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## WRITING AS REFIGURATION: LUCY GREALY'S AUTOBIOGRAPHY OF A FACE

SUSANNAH B. MINTZ

The disabled woman who writes the story of her body transgresses a particularly charged ideological boundary. Her rootedness in textual flesh, her stubborn insistence on telling the tale of a broken body, defy the disembodied consciousness, the triumphant will and mind that are the legacy of Cartesian dualism as well as the originary point of much life writing by men.<sup>1</sup> At the same time, she may also seem to reproduce a problematically essentialized view of female identity as meaningful only through the body. How does such an author take advantage of post-structuralist indeterminacy, the verbal play that locates identity and autobiography alike in a slippage of possibilities, without also relinquishing the corporeal specificity by which she demands recognition of her experience? How does the idea of creating a self through writing reconcile itself to the way in which illness returns one so resolutely to the forces of anatomy?

This essay will address such questions through discussion of *Autobiography of a Face*, Lucy Grealy's account of a nearly twenty-year attempt to surgically restore a jaw lost to cancer. In this narrative of disfiguring disease, Grealy does more than rewrite the "script" of female or disabled identity, as if the body were simply inert, "raw material" written on by cultural assumptions. While she does foreground the idea that selfhood is in part narrated by such forms of storytelling as movies, television shows, and medical discourse, she also insists that the body exerts its own force, emphasizing the combination of language and body in the formation of self. Indeed, Grealy suggests that thinking in terms of "twoness" at all—of "body" and "mind" as discrete, if connected, entities—falsely separates what are interpenetrating and mutually constitutive aspects of self. Instead, she demonstrates that her sense of self is inseparable from the condition of her face, even if, or especially because, that face is also subject to patriarchal attitudes toward female

beauty and sexuality. Grealy writes not as a passive body onto which otherness, in the form of gender or deformity, has simply been pasted, but rather as a uniquely lived body enmeshed in social practice, family circumstance, and private desire.

To the degree that we cannot detach her narrative from her disease, Grealy suggests that there is also no way to disentangle the physical from the psychological—from that thinking mind or writerly consciousness we discover in *Autobiography of a Face*. She *is* her body, so far as we come to know her through her text. Or as she declares, “my face, my ‘self’” (170). At one level, Grealy risks enforcing the idea that women are bound to the flesh, or that the “true” nature of the disabled is condensed in their afflicted body parts. In a similar way, the fact that she records the process of accepting herself after painful encounters with prejudice may seem to heroize the experience of disease. Yet I would argue that by openly displaying her “freakishness” on the one hand, and by ultimately coming to terms with a face that does not abide by societal norms on the other, Grealy enlists corporeal difference to force a confrontation with cultural mythology—exposing the deleterious effects *not* of disease, but rather of normative attitudes about the body and identity that signify that illness in a particular way. Far from solipsistically “confessing” her physical pain and hurt pride, or sentimentalizing her triumph over adversity,<sup>2</sup> Grealy provokes us to reconsider the notion of the disabled figure as a “normal” body gone wrong, an inversion or perversion of the ideal. The social construction of the female body as inferior, a deviation from the male, places the disabled woman at a difficult cultural intersection, where she confronts not only patriarchal oppression against her gender, but also the oppressions of an able-bodied culture that “glorifies fitness and physical conformity” (Hillyer 3). As many critics have noted, the tradition in western ideology of figuring women in terms of simultaneous monstrosity and lack makes “disabled woman” a conceptual redundancy.<sup>3</sup> Thus by reconceiving “disability” as a function not of biology but rather of power and discourse, Grealy denaturalizes its apparent truth-status as an indicator of “real” corporeal flaws. The claim she makes for bodily particularity contests an ideology-of-the-same that would relegate her to the outskirts of cultural acceptance.

First diagnosed with Ewing’s sarcoma at the age of ten, Grealy underwent extensive surgery that removed part of her jaw. Over thirty reconstructive procedures followed, a series of largely ineffective surgeries that attest to her own, as well as her parents’ and her physicians’, literally invasive need to normalize her even after the malignancy had been fully removed. Long after her condition ceases to be life-threatening in what we might pretend is a strictly “physical” sense, Grealy’s disfigured jaw lives on as a badge of sickness, a frightening indication of the body’s mysterious interiority, a sign of the mind’s failure to remain in control. While Grealy may be said to return

to a state of health, the condition of her face continues to signify that something is “wrong” with her, to mark her as abnormal. In a culture that “tells us again and again that we can most be ourselves by acting and looking like someone else” (222), Grealy’s face denies her the sense of legitimate individuality that is guaranteed by identification with the dominant culture’s codes of female beauty, and she internalizes the message that physical difference is the outward manifestation of an “ugliness” of character or self. Unable to subdue her unruly body or to suppress the signs of her difference, she describes floundering attempts to adhere to the only available, and ultimately deeply alienating, social narratives of female identity.

In a discussion of her teenage job working pony parties, for example, Grealy locates an early awareness of who she is “supposed” to be in the responses of others—especially the “open, uncensored stares” of children (7)—to the “strange triangular shape” of her face (3). In the exclusive neighborhoods of suburban New York, where “house after house looked exactly like the one next to it” (2), inclusion is guaranteed by “carbon-copy” sameness, so that Grealy’s appearance marks her not simply as one other body among many, but as extraordinary—at once insufficient and excessive in her divergence from a physical norm. In the specific social context of “those back yards” (7), Grealy learns to occupy multiple positions of otherness. She is the working-class outsider, the Irish immigrant whose homelife lacks the coherence of an idealized nuclear family. But it is her face—“pale and misshapen” (6), “an uneasy reminder of what might be” (11)—that serves as the most salient ground of her difference. “I *was* my face,” she writes, “I *was* ugliness. . . . Everything led to it, everything receded from it” (7). Utilizing not the adjective but the noun, Grealy represents herself as embodying the very condition of ugliness. Ugliness is not just one attribute of a whole person; rather, *she* is ugliness itself. In the unabashed stares of children, the averted eyes of adults, Grealy reads her own form as “dangerous” (11), grotesque, unworthy of love. The social stigma against corporeal difference, ultimately derived from arbitrary categories of meaning, subsumes her identity in the visible sign of her disease.

*Autobiography of a Face* thus represents illness as more than a function of brute physiological process or even the very real battle of being “authentically sick” (20). The text begins not with a transparent account of Grealy’s physical condition, but rather with a description of the complex web of power relations that makes that condition legible. Her “physical oddness” as a “disfigured child” (4) induces feelings of guilt and embarrassment not because her face is somehow essentially shameful, but rather because it can be discursively construed as less desirable than other, “perfectly formed” children (10). In the protracted struggle to coordinate her face with a developing subjectivity, Grealy repudiates the structural reality of her face as having anything to

do with her “true” self, dissociating the effects of surgery from her sense of who she “is.” “Maybe this wasn’t my actual face at all,” she writes, “but the face of some interloper, some ugly intruder. . . . I began to imagine my ‘original’ face, the one free from all deviation, all error” (157). Her language makes explicit the cultural demonization of atypical bodily forms. Grealy herself perceives her own “misshapen” face as evidence of her incapacity to conform, a kind of moralized straying off course that signals a failure of self-mastery. In response, she compartmentalizes her sense of self, trying to contain “ugliness” in her chin and jaw; but when she attempts to integrate the two sections of her face, “the lower half canceled out the beauty of the upper half,” defeating any sense of identity apart from the belief that her face is a monstrous anomaly (157). As Rosemarie Garland Thomson states, within the “totalizing” narratives of cultural expectation, “the deviant characteristic overwhelms all of a person’s other, unmarked aspects” (*Extraordinary* 34). Persuaded that her “missing jaw” represents ontological lack, Grealy feels “completely alone and without any chance of ever being loved” (154, 155).

In *Extraordinary Bodies*, her study of literary and cultural representations of disability in America, Thomson contends that “disability” is “an overarching and in some ways artificial category” that encompasses many more forms of embodied difference than simply the “prototypical disabled person” who “never leaves a wheelchair, is totally blind, or profoundly deaf” (13). By using the term to refer to a shifting range of traits—including progressive disease, acute illness, temporary injury, birthmarks, obesity, amputations, and the effects of so-called “normal” aging—Thomson emphasizes the point that disablement and dysfunction cannot be neatly confined to a subset of bodies marked by obvious loss or impairment. Disability might be said to apply to any physical type other than the white, male, heterosexual, and able-bodied norm of western culture. A “facial disfigurement” like Grealy’s, Thomson would argue, is psychologically and socially disabling, though not accompanied by “physical dysfunction” (14). As Grealy makes clear, her appearance perpetuates a kind of unhealthiness even after she no longer has cancer. Undergoing her last round of operations to “correct” the mistake of her face, she reveals how embedded corporeal difference is in social relations: “Since physically I was capable of taking care of myself, and medically there was no need for me to be an inpatient, it did not escape my attention that I was being treated like a sick person simply because I did not look like other people” (216). The perceived abnormality of Grealy’s facial shape—what Thomson calls a “formal,” rather than a “functional” disability (14)—defines her whole self. She is seen (and sees herself) as weak, and in need of tending, pity, or compensation.

Indeed, it is as if cancer is replaced by a form of “illness” that Patricia Hampl has named “the beauty disease”: “the stark neediness and extravagance

of wanting to be beautiful" (127) in a culture in which "simply . . . [having] a physical existence" causes many women to see themselves as "freak[s]" (106), their bodies a fleshly encumbrance they "dra[g] repulsively through the world" (133). If such self-punition is common among women whose bodies are deemed "normal" by cultural standards, it is particularly pointed for those whose bodies defy the normative female form. Encouraged to measure their worth through their physical shape, but inculcated as well in western culture's doctrine of psyche over physicality, many women have recorded responding to the depredations of disease with a sense of shame and moral inadequacy. Audre Lorde, for example, writes in her journal *A Burst of Light* that she "felt like a total failure" on being diagnosed with liver cancer. The fact that six years spent "living and loving and working to my utmost potential" could not prevent a recurrence of cancer signals the insufficiency of these specifically *mental* efforts (290–91), and when Lorde complains that the medical community infantilizes her, refusing to recognize "my responsibility for my own body" (289), she herself implicitly parentalizes her decision-making mind as the protector and caretaker of her physical form. And Nancy Mairs, whose accounts of coping with degenerative multiple sclerosis emphatically deny the mind/body binary, nonetheless refers to "all these years trying alternately to repudiate and to control my wayward body, to transcend it one way or another" (*Remembering* 234); "Because I hate being crippled," she writes, "I sometimes hate myself for being crippled. Over the years I have come to expect—even accept—attacks of violent self-loathing" (*Plaintext* 16). Discussing such slippage from embodiment to interiorized self-deprecation, Thomson writes that "[c]orporeal departures from dominant expectations never go uninterpreted or unpunished" (*Extraordinary* 7). For Grealy, the loss of "self-esteem" associated with physical abnormality is inflected in a particular way by the fact that her difference is contained in her face (200)—that part of the body that most resolutely signifies individual identity, and that most immediately determines whether a woman meets cultural standards of beauty. (So deeply connected is the face with both beauty and identity, in fact, that it is often not even thought of as a part of "the body."<sup>4</sup>) Hearing a woman describe her "feelings of ugliness" after a mastectomy, Grealy declares that "[h]er problems lay in her perception. Talking with her only strengthened my conviction of the importance in this world of having a beautiful face" (168). Each new reconstructive surgery is an attempt to "fix my face, fix my life, my soul" (215), underscoring the way in which a body read as broken becomes a measure of both social value and strength of character or spiritual worth.

Some eighteen years after her first series of operations, Grealy writes that she still "couldn't make what I saw in the mirror correspond to the person I thought I was" (219). Her face is an "obstacle" that she can only

“compensate for, but never overcome” (206); radically disjunct in her imagination, “self” and “body” regard each other across a seemingly irreparable ideological chasm. Paradoxically, however, it is precisely her illness that grants her some sense, if provisional, of selfhood. Calling herself an “alien” adrift in a welter of conflicting pressures (7), she ventriloquizes a sequence of roles aimed at diminishing, even while they depend upon, the singularity of her face. In the early pages of her memoir, Grealy describes her childhood self as “desperate for any kind of definition” (11), a performer “dependent” upon the response of her audience, even a disapproving one, to feel grounded in stable subjectivity (4). The disfigurement of her face, freighted as it is with cultural significance, provides her with what she calls “macabre status” (11), and she transforms her life as a hospitalized patient into a television “drama” in which she is “the principal player” (20). Wanting “nothing more than to be special,” she takes on the role of “good” patient (21), one who bravely endures chemotherapy without crying, to please her emotionally distant mother, and to detach herself from the real physical anguish of the treatments. Later, as a college student, she will camouflage her inability to achieve culturally approved standards of beauty by affecting the stance of androgynous poet. Later still, she will act out a kind of hyper-femininity, brandishing her sexuality in spiked heels and mini-skirts.

This repeated display of what Grealy refers to as her “various personae” (38)—or to put it another way, Grealy’s narrative emphasis on these semiotic performances—demonstrates the power of cultural stereotypes to enforce conformity. Yet even as Grealy strives to fulfill her fantasies of goodness or prettiness—revealing a more urgent need to be recognized in the psychological sense as a separate self and a legitimate “author” of desire<sup>5</sup>—she must also acknowledge her body’s intractable refusal to meet societal expectations. Far from suggesting that identity is merely a superficial pageant of ideological tableaux, Grealy’s life story coalesces around the persistent presence of her face. If the juxtaposition of various roles undermines our hold on any single, essential “Lucy,” her ever-changing face becomes an unexpectedly stable point of reference. It is inescapable as a physical, emotional, social signifier. Grealy’s disfigurement is thus both metaphorical and profoundly real:<sup>6</sup> no number of operations suffices to assimilate her face into a universal model of normalcy, and in this it serves to underscore the endless particularity of all bodily types. The futility of Grealy’s contorting her “self” in accordance with cultural demands pertains to all embodied people; we cannot act or write ourselves out of our bodies.

New stories of physical experience, however—ones that resist stereotypes of disabled identity and female beauty—can be written. G. Thomas Couser has demonstrated that disability narratives by men often seek to transcend the afflicted body, to reassert the primacy of consciousness, attempting to

recuperate bodily brokenness through claims of a whole, unified, transcendent mind. If ignoring or subordinating the body is a potentially bankrupt move for women autobiographers in general, it would be particularly delimiting for the disabled woman, merely reifying the cultural invisibility and unworthiness of her body through narrative suppression. But Grealy manipulates the traditional conventions of self-writing to reinterpret the binary of body and culture, in part by foregrounding the transformative properties of language, and in part through a dual emphasis on identity as simultaneously “scripted” and physical. The very title of Grealy’s memoir speaks to the fact that bodies are stories (they are constituted in language) and have stories to tell (they have a reality or “perspective” of their own). By repeatedly juxtaposing depictions of self-as-performative and self-as-corporeal, Grealy suggests that neither alone is a fully adequate point of origin for subjectivity, and that writing the self means writing as an embodied woman.

In a remarkable instance of the power of words to create reality, Grealy recounts her realization, after several years of living with disease, that what she suffered from was in fact cancer:

In all that time, not one person ever said the word *cancer* to me, at least not in a way that registered as pertaining to me. . . . Language supplies us with ways to express ever subtler levels of meaning, but does that imply language gives meaning, or robs us of it when we are at a loss to name things? (43–44)

As Grealy goes on to point out, words have histories; to know that she had “cancer” would be to live in and through some entirely different reality of illness than the one “malignancy” and “Ewing’s sarcoma” had already created. But as the autobiography itself confirms, this revelatory moment does not inevitably trap Grealy in a prison house of language. Her successive performances of culturally authorized identities anticipate a later understanding that she can redefine herself from within the frame of her face. So too does this scene of newly appreciating the density of words lead her gradually to comprehend that because the violence of cultural bias is deployed through language, it can be rewritten. The child who can “save herself by pretending” (115), who so desperately longs for “praise and appreciation” that even being censured as a “freak” feels confirming (123, 155), learns that the very overlap of physical difference and verbal narrative by which she feels herself barred from authentic participation in her relationships can make her “the creator of my own situation” (101).

Grealy also represents illness as a process of coming to awareness of her physical self, of recognizing the interdependence of its various parts. Describing waking up from her fourth operation—the one that removed the tumor from her jaw—and limping across her hospital room, Grealy writes that “the body is a connected thing” (56), no one part of it fully discrete or able to be



isolated from the whole. There is something irreducible, Grealy implies, about physical experience, “a meaning that [does] not extend beyond the confines of one’s body” (149). In this sense, the state of being “diseased” both eludes linguistic representation, and is endlessly available to the narrative constructions of social prejudice. Grealy thus follows contemporary disability and feminist theorists in challenging the foundational move of social construction—the subsuming of body into culture—which Elizabeth Grosz critiques as the patriarchal, or “logocentric, gesture par excellence” (21). Grosz encourages replacing the essentialism of binary opposition not with social construction (itself dependent on the notion of an asocial, “pliable” body) but by a more subtle, constitutive interaction of body and mind, what she calls “*embodied subjectivity*” and “*psychical corporeality*” (22). Such a model would collapse the boundary that demarcates the normal from the anomalous as a discursive fiction, without losing the political and psychological significance of bodily specificity. In turn, a theory of autobiography as actively creating the subject within its narrative must also acknowledge the fact that the narrative is not only written by a body, but simultaneously creates a new version of the body writing. “Self” or “life” writing might thus more properly be called “auto/body/ography.”

The disabled body reminds us that bodies in general cannot be universalized. By exposing the boundaries of culture’s idealized physical form as historically specific and ideologically produced, discussions of corporeal difference broaden our collective awareness of what it means to say that subjectivity is always already embodied. Grealy reinforces the idea that her disease affords her a vantage point to which she would not otherwise have had access, mapping out a trajectory from renunciation to reconciliation. *Autobiography of a Face* sustains an important tension between the insights garnered through illness and Grealy’s urgent desire to eschew the face she has for the fantasy face of idealized beauty. Obsessed with ugliness, convinced that “only another’s love could prove my worth absolutely,” since being “lovable” is synonymous with being beautiful (211), Grealy “blamed my face for everything,” the “tangible element of what was wrong with my life and with me” (127). Time and again Grealy represents herself as a kind of interloper in a world in which she feels displaced:

I was myself only in the briefest of moments. (89)  
 The only time I was ever completely myself was on Fridays. (90)  
 I possessed a strong sense of myself. . . . I had no sense of myself in relation to . . .  
 ‘normal’ people. (105)  
 [T]he barn became the one place where I felt like myself. (182)  
 The hospital was the only place on earth where I didn’t feel self-conscious. (187)

Recuperating from chemotherapy alone in a house typically crowded with siblings, Grealy becomes a “snoop . . . looking for clues to how other people lived their lives.” “What was it like,” she wonders, “to be somebody else?” (81).

These repeated descriptions of casting herself into other identities—her intimations that “being herself” is but a fleeting experience quickly overwhelmed by a much stronger conviction that she “was too horrible to look at,” that her “ugliness was equal to a great personal failure” (185)—represent “self” as a thing deferred, held in suspension as Grealy awaits the face that will finally feel “real” (157):

Beauty, as defined by society at large, seemed to be only about who was best at looking like everyone else. . . . [E]ach time I was wheeled down to the surgical wing . . . I'd think to myself, *Now, now I can start my life, just as soon as I wake up from this operation.* And no matter how disappointed I felt when I woke up and looked in the mirror, I'd simply postpone happiness until the next operation. (187)

But the reiterated disappointment that accompanies Grealy's hopes of finally achieving the physical ordinariness that paradoxically will make her “an individual” is countered by the way in which her experience of disease heightens her attunement to her own body, as well as to the ideological manipulation of the body in culture. Cancer, chemotherapy, surgery, and recovery make Grealy “ever more intimate” with her body (57)—with its “rhythms,” its internal organs, its capacity for pain and for healing. “I was becoming aware that I was experiencing my body, and the world, differently from other people,” she writes, “aware that normally I'd have no reason to ‘feel’ my body or know it so intimately” (90–91).<sup>7</sup> That slight parenthetical—“and the world”—points to the text's larger philosophical argument. Not just a body in pain, Grealy is precisely a body in the world, and it is that perspective—“trapped in my own body,” as she puts it—that escorts her to “occasionally even telling myself I was lucky, lucky to have this opportunity to know such things” (91). “Didn't my face open me up to perceptions I might otherwise be blind to?” she asks, only in part ironically, since it is her certitude that she is ugly that leads her eventually to revise her conception of “real beauty,” to coordinate the face in the mirror with “the person I thought I was, or wanted to be” (150, 175).

By bearing witness to her own implication in myths of feminine beauty and bodily inadequacy, Grealy's story becomes a politically useful revision, a blueprint for conceiving of new ways of being. “The journey back to my face was a long one,” Grealy writes (220). She describes years spent “detaching” herself from any desire other than to manufacture the face that will certify her worthiness (179). Neither androgynous anonymity nor a spate of “highly

charged sexual relationship[s]” with men serves adequately to “define” her or to compensate for the “obstacle of my face” (207, 206). Only by avoiding any reflection of her own image—not simply in mirrors but even coffee urns, door handles, tabletops—does Grealy begin to separate a sense of self from her consuming preoccupation with physical beauty, and to name “the person in the mirror” as herself (220, 221). This process of recognition entails reconceptualizing her face, retrieving it from its isolated position as “a single stigmatic trait” (Thomson, *Extraordinary* 11) so that it no longer symbolizes some generalized inferiority, a deficiency of will or character, a failure to control the body—in short, what A. G. Gowman once termed a whole “gestalt of disability” (qtd. in Goffman 205). If not looking at her reflection makes Grealy a temporary exile from her corporeal self, it also allows her to relinquish what she describes as “the framework of *when my face gets fixed, then I’ll start living*” (221), and thus to attend to other features of her subjectivity. Finally unable to depend on yet another operation to solve her feelings of inadequacy, she must incorporate her face, in a kind of literal way, as a member of her body, to experience embodiment as inextricable from her self. “A part of me . . . that had always been there,” she writes, begins at last “to speak” (221).

In a well-known moment from her essay “Professions for Women,” Virginia Woolf names one of “the adventures of . . . professional life” as “telling the truth about my own experiences as a body” (288). Her confessed inability to “solve” this problem, to make the female body visible by authoring rather than by objectifying it, to grant a woman’s corporeal experience a kind of truth-status, becomes Woolf’s legacy to later autobiographers. Narrating her past in the specific terms of living with illness, Grealy wrests what Leigh Gilmore calls “the agency of re-membering” from hegemonic discourse, and textualizes her body back together (239). But the effect—and, I think, the very purpose—of her “manifesto” (Smith, *Subjectivity* 157) is not to guarantee a unified female body, but rather to keep the “story” of the female body in motion, to show how the “truth” of particular bodies is open to revision. “Telling the truth” thus becomes a necessarily revolutionary act, a question not of establishing an essential femaleness, but rather of “reconstruct[ing] the world,” as Gilmore argues, “from a subject position not based on exclusion, violent differentiation, or the compulsory masking of identities” (239). Grealy’s face is an inescapable component of her identity, but its meaning is neither inevitable nor imprisoning. While *Autobiography of a Face* assures us that Grealy’s face participates in the establishment of “who” she is, the text does not also try to pin down a definition of that person in any closed, enduring way. Neither a story of triumph over adversity and physical disaster, nor one that presumes a stable reference point, a “here” from which the story is told, *Autobiography of a Face* is an autobiography without resolution.

Grealy sets physical disease against cultural dis-ease, suggesting that the material conditions of surviving cancer and bodily “deformity” help her to discover something about the “sickness” of living as a woman in patriarchal culture. In this sense both the body writing and the body described become thresholds: “neither—while also being both—the private or the public, self or other, natural or cultural” (Grosz 23), disrupting the kinds of binary categorizations that underwrite cultural oppression. Moreover, by refusing to deflect the gaze from her body—indeed, by training her own as well as her readers’ gazes steadily on the problematic of “the body” through her own physical experience—Grealy breaks the habit of accommodating a marginal self to social pressures by alternately denying and exaggerating difference.<sup>8</sup> Yet in a surprising shift at the end of the book, Grealy stages a metaphorical looking away, insuring that the text, and the identity narrated therein, remain fluid and open-ended. After nearly a year of avoiding her image, Grealy finds that she has “no idea” how her face appears to others, and she looks into a darkened window “to see if I could, now, recognize myself” (222, 223). Lonely self-scrutiny and stark, clinical detail have characterized most of Grealy’s prior descriptions of her face. Here, however, for the first time in the book, she does not provide a single detail of her current appearance. Unexpectedly preventing us from seeing her, Grealy intimates that the only gaze that matters is her own. At the same time, the implied turning away from the window transforms Grealy’s “visage” from a specimen to be examined to simply one other face in the public, communal setting of the café (200). The “night-silvered glass” in which her reflection will be indistinct, and the male companion whose interest in her is at once affirming and irrelevant—these too suggest that even Grealy no longer sees herself as a solitary contemptible body part. Rather, the ambiguity of this closing scene presents identity as always in process, entailing simultaneous connection to and separation from others. Denying us access to her body at precisely the moment when it seems she might finally accept herself as “normal” or even “attractive,” Grealy refuses to capitulate to a desire for definition and closure, and so culminates her text by rupturing the very identity she had seemed so actively to seek.

It is this notion of breakage that Grealy brings to the fore to protest the cultural subject position of a disfigured woman, the paradox of being somehow at once nobody and nothing *but* body. Far from suggesting that she ultimately transcends the weight and drag of corporeality, Grealy writes with her body a radical new form of discourse, a subversive text. *Autobiography of a Face* is a declaration of inimitable experience, as well as a window and a mirror in which we recognize our own bodies, our own contingent selves.

## NOTES

1. Sidonie Smith's *Poetics of Women's Autobiography* provides a concise history of the generic conventions of traditional autobiography. For excellent discussions that combine the concerns of feminist and disability theory, see especially Rosemarie Garland Thomson's *Extraordinary Bodies*, and Smith's *Subjectivity, Identity, and the Body*, as well as the introduction by Sidonie Smith and Julia Watson to their edited collection *Getting a Life*. The present essay is indebted to the pioneering work of Smith, Thomson, and G. Thomas Couser in the fields of women's autobiography and disability theory.
2. The complaint that the political efficacy of disability autobiographies runs aground because they confine themselves too much to a private realm of interiority and personal grief has been made by Lennard J. Davis in *Enforcing Normalcy*, and by David T. Mitchell and Sharon L. Snyder in *The Body and Physical Difference*.
3. See Thomson, "Feminist Theory"; Wendell; and Asch and Fine. Couser has also made this point.
4. Grealy herself initially makes this distinction, referring to her "body" as "something I had control over," and writing that, after hours spent working out at a gym, "even I had to admit I had a sexy body" (208, 207).
5. To be "recognized" in the psychoanalytic sense is to be acknowledged as a separate individual, as what Jessica Benjamin calls a subject or an "author" of desire. Grealy records a progression from "detaching myself from my desires," to the "major step forward" of starting to "own my desires" (179, 205).
6. Nancy Mairs has made this claim of her own MS and of disability generally. In *Waist-High in the World*, Mairs writes that "Disability is at once a metaphorical and a material state, evocative of other conditions in time and space—childhood and imprisonment come to mind—yet 'like' nothing but itself. I can't live it or write about it except by conflating the figurative and the substantial, the 'as if' with the relentlessly 'what is'" (58).
7. In her essay "Medical Identity: My DNA/Myself," Kay K. Cook also describes "invasive" medical tests as introducing her to "a material selfhood heretofore invisible": "These continuous reminders of the materiality and interiority of my body challenge the ways that I have been used to thinking about my 'self' as a fairly disembodied subject" (65).
8. One goal of the disability autobiography is to counter what Thomson has noted about the extraordinary body in literature—"literary texts necessarily make disabled characters into freaks, stripped of normalizing contexts and engulfed by a single stigmatic trait" (*Extraordinary* 11)—by situating the body within the larger context of an individual's life story. As Couser argues, "autobiography serves to deflect the gaze from a body that might otherwise trigger stereotypical responses" (182). By highlighting her experience as a disabled or disfigured body, however, Grealy goes one step further, not just insisting on the "ordinariness" of putatively different bodies, but also challenging readers to reconsider the entrenched notions of the body as a thing to be ignored, tolerated, or overcome by a controlling mind.

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