

Tanja Reiffenrath. *Memoirs of Well-Being: Rewriting Discourses of Illness and Disability.* Body Cultures Series. Bielefeld: Transcript Verlag, 2016. pgs \$45.00, paper, ISBN 978-3-8376-3546-1.

Reviewed by Travis Chi Wing Lau (University of Pennsylvania)

Published on H-Disability (May, 2017)

Commissioned by Iain C. Hutchison (University of Glasgow)

Following the lead of scholars like Thomas Couser and Arthur Frank, Tanja Reiffenrath focuses her study on the twentieth- and twenty-first-century illness and disability memoir as a unique genre that marks a “crucial change in the demographics and body politics of life writing in the United States” (p. 11). For Reiffenrath, these memoirs respond to a new social need, emerging since the 1980s, for a narrative form that not only represents and narrates the experience of illness and disability but also resists and revises biomedicine’s linear narrative of diagnosis, treatment, and recovery. Such memoirs’ political power is in their ability to “blur the boundaries between health and illness/disability” as opposed to reifying them as stable categories with health as the necessary telos of any life narrative (p. 14). Rather than fetishize the loss of health and the desperate return to health as always a desired state of being, these memoirists reimagine what “well-being” might look like outside of a curative model that can only define health as the absence of disease.

Reiffenrath’s archive, as she describes it, is “selective rather than exclusive”: literary memoirs of well-being typically by professional, established intellectuals (p. 18). She explicitly excludes “relational narratives” (those written by relatives about other family members) and narratives by non-academics or first-time writers. While acknowledg-

ing the particular privilege of these authors to write, market, and sell their respective memoirs in the first place, Reiffenrath focuses on the works of Audre Lorde, Oliver Sacks, Simi Linton, Kenny Fries, and Siri Hustvedt to highlight the pervasiveness of the “memoir of well-being” genre as one that encompasses many highly canonical texts, as well to connect her work to “current discourses in the disciplines of American Studies, memoir studies, and Disability Studies” (p. 19). This strategy, while missing out on the possibility of excavating a history of the “memoir of well-being” “from below,” allows her to demonstrate how such highly visible memoirs help to “destigmatize disease and impairment and encourage alternative and embodied visions of well-being” through an explicit politicization of their authors’ bodily conditions (p. 26). Reiffenrath’s choice of first-person academic memoirs consistently underscores how their authors do not disavow illness or disability but make their patienthood, their deeply personal incapacity, political; the writers do not simply pass as healthy or, to put it in Susan Sontag’s words in *Illness as Metaphor* (1978), as happily returned to “the kingdom of the well” (p. 3).

The book moves from a discussion of its theoretical and methodological framework to a set of “case studies.” Reappropriating the genre of the medical case study, Reiffenrath demonstrates

through her close readings of five different “memoirs of well-being” how their experiences of illness and disability exceed the biomedical frameworks that try to contain them. The case study, itself a historical genre of medical writing, was notoriously dependent on narrative conventions like figurative language. Reiffenrath recuperates this connection by emphasizing how the writers in her study engage both lay and scientific understandings of illness and disease; the impulse to establish a “clear” line between subjective and objective understanding of illness and disability becomes impossible (if not entirely beside the point) when both contribute to the writers’ identities as ill and disabled individuals. Rather than entirely disentangling themselves from the medical discourses that first gave meaning to their respective conditions, writers like Lorde and Sacks return to the traumatic encounters with medical practitioners to challenge a clichéd triumph narrative that must end with curative resolution. Like Eli Clare’s recent book, *Brilliant Imperfection: Grappling with Cure* (2017), Reiffenrath’s study focuses on how an often-marginalized patient voice becomes disempowered by biomedicine’s claims to “know” ill and disabled bodies and then ultimately cure them. Instead, these writers highlight the “uncertainty” and “contingency” of medicine’s objectifying and dehumanizing positivism (p. 288). What unifies these works under the subgenre of “memoirs of well-being” is their capacity to draw on embodied experiences of illness and disability to develop their own ways of knowing the world, what Robert McRuer has provocatively called “cripistemology,” to resist the hegemony of the curative paradigm that dominates Western culture (*Crip Theory: Cultural Signs of Queerness and Disability* [2006]).

Particularly striking is Reiffenrath’s attention to the place of community in these “memoirs of well-being.” Lorde and Linton use narrative to connect themselves to both real and “alternative imagined communit[ies]”—a powerful act of identification that underscores how the personal, particularly for ill and disabled people, is always polit-

ical (p. 285). The singular “I” in the memoirs Reiffenrath explores is recognized, echoed, and amplified by others beyond the narrative’s boundaries: “illness and disability not only cease to be linked to isolation, but these experiences also assume great momentousness” (p. 285). The “momentousness” is the oscillation between the singular and the collective, which counterintuitively runs against the assumption that memoir is the genre of narrow individual experience. Reiffenrath ultimately argues that the authors in their “memoirs of well-being” self-disclose as a powerful gesture of solidarity with a larger “remission society” that is underacknowledged. This important conclusion could have linked up excitingly with recent scholarship in disability studies about interdependence and the politics of care. These authors find kinship not only with fellow ill and disabled people but also with able-bodied individuals who might be their caretakers or their allies.

Reiffenrath’s book is a timely addition to the growing body of scholarship on illness and disability life writing. While written for those more familiar within these fields, the book’s introduction and opening chapters survey key theoretical frameworks in the philosophy of medicine and disability studies in a form accessible for nonspecialists. Yet, in her desire to situate herself in relation to older work on memoir and illness and disability studies, her arguments at times get buried beneath frequent references to the work of other scholars. Reiffenrath’s revision of her dissertation into book form could have more strongly foregrounded her many important interventions into how these memoirists are “more than ‘wounded storytellers’” (p. 294).

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Citation: Travis Chi Wing Lau. Review of Reiffenrath, Tanja. *Memoirs of Well-Being: Rewriting Discourses of Illness and Disability*. H-Disability, H-Net Reviews. May, 2017.

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