

“What...[thought] cannot bear to know”: Crippin’ the Limits of “Thinkability”

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**Abstract:** In this essay, I show how disability studies scholarship can challenge normative ways of thinking in higher educational contexts. I call this “crippin’ the limits of thinkability.” To make this argument, I draw on one pedagogical context, the course *Multicultural Education for Leadership Personnel*, offered to nurse educators enrolled in a doctoral degree in Instructional Leadership offered jointly through the College of Education and the College of Nursing in the university where I teach. In this course, through disability studies scholarship, students came to interrogate their own socialization into authority-based practices intimately tied to the positivist claims of evidence-based research. Thus, in this paper, I use queer theory and crip theory to describe three methods: the study of limits, the study of ignorance, and the study of reading practice (Britzman, 1998) to illustrate how disability studies scholarship enabled students to critically reflect on the *knowledge of bodies* and the *bodies of knowledge* manifested in nursing pedagogy and curriculum.

**Key Words:** disability studies, queer theory, transformative pedagogy

*To engage the limit of thought – where thought stops, what it cannot bear to know, what it must shut out to think as it does – allows consideration into the cultural conditions that, as Judith Butler writes, make bodies matter, not as sheer positivity, but as social historical relations, forms of citations that signify more than individuals or communities need or want.*

*Deborah Britzman, 1998, p. 216*

In contemporary educational practice in the U.S. in both K-12 and higher educational settings, instrumental rationality has become the reigning shibboleth of the times. Instrumental rationality is a form of thinking focused on pre-determined ends without any attention paid to social and political value of these ends. In both K-12 and higher educational settings, instrumental rationality is articulated through the enthusiastic touting of evidence-based practices that refuse to entertain any intellectual risks. Caught up in this mantra that requires a willful adherence to a future that is predictable, controllable, and replicable, proponents of instrumental rationality allow for very little (if any) space for boldly wandering outside the confines of the unexpected and engaging in the un-thinkable. Bolstered by high stakes testing and punitive accountability standards, proponents of instrumental rationality entertain a dogmatic embrace of an anti-intellectualism that requires the pursuit of only that which is easily observable, knowable, and especially thinkable in a facile celebration of a conventional intelligibility. Rejecting these accusations of anti-intellectualism, proponents of evidence-based educational practices argue that they are actually re-instating scientific rigor in educational research and practice. Gert Biesta (2007) describes this move as follows:

“Proponents of evidence-based education stress that it is about time that educational research starts to follow the pattern that has created ‘the kind of progressive, systematic improvement over time that has characterized successful parts of our economy and society throughout the twentieth century, in fields such as medicine, agriculture, transportation, and technology.’ ...They call for a culture ‘in which evidence is valued

over opinion' and argue that any approach to decision making that is not evidence-based is simply 'pre-scientific.'" (p. 3-4)

While I will not argue against the need for carefully conceptualized and thoughtfully researched pedagogical praxis, I am very skeptical about this casual dismissal of all that which does not neatly fit into very narrow and rigid depictions of what counts as acceptable evidence. For example, a few years ago, the mission statement in our College of Education was rewritten so as to omit the concept of "social justice." It was argued that "social justice" could not be included as one of the standards of pre-service education simply because it could not be measured. True, social justice is a much contested term, and hence clearly there can be no significant body of research that can say clearly without a shadow of doubt that the outcomes of social justice are both predictable and replicable. But, should there not be a space in almost every course in the teacher education curriculum where there is a sustained debate/discussion of the relationship of social justice (and its multiple/contested meanings) and the philosophical bases of pedagogy? This was something that the proponents of evidence-based research were adamantly against. Rather, arguing that the curriculum was already overloaded with courses that easily replicated the State's standards for effective education, the instrumental rationalists in the College of Education pointed out that it was "unthinkable" to spare any time at all in pursuing inquiries that would not lead to easily anticipated outcomes unhampered by the vagaries of context that they perceived as disruptive.

It is to those "unthinkable" spaces that I go to in this essay – spaces that are riddled with the discomfort and alienation often associated with radical possibilities that contemporary educational practice seems reluctant to explore. The title of my essay is derived from an essay by educational theorist Deborah Britzman (1998), *Is there a Queer Pedagogy? Or Stop thinking Straight!* In her essay, Britzman explores what happens "if queer theory is brought into tension with education in general and pedagogy in its specificity" (p. 213). Describing how the very notion of queer theory is seldom (officially) even thought of, and, if acknowledged, it is often conceived of as unthinkable in academic contexts, Britzman draws on a psychoanalytic framework to explore the relationship between "a thought and what it cannot think" (p. 211). Rejecting the construction of queer theory as the unthinkable discourse in the school curriculum, Britzman re-situates queer theory as the means to "rethink the very grounds of knowledge and pedagogy" (p. 211).

In this essay I argue that disability studies, just like queer theory, provides the disruptive means of troubling the limits of "thinkability" (or what we dare not think) in educational contexts. Disability studies scholarship throws the spotlight on disruptive bodies and disruptive minds. These subjects refuse the disciplinary pedagogical practices that require "docile bodies" to support the neoliberal vision for democratic education. This vision requires the management of levels of diversity that might impede efficient realization of measurable educational goals. Thus, even though educational contexts teem with diverse bodies and minds that are likely to disrupt this machine-like process, evidence-based pedagogical practices ignore this diversity or make concerted efforts to contain it. Hiding behind the façade of outcomes and standards, educational practices justify the segregation, disciplining, and even erasure of the existence of unruly, messy, unpredictable, and taboo bodies – bodies that are shaped by, and in turn, shape the social, political, and economic contexts which they inhabit (Erevelles, 2011).

Disability studies, on the other hand, revels in the celebration of those bodies that reject the dominant binary division of the world into able-bodied and disabled or normal and abnormal, by exposing these divisions as unnatural, hierarchical, and therefore oppressive (McRuer, 2006). Robert McRuer has conceptualized this radical disruption of normative belief systems as “crip theory.” According to McRuer, cripin’ is the subversive and disruptive act of “coming out” that rejects “compulsory able-bodiedness” and the disciplinary discourses it proliferates to celebrate the plethora of unruly possibilities for thinking about the body outside normative restrictions about what a body should be. Applying McRuer’s conceptualization of crip theory in educational contexts enables turning a “crip eye” (McRuer, 2006, p. 171) on the normalizing practices of education to shift the focus from test scores and normative standards to “bodies of knowledge” and “knowledge of bodies” that have historically been conceived of as “unthinkable” in contemporary educational practices (Britzman, 1998).

### Disrupting Bodies of Knowledge and Knowledge of Bodies

In this essay, I draw on McRuer’s conceptualization of Crip Theory to show how disability studies scholarship enables cripin’ the limits of thinkability in educational contexts. To make this argument, I will draw on one pedagogical context where I utilized disability studies scholarship to enable my students to explore what “thought cannot bear to know.” The course, AEL 667: *Multicultural Education for Leadership Personnel*, was offered to nurse educators enrolled in a doctoral degree in Instructional Leadership offered jointly through the College of Education and the College of Nursing at the University where I teach. In this course, students were nurse educators who held full-time positions in their fields of expertise. Unfortunately, however, their extensive professional experiences ensured their dedication to the practices of instrumental rationality and evidence-based research. The challenge in this course was the difficulty of encouraging students to interrogate their own socialization into authority-based practices intimately tied to the positivist claims of evidence-based research.

Much to their chagrin, my pedagogical strategies in the social foundations of education emphasize open-ended inquiry into the epistemological and ontological (what is accepted as knowledge and what is accepted as reality) roots of educational knowledge and pedagogical praxis. Thus, the course produced an intense culture shock in nurse educators exposed for the very first time to humanities-based scholarship with its open-ended injunctions to analyze competing and often contradictory truths. Disciplined as they were into following without question the dictates of “scientific” knowledge and located at the lower end of deeply entrenched professional hierarchies, my pedagogy that privileged the question rather than the answer was very disorienting to them. But, perhaps, more terrifying to them was that moment in the course when they found themselves brought face to face with disruptive bodies (disabled/queer) that refused to be neatly catalogued within already formulated bodies of knowledge such that they found themselves in a space “where thought stops, what it cannot bear to know, what it must shut out to think as it does...” (Britzman, 1998, p. 216).

The weekend we discussed queer/disabled bodies, my students (all 4 cohorts that I have taught in the past 4 years) seemed nonplussed when confronted with what disability scholars Patterson and Hughes (1997) have described as a “carnal sociology of the body.” Steeped in the phenomenological theory of Merleau-Ponty that grounds social knowledge in the experiencing and experienced body, disability studies scholars Paterson and Hughes (1999) argue that

impairment associated with disabled bodies is not an intra-corporeal phenomenon (within the body) but inter-corporeal (between bodies), such that the social meaning of one's impairment is not static but is, instead, always incomplete and transitory and always shaped and revealed "where the paths of ... various experiences intersect and engage each other like gears" (Merleau-Ponty, 1945/2002, p. 137). Here, knowledge of bodies is a social and not just a clinical event where all bodies are in a state of renewal and adjustment in changing physical and environmental contexts making bodies intensely aware, not just of their be-ing but also of their mutual becomings-in-the-world. Here, disability theorized as becoming-in-the-world, produces what Paterson and Hughes (1999) have called the "carnal information" of the disabled subject that imbues even the experience of impairment (e.g. pain) as the source of social and cultural meaning.

The readings that I had assigned for this section of the course were chosen to enable these nurse educators to extend their understanding of bodies outside the banality of clinical research. Though the readings did not include Patterson and Hughes' thought-provoking essay (an omission I intend to remedy this time), I had included other disability studies scholarship that included Audre Lorde's (1995) book *The Cancer Journals* and a short list of articles such as Parin Dossa's (2003), *The Body Remembers: A Migratory Tale of Social Suffering*; and Abby Wilkerson's (2002), *Disability, Sexual Radicalism, and Political Agency*. I was aware that the nurse educators in my class were not unfamiliar with phenomenology – a theoretical perspective that is often deployed in the nursing curriculum. However, it appeared that their phenomenological observations were employed in the creation of a database of clinical knowledge of bodies rather than exploring the subjectivities of lived experience replete with unanticipated meanings. More important, this "carnal" exploration of embodied knowledge has been frowned upon in clinical contexts wedded to the memorization of scientific fact and the efficient replication of scientific practice.

Even though they are constantly surrounded by vulnerable bodies, the nurse educators, many of whom who had worked in the field for more than 20 years, were taken aback by the bodily knowledges pervasive in the readings that now pushed their limits of "thinkability." However, this pushing of their limits was not a seamless occurrence. There was much resistance throughout the course in engaging in these issues. However, because of the limits of space, I am only highlighting the significant transformations that occurred in the course.

It seemed unthinkable that these disabled/queer bodies should produce such profound disruption in the matrix of their thinking especially because nurses are assumed to have a nuanced understanding of bodily difference that is intrinsic to intimate caring relationships. It soon became apparent that the limits of their "thinkability" were not a function of the paucity of encounters with disruptive bodies. Rather, they were a function of a peculiar form of invisibility. By invisibility I do not mean that the nurses did not see their patients as disabled/queer. Rather, their seeing was similar to Ralph Ellison's depiction of the racialized body in *Invisible Man*:

"I am invisible, understand, simply because people refuse to see me. Like the bodiless heads, you see sometimes in circus sideshows, it is as though I have been surrounded by mirrors of hard distorting glass. When they approach me they see only my surroundings, themselves, or figments of their imagination. Indeed, everything and anything except me." (p. 30)

Invisibility is dangerous because notwithstanding the presence of disabled/queer bodies, the dominant discourses that naturalize normativity see these bodies as nothing other than the distorted image of the norm. In nursing, in particular, where caring for all bodies is the central ethic of professional practice, the refusal to recognize the carnal possibilities for disruptive bodies in clinical contexts could prove extremely dangerous and oppressive. By “carnal possibilities”, I am referring to the other restorative aspects of embodiment (such as sexuality) that exceed the narrow clinical parameters of what is understood as “healing” or “cure.” For example, the nursing curriculum my students were exposed to acknowledged queer bodies mostly in the context of HIV/AIDS and disabled bodies mostly in clinical discussions of the ethics of death and dying. Thus, discarding the phenomenological sociology of carnal embodiment that was rife with emancipatory possibilities, the nursing curriculum seemed content to foreground queer/disabled bodies only when they were pathologized, policed, or made to disappear. Such practices support McRuer’s (2006) claim that visibility and invisibility are not after all fixed attributes that somehow permanently attach to any identity. Rather a political economy of visibility is deployed that only engages disruptive queer/disabled bodies when they are made (in)visible via pathology/policing/disappearance.

The introduction of disability studies’ scholarship to the nurse education curriculum, disrupted these habitual “ways of seeing” (Berger, 1990) forcing my students to recognize this tension between the clinical and the carnal. This was apparent in one of the responses posted on the discussion board attached to this course by a student, Lydia (a pseudonym) who wrote:

“The body to nurses is usually something we see as biological and scientific. When I catheterize a man it is just that... putting a catheter in a penis! I see nothing sexual or attractive about the process. That is how nurses view bodies, nothing special just another naked person.”

But this clinical objectivity could not hide their real discomfort about non-normal bodies. Thus, notwithstanding the centrality of care in the nursing curriculum, another student Leah observed that:

“Typically, nurses avoid patients with different bodies out of fear.... Because nurses feel uncomfortable with their fear of different bodies, they may ask to be assigned or reassigned to different patients. Still other nurses may only go into those patients’ rooms when it is absolutely necessary.... Generally, patients with different bodies feel ignored and isolated by the nursing staff, the people that they seek for care.”

Leah’s observation was one shared by several students - an uneasy reminder that even though they had extensive knowledge of bodies, even though caring was central to their work, and even though their practice relied on the infallibility of evidence-based research, this did not allow them much “room to maneuver in thinking the unthought” (Britzman, 1998, p. 216) in the nursing curriculum. Instead, disability studies scholarship transformed their understandings of diversity as objective physical/cultural characteristics into recognizing disability as a political encounter between different bodies. This transformation also brought to the forefront a critical self-awareness of their agitated silence, their bemused reluctance, and their silenced terror in these encounters with disruptive embodiment. Also, evident was the uncomfortable realization that pedagogy is more than just imparting information (evidence-based though it may be); more

than testing students on those facts (irrefutable as some of them may be); and more than hoping that students ace those standardized tests (the NCLEX for nursing certification). In this way, disability studies scholarship began to initiate possibilities for re-thinking the very grounds of knowledge and pedagogy in the nursing curriculum.

Many of the nurse educators teach in community colleges where they are forced to adhere to a pre-existent curriculum or face the threats of sanctions if they do not teach to the test. Thus, in class, they raised these rather desperate questions: If this (any disruptive issue) is not on the test, can we even teach it? If it is a skill that cannot be measured, should it even be on the curriculum? What if students complain that we are exceeding the limits of what is conceived of as the curriculum in nursing? What if we are uncomfortable with the issues that we raise? These questions foreground precisely what Britzman argues is the relationship between “a thought and what it cannot think.” Thus, in the next few sections of the paper, I will explore this relationship in the nurse curriculum using:

“...Queer Theory’s [and Crip Theory’s] insistence of three methods: the study of limits, the study of ignorance, the study of reading practices. Each method requires an impertinent performance: a struggle to think against the thought of one’s intellectual foundations, an interest in studying the skeleton of learning and teaching that haunt one’s responses, anxieties, and categorical imperatives and a persistent concern with whether pedagogy can allow for more room to maneuver in thinking the unthought of education.” (Britzman, 1998, pp. 215-216)

Hence, drawing on the course readings and students’ writings from the on-line discussion board, I will illustrate how disability studies scholarship enabled students to critically reflect on the *knowledge of bodies* and the *bodies of knowledge* manifested in nursing pedagogy and curriculum.

### Crippin’ the Limits

According to Britzman (1998) the study of limits foregrounds “unmarked criteria that work to dismiss as irrelevant or valorize as relevant a particular mode of thought, field of study, or insistence upon the real” (p. 216). The study of limits became a central theme in my course. To the predominantly southern Baptist, straight, female, nurse educators one of the limits that marked what “they could not bear to know” was the issue of sexuality in clinical contexts. Comfortable only around clinical discussions of sexuality in the context of disease or in the mechanics of care, their introduction to the erotic queer/disabled body in Abby Wilkerson’s (2002) article was initially disturbing to them. Wilkerson (2002) argues that issues of sexuality are markedly erased in in medical contexts unless they manifest themselves in contexts of control. At all other times, Wilkerson points out, medical personnel experience what Cindy Patton describes as “erotophobia” that she defines as follows:

“...[E]rotophobia...[is] ‘the terrifying, irrational reaction to the erotic which makes individuals and society vulnerable to psychological and social control in cultures where pleasure is strictly categorized and regulated’.... Erotophobia (like homophobia) involves not only explicit declarations of pathology, but also other practices and attitudes that

more subtly reflect cultural taboos against sexual practices, desires, and identities.” (p. 40)

Reading Wilkerson’s essay began to make visible to these students their own terror of the carnal sociology of non-normative bodies. Thus, for example, one nurse educator Mary Jean wrote:

“Wilkerson (2002) argues that erotophobia is a means of ‘creating and maintaining social hierarchies’ and ‘oppressing marginalized groups.’ In medicine, for example, healthcare workers often do not address sexuality with marginalized patients....Even discussions about racism, sexism, homosexuality, desire, classism, and ageism [are] considered taboo in our culture. Trying to discuss these issues with patients and students are difficult and often are avoided.”

In exploring why these fears exist especially around disabled bodies, Sandra, another student wrote:

“...[P]athologized bodies represent social upheaval and chaos...It is really our underlying fear that feeds biases towards disabled people. Fear is borne out of lack of understanding, lack of familiarity and that subtle horror we all have that it could be us. This horror or fear really should make us more willing to see their lives through their eyes not ours. Unfortunately it doesn't.... As the ‘caring’ profession you would think we would be at the forefront of listening to these patients and advocating for them. However we have often been guilty of treating them like children, not capable of having the same desires or feelings that all adults have.”

As the quotes above indicate, it became increasingly apparent that erotic queer/disabled bodies forced these nurses to the very limits of their thinking. Needing a way to think outside these limits, I shared with the nurse educators the poet, essayist, and activist Eli Clare’s (2001) more embodied description of his disabled body:

“I want to write about the body, not as a metaphor, symbol, or representation, but simply as the body. To write about my body, our bodies in all their messy complicated realities. I want words shaped by my slurring tongue, shaky hands, almost steady breath; words shaped by the fact that I am a walkie – someone for whom a flight of stairs without an accompanying elevator poses no problem – and by the reality that many people I encounter in my daily life assume I am ‘mentally retarded.’” (p. 369)

Clare’s exhortation that the body is more than its clinical symptoms enabled the nurse educators to recognize how the limits in the nurse curriculum simultaneously also produced limits in nursing praxis and called into question the key tenets of caring work. Thus, Juanita, a nurse educator explained:

“[N]urses claim to espouse the holistic approach in nursing by considering all aspects of a person's life that impact their health.... [N]urses reinforce and promulgate taboos about sexuality, especially in disabled patients. Nurses leave out one of the basic needs from Maslow's hierarchy....sexuality.... Denying the disabled their sexuality is the same as

refusing to grant them equal status as a person. It is another form of injustice and an expression of structural violence towards a marginalized group.”

Juanita’s reflection foregrounds Britzman’s argument that the notion of limits requires the presence of those considered unfit, unworthy, those who are dismissed. In shifting from clinical knowledges to a carnal sociology, the nurse educators embraced a more expansive conceptualization of care that required a radical re-thinking of the nursing curriculum.

### Crippin’ Ignorance

Britzman (1998) argues that the study of limits does not necessary explain why and how queer (and crip) discourses foreground “the margins between claims of truth and the claims of textuality [a space where] all discursive structures are formed” (p. 221). The example that Britzman (1998) uses in her essay is Cindy Patton’s discussion of how AIDS education represents a disjunction between the facts of viral transmission and the fashioning of safer sexual practices. This disjunction problematically produces sexual identities that are either guilty or innocent, yet, at the same time, supports a sex education pedagogy that claims that no one is safe. Britzman (1998) argues that, in such contradictory contexts, pedagogy, itself, becomes “the production of knowledge, ignorance, and subjects who presume to know” (p. 224).

Audre Lorde’s (1995) *The Cancer Journals* was an effective text situated in opposition to this form of willful ignorance. In this book, Lorde resists her normalization into straight white femininity after her diagnosis of breast cancer and the mastectomy that followed. Many of the nurse educators had worked with post-operative breast cancer patients and not until reading this book had they ever questioned whether the immediate implantation of prosthetic breast options soon after surgery was necessary and/or safe. Moreover, in almost every class, I encountered at least one nurse educator who had undergone a mastectomy. Here, Lorde’s critique enabled a thoughtful reconsideration of normative medical practice because it foregrounded again “the margins between claims of truth and claims of textuality.” As Jenny, a nurse educator, wrote:

“This ...injustice is demonstrated in Audre Lorde's experiences with mastectomy as a black lesbian. The lady that comes in to discuss prosthetic breast options comes in with the presumption that [Lorde's] hope and desire is to look "just as good as you were before because you can look exactly the same" and goes on to describe her own heterosexual viewpoints on how she does everything (sexually) that she did pre-mastectomy. She never considers the possibility that [Lorde] is anything but heterosexual invoking a sense of shame in [Lorde] and keeping her silent. This causes an injustice by denying [Lorde] the opportunity to discuss her own unique concerns.”

Reading Lorde foregrounded for the students “how the disjunction between what the normal subject-presumed-to-know and the deviant subject obligated-to-confess [becomes] discursively produced” (Britzman, 1998; p. 22) Lorde’s description of the hostility raged against her for being “one-breasted” and refusing to conform to the normative image of “breast cancer survivor” foregrounded for them how identity is forged in the interactions between bodies. In other words, these nurse education students through their thoughtful reading of Lorde’s text realized how their own perceptions of normativity were forced on their patients in ways that they

now perceived were oppressive. Thinking this through, another student Susan wrote this in response to Lorde's text:

“In Lorde's readings, she felt that she was forced to wear the prosthesis in order to not be different. This choice made her different. The loss of her breast made her body different as well. Lorde was telling us that it seemed that other women had a harder time with her choice of not wearing the prosthesis. As a nurse, we need to pay attention to this difference. Lorde's difference may not be a personal feeling of difference (self), but the feeling of this difference comes from us (others)...As nurses we need to be aware of these intersections.”

Reading bodies as interacting with each other within inter-subjective contexts also opened up a space for nurse educators to questions aspects of their knowledge base that seemed sacrosanct earlier. Thus, Jameela, a nurse educator writes:

“As nurses we come to accept a patient's disease process as detrimental and something that we must "cure" them of or return them to a 'normal' state. It is the definition of normal that I fear is most misleading and confusing for nurses. What is normal? Who defines 'normal' and why do we as nurses constantly strive to return the patient to their 'normal' state?... When a patient makes a choice not to go along with the "normal" sequence of events, such as Lorde did by not wearing a breast prosthesis, does that affect our ability to care for them as a person...? Do we know how to accept that an individual may choose to be 'abnormal'?”

#### Crippin' Reading Practices

The third method that Britzman foregrounds in her essay is the study of reading practices. Here Britzman (1998) calls for a critical self -reflection of how one reads, paying close attention to practice of engaging with the other while “reading” the social. In doing so, she calls for a practice that “provokes a theory of reading” (p. 225), that is unafraid of the risk to self when thinking at the limits. This mode of reading was alien to the nurse educators for whom reading implied a transparent straightforward relationship between reader and text. Parin Dossa's (2003) article, *The Body Remembers* challenged this linear relationship. In this article, Dossa presents a narrative anchored in the suffering body of an Iranian immigrant woman living in Canada such that as researcher, Dossa could no longer remain detached but felt compelled to become a vulnerable and witnessing observer in order to bridge the gap between silence and speech. Dossa's essay had an impact on the nurse educators because it provoked a theory of reading that foregrounded the body as a source of language and meaning – especially the “suffering” body. As another student, Reena wrote:

“Dossa argues that ‘silence, the marker of human agency may be recognized as language.’ The silent language of bodily symptoms allowed Zahra to relate her suffering in the only way she could. Marginalized and oppressed groups have used silence and storytelling to voice their pain, which is against the dominant culture's version of the story. For example, Japanese women after the bombing of Hiroshima relayed their suffering through words of motherhood: worrying about ability to produce children and voicing concern about the conditions of children produced. Nurses have to learn this

silent language of symptoms to truly give patient holistic care. For, as Dossa noted, if one looks at the body and its symptoms, a story of structural oppression may appear.”

The most exciting aspect of this reading practice was that nurse educators who formerly conceived of pedagogy as lectures and tests now began to recognize students as embodied subjects in the classroom. Thus, Tabitha, another student wrote:

“...I think we can use this same listening in nursing education as we learn to read students' silence in order to hear what they are really saying. As educators we may interact with students undergoing the silence which lends itself to the 3 performative acts which Dossa spoke about: retrieval of voice, testimonial speaking, and deployment of words. Firstly, a gender minority or disabled student regains their voice after the empowerment which nursing school brings. Secondly, this student represents other voices within the newly gained voice they achieved. Lastly, they establish their own ‘moral authority’ with their words or their own place within the subordinate group in nursing school. As educators, we must listen not only to their voices but also their silence, which is a story in itself. All the students we encounter have stories to tell but as Dossa states ‘silence does not rule out speech.’”

Similarly, in direct opposition to the clinical context of evidence-based research practices, the nurse educators were open to exploring the possibilities of the role of vulnerable observer in the research process. For example, Sara wrote:

“In regards to research within nursing education, Northway emphasizes how “the position a researcher takes is not fixed but is an on-going process of self-critique and self-appraisal.” We must look within our own suffering and reflect in order to promote honesty within our research as nurse educators. We must listen to our inner self to promote reflexivity. I like the idea of a journal during ANY nursing research in order to reflect on our own inner critical thoughts. Also, the dialoguing which is required within our journal to ensure we ‘debrief’ with another regarding our ‘silence’ of thoughts is so very vital in research.”

### Crippin’ Care

In this essay I have highlighted how disability studies scholarship challenges the hegemony of instrumental rationality in nurse education and practice as described earlier in this essay. In my course I realized that the nurse educators seemed to be stuck between a rock and a hard place – between the impersonal objectivity of clinical research/practice and the intimacy of caring relationships. Attempts to efficiently negotiate this dichotomy required that nurse practitioners support a disciplined and controlled existence within the limits of normative thought. The introduction of disability studies proved to be disruptive causing students to rebel against these limits, to reject the ignorance of centering the normal subject –presumed-to-know and to re-think the reading practices that reproduce dichotomies of normal/abnormal. These disruptive reading practices also disrupted imagined notions of caring that these nurse educators had long held dear. They now argued that it was not enough for nursing praxis to just care. Authentic caring praxis necessitates that one confronts the limits of one’s ignorance and venture into spaces where diverse bodies are enabled to forge relations that are disruptive of the norm. In

short, the radical possibilities inherent in cripin' care are possible only if we can refuse the "cultural insistence to put back into place the boundaries at all cost that education is obliged to exceed" (Britzman, 1998, p. 212).

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**Acknowledgments:** My special thanks go to David J. Connor, Jan Valle, and Chris Hale for not only editing this special issue but also for their encouraging support of my work. All errors in this essay are of course mine.

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