invited the reader inside her perspective to reveal her worries and her lapses” (Anderst 277). Therefore, these moments of self-reflexivity may effectively contribute to the works’ overall sense of intimacy between autobiographer and reader (276). While the accounts of their terribly painful journeys through surgery and radiation treatment allow for strong emotional engagement, the non-narrative passages engage readers in the wider social and cultural paradigm in which disability can be framed and understood.

The reflexive nature of Robert Murphy’s memoir in fact provides it with a non-narrative structure. While a chronological structure would dwell on his negative and bleak future, a series of personal and social reflections on disability effectively show his firm decision to live in the present: “I gradually learned to live
day by day, to block from my consciousness any thought about the final outcome of the illness, to repress from awareness any vision of the unthinkable. I have maintained this perspective for the past ten years” (Murphy 25). Murphy encourages us to read the pervasive intellectuality of his book not as a denial but as a consequence, and thus a formal expression, of his bodily condition (Couser, Recovering 208). Thus, while the first section’s narrative explains and justifies the abandonment of narrative discourse and the shift to a more analytical and reflective mode in what follows, the non-narrative middle section of his book suggests how he managed to come to terms with his new and disorienting condition—through recourse to discipline: “I have used my own odyssey in inner space to explore the structure of selfhood and sentiment” (Murphy xii).

Ultimately, this reflexive structure is consistent with the authors growing tendency to value their minds over their bodies. As paralysis makes them progressively lose the mind-body connection, a significant pattern emerges in their stories: the redemptive shifting of emphasis from the body to the mind (Couser, Recovering 185). It is their intellectual dimension of their lives that ultimately provides them with a worthy life. When Murphy was finally given a correct diagnosis, after four years of being referred to psychiatry and other specialists, he did not over-react but acted normally. People generally took his calmness and cheerfulness as signs of great courage, but he explains that it was only “self-anesthesia of emotion”: “This wasn’t bravery, just an early manifestation of the Disembodied Self, which would reassert itself strongly in the coming years of disability” (Murphy 25). Progressively, he experiences a “radical dissociation from the body, a kind of etherealization of identity” (86), akin to an internal split: “gradually, my thoughts became disembodied, and I began to think of myself as if one part of me were perched over the head-board, watching the rest; it was as if it were happening to somebody else” (5). In a similar vein, Price’s narrative explicitly and consistently privileges mind over body. At first this gesture functions largely as part of his denial or transcendence of chronic pain. Eventually, after four years of uninterrupted suffering, Price finds some relief from pain in biofeedback and hypnosis (155-56). According to Price, his mind had “needed to hear and believe that the unending stream of neural alarm meant nothing now. The need had been filled. Now my mind understood that The harm is done. It cannot be repaired; pain signifies nothing. Begin to ignore it” (159; emphasis in the original). In this way, Murphy and Price have led readers into their private perspectives as they privilege and focus on their mental and intellectual activity in order to survive their physical
impairment, finding along the way that body limitations can also activate new perspectives on life.

Following their reflexive nature, the second most predominant feature in these texts is the frequent reference to the different emotional responses their disabilities provoke. The two authors often mention the need they have to connect with other people as well as the negative social perception of their situation on the part of friends, associates and even family members. Murphy recounts that disabled people often receive negative emotional reactions that range from avoidance, fear and disgust, to patronization at best. “Not long after I took up life in my wheelchair,” recounts Murphy, “I began to notice other curious shifts in my social world. After a dentist patted me on the head in 1980, I never returned to his office” (126). Very often, meeting other people results in awkward, tense and indeterminate situations (121). Murphy’s reaction was to withdraw “into a small circle of close friends who have become at ease with my disability” (124). He poignantly analyzes the price the disabled have to pay for having “normal” social relations: “they must comfort others about their own condition. They cannot show fear, sorrow, depression, sexuality, or anger, for this disturbs the able-bodied” (92). Then, switching to the personal, he adds: “As for the rest of the world, I must sustain their faith in their own immunity by looking resolutely cheery. Have a nice day!” (92). Murphy also describes the intense loneliness suffered by the ill and the disabled when empathy is missing: “Nothing is quite so isolating as the knowledge that when one hurts, nobody else feels the pain; that when one sickens, the malaise is a private affair; and that when one dies, the world continues with barely a ripple” (63). In this regard, disability memoirs often include a description of the well-known type of unsympathetic health professionals. One example is the description of the moment when Reynolds Price was told of his diagnosis:

All I recall the two men saying that instant, then and there in the hallway mob scene, was “The upper ten or twelve inches of your spinal cord have swelled and are crowding the available space. The cause could be a tumor, a large cyst or something else. We recommend immediate surgery.” I could hear they were betting on a long tumor, though I’d never heard of a tumor inside the cord itself. They mentioned the name of a young staff neurosurgeon they admired, and they suggested I go back to my room and await his visit. Then they moved on, leaving me and my brother empty as wind socks, stared at by strangers. (13)
This long quote is worth reproducing here to convey the sense of desolation felt when receiving his devastating diagnosis. Moreover, his complaint about the lack of a private space when the terrible news is broken to him is quite telling: “At least on private ground, with the door shut, the inevitable shock of awful news could have been absorbed, apart from the eyes of alien gawkers” (14). As Price explains, inhumanity can be appallingly common in that profession (55). He describes his oncologist as a cold freeze-dried doctor:

My presiding oncologist saw me as seldom as he could manage. He plainly turned aside when I attempted casual conversation in the halls; and he seemed to know literally no word or look of mild encouragement or comradeship . . . It’s often said by way of excuse that doctors are insufficiently trained for humane relations. For complex long-range interaction with damaged creatures, they may well need a kind of training they never receive; but what I wanted and needed badly, from that man then, was the frank exchange of decent concern. (56)

Price expects expressions of human respect from health professionals and the kind of sympathy that may help him remake his world. However, ultimately, his memoir is less about making doctors listen to and acknowledge him than about how readers attend to his story of pain (Jurecic 57). Thus Price plunges the reader into the emotions and mental process of his former self in his worst moments, opening the door for a range of responses from the reader. He even explicitly addresses the reader in these terms: “If . . . you’re presently free of chronic pain, and I could instantly transfer mine to you in all its savagery from neck to toe, I think I’m realistic in saying that you’d lay yourself flat instantly and beg to be hauled to a hospital, fast” (157). With these direct comments, Price is making a specific demand of empathy from his readers. Therefore, the author’s strategic empathy seems to address any kind of reader.

Price’s ability to communicate the intense pain he went through is quite striking, often describing it through intense metaphors: “my whole body felt caught in the threads of a giant hot screw and bolted inward to the point of screaming” (88). He also describes his pain as “a white-hot branding iron in the shape of he capital letter ‘I’ held against [his] upper spine” (29). Later, the pain reconfigures itself: “the searing burn down the length of my spine and across my shoulders and
the jolting static in both my legs . . . soared in intensity. Like most real agony, the pain afflicted more senses than one; it often shined and roared as it burned. More than once I panicked in the glare and noise” (108). Thus, with this vivid recreation of pain, Price’s memoir is quite effective in questioning the dominant biomedical framework that values accounts of pain as a contribution to diagnosis, rather than being of personal significance to the patient, as David Morris has explained in The Culture of Pain (50). In order to counter-argue this perception of pain, Price offers through detailed descriptions a more social and familiar framework to understand the experience of illness. His narrative shows readers the imperative need he has for an empathic connection. Price uses his memoir to form a relationship with his readers that is more sympathetic and trusting than the one he has with many of his physicians, showing how the presence of readers and listeners may effectively contribute to the full meaning of pain (Jurecic 56). As he describes intimate moments of suffering and desolation, Price presents the reader with multiple possibilities for affective engagement. He very intently reaches his readers through an inviting narrative that requests that they honor and value his account of suffering and recognize their own role as witnesses.

Not Pity but Recognition

As Cynthia Franklin argues, autobiographies about disability provide a way to resist dehumanization; as representations of individuals with disabilities, they constitute “a necessary form of activism” (222). The rallying cry of “No Pity” fits in with these authors’ demands on readers. As pity can be defined as a form of empathy in which the inferiority condition holds (Hogan 278-79), these authors try to influence negative perceptions of disability by reclaiming recognition of disability as a new identity. Murphy notes that, for the disabled, “not only are their bodies altered, but their ways of thinking about themselves and about the persons and objects of the external world have become profoundly transformed. They have experienced a revolution of consciousness. They have undergone a metamorphosis” (87). Murphy is describing the consequences of the damaged self: it is not simply that people have a different experience of self, but they acquire a new identity. Murphy thus explores at length society’s misunderstanding of disability, and the effect this has on the disabled person’s identity and social standing: “The greatest impediment to a person’s taking full part in his society are not his physical flaws, but rather the tissue of myths, fears, and misunderstandings that society attaches to them” (Murphy 113). Thus the worst part of disability is not impairment itself but,
rather, the social stigma attached to it. One example of a frustrating social prejudice is that “no emotional expression is expected from the ill and the disabled” (107). They are expected to perform the role of the good and passive patient that needs to be pitied and who should not show emotional turmoil. In contrast, Murphy shows how emotional states like shame and guilt are endemic among disabled people (92), and how anger is a legitimate emotion: “Given the magnitude of this assault on the self, it is understandable that another major component of the subjective life of the handicapped is anger . . . existential anger and situational one” (106). This direct appeal to readers is part of the broadcast strategic empathy characteristically deployed in disability memoirs. These authors have direct claims to make in their demand for recognition, as they point out the prejudices and rejection they suffer from the many negative social perceptions: “We are subverters of an American ideal, just as the poor are betayers of the American Dream. . . . The disabled serve as constant, visible reminders to the able-bodied that the society they live in is shot through with inequity and suffering, that they live in a counterfeit Paradise, that they too are vulnerable. We represent a fearsome possibility” (116-17).

Furthermore, these authors also highlight the idea that there is a positive side to the experience of disability. Price, after recounting four years of constant struggle, devastation and pain, ends his memoir as a grateful man (193). He advances possible arguments that could be held against this positive outlook; he could seem to be indulging in sentimentality and narcissism, blind optimism and lunacy when he says his life is better now than before (189). But the patience he has obtained, and having come to enjoy more relationships with people he loves, is more than enough for him to justify his claim that his new life is much better than the five decades he had lived before. On his part, Robert Murphy also finds, in a humorous way, that he is not really disabled as an academic, since he can “read, write and talk—which is what academics call work” (192). Towards the end of his memoir, Murphy has come to understand that “Disability does indeed have a meaning” (223), and that paralysis may be seen as metaphor of death and commentary on life, a metaphor of the struggle of life and love that oppose death and alienation (223). In fact, in a similar vein to Price’s statements, he explains: “As I drift more deeply into physical quietude, I look back at it all and would change nothing” (220). Not from a position of resignation, but through an intellectual analysis and a narrative account of his situation, he reaches the conclusion that he seeks no cure, only comprehension (222). Thus, overall, these narratives are very open and explicit in their willingness to make emotional and ethical claims on their readers.
Nevertheless, the fact that these narratives openly address and emphatically try to reach out their readers could also be considered as a negative feature, one that, in fact, may inhibit strategic empathy. It could be argued that many narratives of illness and disability have specific, limited, utilitarian agendas, as they very actively and explicitly want to move their readers, like related life-writing subgenres devoted to particular kinds of experience—captor narratives, conversion narratives, and slave narratives, for example. Apart from considering that their value is not necessarily aesthetic as more broadly cultural, we should recall that these narratives serve concentric circles of readers. In the center are those most immediately involved with the condition in question: those who are ill, at risk, caregivers, etc., and these narratives validate the experience of illness, providing fellow feeling and understanding for those experiencing that situation. For the general reader, however, the reasons to read disability narratives are less well defined—the fact is that they are avidly read and consumed, a fact proved by the proliferation of the genre; however, I believe they have to do the texture of everyday reading practices. As Rita Felski argues, we should further investigate the relationship between individual acts of reading and their broader social contexts, so we can return to the recognition of literature as a form of personal and social knowledge (21). In fact, we may argue that readers connect with everyday concerns, such as illness, vulnerability and mortality (Jurecic 94). We could also argue that, in simple terms, they are good reads, gripping narratives with compelling topics. On the whole, these texts are less transgressive and formally innovative than other narrative genres at the end of the 20th century, so part of their appeal to general readers is that they may satisfy certain appetites that much contemporary literature does not; readers may long for old-fashioned plot, vivid characters, life-and-death crises, definitive closure—all of which many illness narratives supply (Couser, Recovering 293). It is because these texts address readers’ daily and universal concerns that we might say that the broadcast strategic empathy is mostly used.

In conclusion, these academics share their private lives and ordeals to call upon any audience to experience emotional fusion, by emphasizing our common human experiences, feelings, hopes, and vulnerabilities. As writer Nancy Mairs argues “what is critical is an understanding of the realities disability imposes, and the only way finally to develop the necessary empathy is through knowing disabled

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6 It should also be noted that most nonfiction books that have come to be considered timeless classics had rather immediate, pragmatic aims when they were composed—Frederick Douglass’s slave narrative being the most obvious example (Couser, Recovering 292).
individuals” (100). Disability memoirs by academics, through their unique portrayal of both theoretical and experiential vantage points, may be able to move the reader, promote self-reflection, and challenge preconceived notions on disability. Finally, they may communicate the idea that pity is not an adequate emotional response to disability, leading the reader to recognize people with disabilities as a distinctive social group that demands specific social rights. As such, these narratives lead readers to discover an alternative disability culture behind the stories and specific individuals. Thus, while we are keenly aware that these narrative acts and readings are in no way a sufficient ground for social change, they can be perceived at least as a necessary ground (Schaffer and Smith 226). Ultimately, even if we cannot wholly anticipate the expectations, the emotional background, or the receptivity a reader will bring to the text, these narratives certainly show the way and lead readers down multiple paths towards affective responses and empathic engagements. As Robert Murphy and Reynolds Price know all too well, “to change people’s minds, new information is not enough; they must be moved to feel the plight of others, especially the oppressed, as their own. Perhaps more important, they must be moved to see that plight in a way that calls for change” (Gardiner 18).

Works Cited


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**About the Author**

Rosalía Baena is an Associate Professor of English at the University of Navarra. Her main research interests deal with narrative identity and narrative emotions in contemporary literature. She has published a book and edited three volumes on postcolonial and
multicultural narratives (in Rodopi, Eunsa and Routledge), as well as several articles in journals such as *Canadian Ethnic Studies, Prose Studies, Journal of Commonwealth Literature, Ariel, English Studies* and *Anglistik*. She is currently working on a project on narrative emotions and disability memoirs. In this area, she has published on narrative emotions in personal stories of disability (Ashgate 2012), on disability memoirs in the academic world (*ILS* 2013), and has edited a special issue on “Narrative, Identity and Emotions” for the Canadian journal *Narrative Works* (2014).

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