“I Had To Make A Hero Of Myself”: Leonard Kriegel’s *The Long Walk Home* As Autopathographical Quest Narrative

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Abstract: Leonard Kriegel’s autobiographical memoir, *The Long Walk Home* can be read as an autopathographical quest narrative, or hero’s journey. While the quest-like nature of Kriegel’s memoir grounds his work in the masculine tradition of American literature, and masculine autobiography in particular, Kriegel’s work also performs functions indicative of the historical emergence of the contemporary illness narrative, which Arthur Frank says in *The Wounded Storyteller*, “reclaims the author’s right to tell what is her own experience, it reclaims a voice over and against the medical voice, and it reclaims a life beyond illness, even if illness is the occasion of writing” (5). As a result of the tensions inherent in “reclaiming” voice, Kriegel’s work functions politically, offering a counter-voice to the dominant discourse of illness and disability in the modern era.

*Ill people need to be regarded by themselves, by their caretakers,
and by our culture as heroes of their own stories.*
—Arthur W. Frank

“Literature does its best to maintain that its concern is with the mind; that the body is a sheet of plain glass through which the soul looks straight and clear, and, save for one or two passions such as desire and greed, is null, and negligible and non-existent,” writes Virginia Woolf in “On Being Ill.”¹ First published by T. S. Eliot in the *New Criterion* in 1926, Woolf laments in her essay that illness has not taken its place among love and battle and jealousy, the “prime themes of literature.”² She calls for a new language in literature to help express illness, a language “more primitive, more sensual, more obscene,”³ which captures the confessional, often rash truths of illness which “the cautious respectability of health conceals.”⁴ More than fifty years after the publication of Woolf’s essay, American author Reynolds Price laments the paucity of *autobiographical* works treating the reality of illness and disability in American culture. After undergoing major surgery and radiation treatment for spinal cord cancer which left him paraplegic, Price yearns for “companions” in books by authors whose voices come “from the far side of catastrophe, the dim other side of that high wall that effectively shuts disaster off from the unfazed world.”⁵ Finding only a “slim row of printed matter” along these lines, Price writes his own book on his experience with cancer, *A Whole New Life*, in an effort to fill some of the void.

A Whole New Life was, in fact, just one of a number of autobiographical illness narratives to emerge from American writers in the 1980s, and the trend not only continued, but has flourished

since the 1990s, coinciding with increased activities of the disability rights movement and the passage of the *Americans with Disabilities Act* in 1990. Leonard Kriegel, Nancy Mairs, Kenny Fries, William Styron, Lauren Slater, Andre Dubus...the list of American writers publishing critically acclaimed memoirs of illness and disability since the 1980s goes on and on. We have, it seems, discovered the language for illness that Virginia Woolf was searching for.

Despite the emergence of this new genre of American literature about the body, and the disabled body in particular, disability studies scholars David Mitchell and Sharon Snyder are wary that the discourse of disability that has emerged in the past twenty-five years has been largely shaped by the autobiography genre. The positive benefit of this discourse, they write, is that the autobiographical narrator provides a “unique subjectivity that evolves out of the experience of disability as a physical, cognitive, and social phenomenon.”⁶ Additionally, by representing disability as a private and minority concern, autobiographical narratives of disability seek the “attention of the culture because the social arena has proven inadequate to the tasks of responding — both legislatively and morally — to a population located on the fringes on institutional access.”⁷ Despite these benefits, Mitchell and Snyder warn against what they see as an inherent flaw of autobiographical disability narratives: their penchant to feed the public’s appetite for confessional writing, which serves to overshadow these narratives’ “attendant social and political contexts” with “emotions of pity and/or sympathy evoked by the reader’s identification with the narrator’s personal plight.”⁸ As such, they argue, disability life-writing “cannot *singularly* provide the interpretive paradigms needed to revise cultural understandings of disability”⁹

It is true that autobiography *alone* cannot change cultural understandings of disability experience, but I argue that first-person narratives of illness and disability do play an important role in making the ill and disabled more visible in a society that has traditionally marginalized their existence. G. Thomas Couser in “Conflicting Paradigms: The Rhetorics of Disability Memoir,” notes that autobiography has historically served marginalized groups in American society as a sort of “threshold genre.”¹⁰ It has played an important role in helping to expand the American literary tradition to include African American, Native American, and women writers, for example. Couser argues, and I agree, that autobiography can serve people with disabilities in much the same way: “If marginalization is in part a function of discourse that excludes and/or objectifies, autobiography has considerable potential to counter stigmatizing or patronizing portrayals of disability because it is a medium in which disabled people may have a high degree of control over their own images.”¹¹ This kind of self-representation is a source of liberation, Couser explains in “Disability and Autobiography: Enabling Discourse:”

Insofar as autobiography is the literary expression of the self-determined life, the genre that may be said to embody personal autonomy, it seems an ideal medium for contesting the association of disability with dependence and invalidity. Writing autobiography...may enable individuals with disabilities to cross back over the border into the mainstream, or better yet, to cross out that border.¹²

While people with disabilities may eagerly be writing autobiographical disability narratives as an effort to enter mainstream American culture, Couser warns that disabled writers should be aware that the literary marketplace has traditionally required various kinds of distinction from writers of autobiography — they must have had a life that is worth writing about. For the disabled writer, however, her distinction, her disability, may work to “disqualify” her as an autobiographer, “unless it can somehow be made the focus of the book, the hook for the reader.”¹³ The danger here, Couser

notes, is in running the risk of reducing one's life to a case study, "reifying disability and thus reinforcing marginalization. In addition, the cultural values of autonomy and independence that autobiography celebrates are not entirely sympathetic to people with disabilities; to some, they are unattainable, hence inappropriate ideals."¹⁴

As a consequence of these cultural values, Couser explains that the American literary marketplace has traditionally sought illness and disability narratives that "conform to preferred plots and rhetorical schemes," and what "characterizes these preferred rhetorics," Couser writes, "is that they rarely challenge stigma and marginalization directly or indirectly."¹⁵ The traditional rhetorics Couser defines include "triumph over adversity stories," which tend to create "Supercrips" of their authors, removing stigma from the work's narrator but reifying it for others with similar disabilities.¹⁶ Gothic rhetorics, or the "rhetorics of horror," on the other hand, portray illness and disability as dreadful conditions to be avoided at all costs and tend to confirm negative stereotypes of the disabled.¹⁷ Other traditional disability narratives Couser identifies include stories of religious conversion, whereby authors gain religious insight as a result of illness or disability, and nostalgia narratives, through which authors mourn the loss of their previous, able-bodied lives.¹⁸

Cultural expectations about the lives of disabled people, then, often shape the rhetoric of narratives about disability and minimize the potential of autobiography to liberate its authors. The resulting paradox, Couser confirms, is that those disabled writers who *do* represent themselves through autobiography are not always representative of others with disabilities.¹⁹ It is this paradox that disability scholars and activists such as Mitchell and Snyder speak to in their criticism that autobiography fails to address the concerns of the American disability *community*. However, as Couser notes, some autobiographies by the ill and disabled *do* address these concerns. While traditional narratives frequently fall into the rhetorics Couser identifies above, he also notes the "counter-hegemonic potential" of illness narratives which write against the American grain of these rhetorics. He notes,

Such counternarratives challenge and undermine the limited medical paradigm of disability...In their consciousness of their own condition as culturally constructed and as shared by others their authors may move beyond the familiar formulas of disability memoir and point the way to broader critiques of the construction of disability in America today.²⁰

In "Empire of the 'Normal,'" Couser especially notes the counter-hegemonic potential of narratives "whose authors address their membership in a larger community or culture of disability, texts that function as first-person *plural* accounts of disability, in part because they reflect the growth of disability consciousness."²¹

Vying for more discourse that speaks to the disability community, Mitchell and Snyder embrace the types of autobiographical projects Couser describes here. While I, too, value the counter-hegemonic nature of these texts, I argue that first-person *singular* narratives are capable of reflecting the same sense of a growing disability consciousness, even if their authors do not always define themselves in light of the larger disability community. In my examination of the autobiographical works of American author, Leonard Kriegel, for instance, I draw attention to the ways he controls the representation of himself in his work. As a disabled writer, he not only counters cultural representations that have previously occurred at the expense of the ill and disabled, but he also refuses to remain invisible within American culture.

* * *

In the summer of 1944 an eleven-year-old boy set off for a two-week summer camp and did not return home for two years. He was an active boy, a boy whose thoughts of summer turned to playing stickball in the streets of the lower middle class Bronx neighborhood he grew up in, and he looked forward to his first sojourn from home alone. From the start, because his father needed much convincing before he was allowed to go, the boy “looked upon this journey as a skirmish with [his] fate,”²² unaware that fate would turn out to be a formidable contender, a “knife of virus [that would] sever legs from will,”²³ cutting his childhood short with illness and disability.

The boy was Leonard Kriegel, and his story, his autobiographical memoir, is *The Long Walk Home*, a work in which Kriegel says he “tried to re-create with neither sentimentality nor false piety the experience of having polio.”²⁴ Here, Kriegel recounts his summer camp experience and the following two years of his childhood spent at the New York State Reconstruction Home in West Haverstraw, receiving painful treatments and grueling rehabilitative instruction for his disease. Throughout the various chapters of the narrative, Kriegel writes of ultimately losing the use of his legs and his progressive use of a wheelchair and crutches and leg braces for mobility.

As its title suggests, *The Long Walk Home* can and should be read as a journey, a quest narrative. On one level, the memoir details the literal journey of Kriegel’s long awaited return to his family home after his polio rehabilitation. On a metaphorical level, however, Kriegel’s journey is one of self-discovery, his quest as an adolescent to find an authentic self in his newly crippled body. In taking this journey Kriegel not only discovers this authentic self, he writes a compelling quest narrative worthy of admiration as part of our American literary tradition. *The Long Walk Home* is additionally significant, however, for being one of 20th century American literature’s first illness narratives to challenge the dominant literary discourse on illness and disability in our culture, performing some important functions of illness narratives that Arthur W. Frank has identified as indicative of the historical emergence of the contemporary illness narrative.²⁵

Like other illness narratives Frank describes (though Frank does not mention Kriegel’s memoir in particular), Kriegel’s struggles in his autobiography “to gain a public voice to tell a private experience,” and sustains the “primacy of one’s own voice vis-à-vis the medical voice.”²⁶ Frank explains that these overlapping tensions reflect the ways in which contemporary illness narratives are “distinct in the work of *reclaiming*” they must do. “The narrative,” he says, “reclaims the author’s right to tell what is her own experience, it reclaims a voice over and against the medical voice, and it reclaims a life beyond illness, even if illness is the occasion of writing.”²⁷ As a result of these tensions inherent in “reclaiming” voice, Kriegel’s work functions not only as autobiography, but as autopathography, as G. Thomas Couser defines the term, with political importance. In his essay, “Autopathography: Women, Illness, and Lifewriting,” Couser defines *autopathography* as autobiographical works in which illness and disability are “squarely in the foreground of the narrative.”²⁸ More specifically, when using the term *autopathography*, Couser has in mind illness narratives that are political in nature, those that “contest cultural discourses stigmatizing the writer as abnormal, aberrant, or in some way pathological.”²⁹ Life writing of this nature “critiques social constructions of the disabled body and incorporates a counternarrative of survival and empowerment that reclaims the individual’s or loved one’s body from social stigmatization and the impersonalization of medical discourse.”³⁰ As autopathography, aspects of Kriegel’s illness narrative, *The Long Walk Home*, in addition to individual essays published elsewhere, work in this same way, acting as counterdiscourse to the dominant discourse of illness and disability in the modern era. In Kriegel’s work, this counterdiscourse emerges, in part, through the ways he manipulates the well-known narrative convention of the quest narrative, a traditional form not only of myths and canonical literature, but of illness narratives as well.

I. On Reading the Wounded Storyteller

In *The Wounded Storyteller: Body, Illness, and Ethics*, Frank examines published illness stories to identify three narrative voices common to illness narratives: the restitution narrative, the chaos narrative, and the quest narrative. The restitution story, Frank explains, is a story in which a patient seeks a diagnosis and cure for his ailments. It is the dominant story told by the recently ill and it is a narrative that “reflects a ‘natural’ desire to get well and stay well.”³¹ As story, the purpose of the restitution narrative is to illustrate how the ill person is made well and returned to the status quo.³² The sickness itself is not memorable to the teller of the restitution tale, but the restitution may be. As Frank notes, “restitution makes a good story after the fact only if it was unexpected,” and the teller of the restitution story has limited responsibilities beyond “taking one’s medicine and getting well, wellness being defined in contrast to illness.”³³ Ultimately, restitution stories “bear witness not to the struggles of the self but to the expertise of others: their competence and their caring that effect the cure. In this witness restitution stories reveal themselves to be told *by* a self but not *about* that self.”³⁴ Differing from the restitution narrative, the chaotic narrative presents a view of illness in which there is no recovery. Whereas the restitution narrative is preferred because it melds with the master narrative of American medicine, the chaos narrative is discouraged and rejected as anxiety-producing. Indeed, as Frank claims, chaos stories are “anti-narratives” in that they cannot “literally be told but can only be lived.”³⁵ The “person living the chaos story has no distance from her life and no reflective grasp on it. Lived chaos makes reflection, and consequently storytelling, impossible.”³⁶

Finally, Frank defines what he concludes is the most dominant illness narrative — the quest narrative. These narratives “meet suffering head on; they accept illness and seek to *use* it,” Frank writes. “What is quested for may never be wholly clear, but the quest is defined by the ill person’s belief that something is to be gained through the experience.”³⁷ Frank suggests that unlike restitution narratives, in which the ill surrender their voice to medical professionals, and chaos narratives, in which the ill have no voice at all, it is only through the quest narrative that the *teller*, the ill person himself, is afforded the opportunity to tell his own story.³⁸ And in telling his story as a quest narrative, the ill man can tell of his “searching for alternative ways of being ill. As the ill person gradually realizes a sense of purpose, the idea that illness has been a journey emerges.”³⁹

Frank describes one type of quest narrative as automythology. Often embracing the metaphor of the Phoenix that arises anew from ashes and flames, Frank explains that automythological quest narratives fashion “the author as one who not only has survived but has been reborn. Like the manifesto, the automythology reaches out, but its language is more personal than political. Individual change, not social reform, is emphasized, with the author as an exemplar of this change. The automythologist may be an unwilling hero, but he is never an unwitting one.”⁴⁰

As I will show in my discussion of *The Long Walk Home*, it is clear that Leonard Kriegel is enacting the role of automythologist. While his work here has political ramifications as autopathography, which I will highlight, he does not write as a political activist for the disabled community. Instead, Kriegel’s story remains largely a personal one, the story of a boy, who “like any 11-year-old boy, wanted to place [himself] within the American spectrum. And in order to do that,” Kriegel writes, “I had to individualize illness,”⁴¹ and “I had to learn to be my own hero, my own role model.”⁴²

Readers encounter Kriegel’s hero self in the form of Lennie in the *Long Walk Home*. Representing the boy, Lennie, as he recounts his journey to selfhood, Kriegel seemingly becomes a character in his own life story, the literary survivor-hero he can relate to, resembling the traditional hero’s adventure of mythology, as thoroughly documented in Joseph Campbell’s highly regarded work, *The Hero With a Thousand Faces*. As noted previously, the title of Kriegel’s autobiography, *The Long Walk Home*, suggests this traditional platform for reading and interpretation of the mythic and

symbolic elements in the work. Like traditional quest narratives, *The Long Walk Home* traverses many of the stages of the hero's journey previously identified by Campbell. Throughout the journey, however, Kriegel reminds us that his is not simply a quest narrative, but an *illness* narrative. As such, both his illness and his disability are central and essential to the narrative, a surprising turn for readers more used to the able-bodied hero's tale.

Frank reminds us that the quest narrative — or, to use Campbell's well-known term, the *hero's journey* — consists of three stages: the “call, the road of trials, and the return.”⁴³ Frank aptly applies these stages of the hero's journey to illness narratives when he describes the “call” as

recognizing a symptom not just as the sign of a disease but as the beginning of a journey. Accepting the call means accepting the illness as affecting one's life. The issue is not restitution but working out the changes illness brings. These changes occur in the course of trials, including sufferings of surgery and stigma.⁴⁴

Kriegel complicates the traditional quest narrative by infusing it with the concerns of illness and disability, but he also complicates the traditional illness narrative, and the traditional polio narrative in particular. He eschews themes of restitution and conversions — which by their very nature recall a certain reliance on others — and maintains the very singular voice of the rugged individual, the male American autobiographer.

This singular voice is essential to Kriegel's view of himself. In his writing and in his life, Kriegel has rejected categorization, being seen as just part of a larger group of cripples. He insists on his individuality, a singularity that some disability activists, ironically, criticize him for. For Kriegel, this strength is in his writing, in seeking and defining his own, authentic self. He understands that the “task of the cripple is to re-create a self, or rather to create a true self, one dependent upon neither fantasy nor false objectivity. To define one's own limitations is as close as one can come to meaningful independence”⁴⁵

II. Lennie Kriegel's Journey Home

The first stage of the hero's journey, we remember, is the departure, that moment when the hero accepts the call to action that sets his adventure in motion. In *The Long Walk Home*, readers familiar with quest narratives might falsely identify Lennie Kriegel's moment of departure as the moment he leaves the safety of his Bronx home and boards the bus for summer camp. He has, after all, never been away from home before and great adventures must surely await him. Kriegel quickly informs us that the journey he has embarked on is much larger than his camp experience, as camp-life itself teaches him little that he had not known before.⁴⁶

It is not camp, then, that calls the hero Lennie into adventure. His departure, instead, is aligned with Frank's findings about other illness stories in which the call for departure “is the symptom: the lump, dizziness, cough, or other sign that the body is not as it should be.”⁴⁷ For Lennie the sign that all is not well first comes when his friend, Jerry, takes ill at camp and goes to the camp infirmary. Later that day, Lennie, too, feels the first symptoms of the invisible virus beginning to damage his young body. In an ominous moment that foreshadows his future, Lennie's legs buckle under him when he rises from his bunk to use the bathroom.⁴⁸ Kriegel recounts the moment as a “weird initiation” as the “floor began to whirl and the wire-mesh shadows exploded as my body crashed dumbly into darkness.”⁴⁹

Lennie Kriegel has little opportunity to refuse the adventure he has been called to take, but he does attempt, at first, to refuse it. As he falls to the floor several times that first night in the

infirmary, he very briefly shifts “the blame from my legs to the floor, which was in fact rotten and warped.”⁵⁰ Later that night he questions whether his “loss of balance and the sullen terror that fed on itself with each passing moment was simply a temporary nightmare from which I would awaken in the morning, or whether I was, indeed, to die.”⁵¹ As Lennie wrestles with these thoughts throughout the night, he feels a “thick somnolent deadness that was creeping up from my ankles.”⁵² In his terror and pain, he tries to shut out the agonized screams of his friend Jerry, waging his own battle with the polio virus in the next room. Lennie prays to God for relief from the noise, for anything to quiet the boy. Waking in the morning with a guilty concern for Jerry’s well-being and his own realization that he could not move, Lennie is swept across the first threshold of his journey when he leaves camp by ambulance.

Frank notes that after the hero accepts the call and crosses the first threshold of his journey, the second stage of initiation begins.⁵³ Here, the mythic hero embarks down the path of trials, “easily identified in any illness story as the various sufferings that illness involves, not only physical but also emotional and social,” Frank writes.⁵⁴ In recalling writing *The Long Walk Home* in his essay, “On Manhood, Disease, and the Authentic Self,” Kriegel admits that reliving the particular trials of his journey through illness was a trial in itself. He writes:

I assumed that what would prove to be difficult would be those scenes in which I relived the pain, the sense of helplessness, the loss of dignity that the onset of disease inevitably produces...What was actually difficult to write about truthfully were all those minor wars which ended in not-so-minor defeats — falling at a subway exit and waiting for someone to pick me up; daydreaming about the strength and power I knew were rightfully mine, only to look in the mirror and find reality mocking my very presence.⁵⁵

In *The Long Walk Home*, Kriegel describes the first of these minor wars as a bridge that had to be crossed.⁵⁶ When Jerry dies that first night in the hospital, new feelings of hatred and rage awaken in Lennie for what he calls the “blind and uncaring universe that had no use for the child I was.”⁵⁷ His trial, however, comes in being forced to acknowledge feelings of guilt when his terrified mother visits him in his hospital room on the second day of his stay. It was in that room that Kriegel writes he “first counted my owings to the world and balanced them against my owings to myself.”⁵⁸ Watching the frightened figure of his mother, Lennie sees in her face the “appeal of self-pity and the harshness of accusation,”⁵⁹ and he realizes in that moment that “disease, too is a sharing,”⁶⁰ that his illness will have social implications.

While Lennie’s first trial is an emotional hurdle, the next challenges he faces after being transferred to a second hospital are purely physical. He recalls the institution as a “dream of agony,”⁶¹ and the week he spent there as “the week that was the dead center of my pain, the real birth of my hate and my fear, my love and my pity, my new man.”⁶² The doctors and nurses are people to escape from, his experience something to be survived. That Lennie does survive his week of trials becomes a testament to his physical strength and inner fortitude. He emerges from his ordeal with a sense that he has won a round in the battle with the virus.

Having survived the critical early stages of the virus, Lennie is transferred to the New York State Reconstruction Home in West Haverstraw, a place he comes to view as “my sanctuary and my prison,” a “metaphor for dead legs.”⁶³ Although he has already proven himself both mentally and physically before arriving at this new facility, it is here, in West Haverstraw, that Kriegel feels he “matched myself with my fate and met the time of my trial.”⁶⁴

Kriegel notes that it was not the pain of those early weeks at West Haverstraw that is the most memorable — enduring hot pack treatments and stretching exercises — but the “unalleviated boredom,” a lethargy so great that “even the anguish of recognizing my body as an object for others soon passed.”⁶⁵ Ultimately, Kriegel writes, embracing the language of the quest, it was a time of tests:

It was very much like school. I was being tested. The pain was a test, and waiting for sleep at night when I remembered too much was a test, and the hot packs, and the stretching, and the sweat, and the just lying there, and the smell of that mattress — it was all just a way for them to learn whether I was good enough. I wasn’t quite sure of what I had to be good enough for. Maybe to show that I could suffer in silence as well as any of the others. Hot packs. Sweat. Lying on the mattress. Tests. All tests.⁶⁶

Just as he makes it through his earlier physical and emotional trials, Lennie passes the tests of his first few months in rehabilitation. Though he battles with the home’s imposing itself on his life, he admits that by the end of his first year he comes to need its comfort.⁶⁷ When one of Lennie’s first friends in West Haverstraw is discharged home, he is forced to consider the eventuality of his own return to normal society. By this point, he is aware that

the experience of the disease had changed me, changed me far more drastically than I could ever hope to understand. It was not, as I say, the expectation of remaining a cripple...but something far more meaningful, a sense of immutable destiny that was neither noble nor tragic but that still separated me from that world I came more and more to think of as “the outside.”⁶⁸

In thinking about “the outside,” Lennie recognizes that new trials lie ahead of him. His sense of comfort at the Home is shattered by the “new threat” that, like his friend Jojo, he will one day be forced to leave.⁶⁹ Before being released from the Home, however, he must first learn to accept the leg braces he has been fitted for, acquiesce to learning to walk with them, and finally, allow himself to fall (a trial Kriegel details not in *The Long Walk Home*, but in his essay, “Falling into Life,” from the collection of essays by the same name).

Lennie is measured for his leg braces a week before he “celebrate[s] the birthday of [his] polio.”⁷⁰ While being held in a standing position by the brace-maker and his assistant, Lennie has a flash of panic about his disability. He should have been elated to be standing for the first time in a year, he notes, but what he feels instead is a “new surge of consciousness, frozen, just for a moment in the dark corner of my terror. The legs are dead, it whimpered, boring into some quiet alley of my twelve-year-old mind.”⁷¹ Lennie tries to wipe the thought from his mind and garner, instead, “the courage that was expected of me at that moment.”⁷² As the hero of his own journey, even at age twelve, Lennie recognizes what should be for him an hour of triumph. He is alive, he realizes, and standing with crutches for the first time since being stricken by illness. Standing with the aid of the crutches, however, he sees himself in a different light than when in his chair. At that moment, Kriegel recalls, “my mind first whispered the word “cripple” to me. I had ignored the word until then, ignored the word and all of its implications.”⁷³ The image is a frightening one, and he fights its grim reality by clinging to the remembered sense of power and freedom afforded him by his wheelchair. “The child in me instinctively rallied,” Kriegel writes. “Not me, I thought. Not me.

Cripple, hell. The chair was mine, all mine. And I buried this latest anxiety in the thought that it was waiting for me back at the ward.”⁷⁴

In this scene, Lennie comes to view the brace-maker as a threat to his existence. As a “smart servant now,” he vows to make an appropriate show of walking with the crutches and braces when they are ready for him, but he refuses to look at his readiness for them as a milestone in his recovery. Rather, the crutches and braces remain, in his eyes, the weapon of the enemy, the means by which American medicine will forever construct him as a cripple. For Lennie, his resistance to using the braces and crutches becomes a “matter of will, a question of assertion.”⁷⁵ Unlike most of the other boys on his ward, Lennie refuses to surrender himself entirely to medicine. He refuses to give up the notion that at some level it is he, and not the doctors and physical therapists, who knows what is best for him. Lennie harbors great hatred for the medical practitioners and for “what they were trying to make of me.”⁷⁶ Kriegel remembers that he was willing to “serve” them up to a point, but that his disease had taught him to “serve only when it was a question of becoming an even better guardian of my soul’s safety.”⁷⁷

Kriegel’s portrayal of this struggle between doing what medicine asked of him and doing what he knew was right for his soul challenges the modern medical ideal of restitution at all costs. His narrative in these moments of struggle offers a counterdiscourse to the restitution narrative that privileges the will of medicine over the self-will of the ill. Lennie’s distrust of patriarchal medicine does not change; he continues to view the doctors and nurses as enemies who make him feel like “a body, an object for his probing science.”⁷⁸ He rejects the modernist view of doctors as all-powerful healers and refuses to emotionally surrender himself to men in whose presence he no longer feels human.

In his refusal to surrender himself to modern medicine, Lennie, although he has lost the use of his legs, retains his own voice. And it is the retention of his voice that not only makes it possible for him to tell his story, but makes it a *responsibility* for him to tell it to others. According to Frank, there are three ethics of quest narratives that suggest a diversity of responsibility in storytelling: an ethic of recollection, an ethic of solidarity and commitment, and an ethic of inspiration.⁷⁹ An ethic of recollection is practiced when storytellers share memories of past actions. Here, Frank says, there is a moral opportunity for writers to “set right what was done wrong or incompletely,” an opportunity to “recollect failure and offer it to others with an indication of what should have been done.”⁸⁰ Similar to the ethic of recollection through which the communicative voice shares experience with others, practicing an ethic of solidarity and commitment is also other-oriented. However, Frank explains, here, a storyteller “offers his voice to others, not to speak for them, but to speak *with* them as fellow-sufferer who, for whatever reasons of talent or opportunity, has a chance to speak while others do not.”⁸¹ Finally, quest narratives practice an ethic of inspiration. This “heroic stance of the automythologist,” Frank notes, “inspires because it is rooted in woundedness; the agony is not concealed,” and the stories show “what is possible in impossible situations.”⁸² Despite the concern for others that these three ethical stances suggest, the quest narrative remains a narrative about “voice finding itself,” and this voice is found, Frank contends, “in the recollection of memories. The storyteller’s responsibility is to witness the memory of what happened, and to set this memory right by providing a better example for others to follow.”⁸³

The three ethics of quest narrative are clearly apparent in Kriegel’s intent for his work. Kriegel often refers to his writing as a way of redressing the events of his life, for example. In his essay, “From the Burning Bush the Autobiographical I,” Kriegel explains:

I have never known a writer — a poet, novelist, or creator of one of those personal myths that go by the name of *autobiography* — who did not desire to redress the facts of his life through the practice of his

art. For one of the writer's secret tasks — secret because it is not the kind of thing writers generally talk about — is to right the wrongs inflicted on him by God or fate or nature or whatever name he chooses for that power which imprisons him within the confines of his own brittle humanity.⁸⁴

That the wrongs Kriegel writes about most frequently stem from his illness and resulting disability is especially significant. Frank claims that “illness is about learning to live with lost control,” and “turning illness into story is a kind of meta-control.”⁸⁵ Kriegel has clearly thought about issues of control in relation to his illness. “The control of one's destiny, even having a voice in one's destiny is at best problematic for anyone,” he writes; “for the cripple, such control is even more difficult.”⁸⁶ In writing about his illness on his own terms, and in explicitly detailing the kinds of scenes above in which he refuses to allow the medical community to construct his image, Kriegel not only redresses the events of his life, but reclaims his voice from this time.

Even as a child, though, Lennie has a politicized sense of himself. As a matter of principle, then, a matter of control, Lennie remains stubborn during his physical therapy. Unfortunately, Kriegel does not make note of it in *The Long Walk Home*, but in his essay, “Falling into Life,” he writes about having to learn how to fall with his braces and crutches on as part of his rehabilitation. The act of “falling into life” proves to be one of the most difficult acts of surrender that Lennie would have to perform during his recovery time at the home, and despite describing his illness in this essay as a “strange fall from the childhood grace of the physical,”⁸⁷ Lennie's learning to fall is not a metaphor, Kriegel explains; it is real.⁸⁸ At this point in his therapy, Lennie is less angry at the physicians and more eager to please, which is perhaps one reason Kriegel opts to leave this trial out of the physical therapy scenes of his autobiography, to maintain the angry, willful tone of those sections. The later essay proves that Lennie's feelings fluctuated during his treatment, but it also proves that Kriegel has made conscious choices about voice and distance in his work all along, working selectively with his memory, and maintaining autonomy over his self-representations.

In the scenes recounted for this piece, Kriegel admits, “the slightest sign of approval from those in authority was enough to make me puff with pleasure.”⁸⁹ Despite this eagerness for validation, he is unable to make himself fall to the mat in therapy. In a rage over his own cowardice, Lennie feels contempt for himself and plagued by shame, that “older brother to disease,”⁹⁰ until, finally, one day, without fanfare or epiphany, he is simply worn down enough to let himself go. “Something beyond my control or understanding had decided to let my body's fall from grace take me down for good,” Kriegel writes, and in finally falling, he finds, “I had given myself a new start, a new life.”⁹¹ It is in falling, Kriegel explains, that his therapist was trying to teach him the “most essential of American lessons: How to turn incapacity into capacity,”⁹² and it is in falling that Lennie is not only able to embrace the image of himself in braces and crutches that he once resisted so vehemently, but also learn how he might live “*successfully* as a cripple.”⁹³ Ultimately, Lennie realizes that the “most dangerous threat to the sense of self [he] needed was an inflated belief in [his] own capacity.”⁹⁴ Kriegel learns that “falling rid a man of excess baggage; it taught him how each of us is dependent on balance.”⁹⁵ Whether or not the boy, Lennie, had the insight to put it in quite the same terms as Leonard, the adult, Lennie surely understands the necessity of being humbled, for it is upon accepting this humbling, this learning to fall, that his adventure in rehabilitation ends and he is ready to return home.

Clearly aware of the structure of the quest narrative in *The Long Walk Home*, Kriegel aptly and simply titles the chapter in which Lennie returns home “The Return.” As we know, the final stage of the hero's journey is what Campbell likewise calls the *return*. Upon return, the traditional hero, in

successfully negotiating his trials and undergoing significant personal transformation, is ready to share the insight he has learned during his ordeal. In the illness narrative, however, Frank says, “the teller returns as one who is no longer ill but remains marked by illness...This marked person lives in a world she has traveled beyond, a status well described by Campbell’s phrase, ‘master of the two worlds.’”⁹⁶ As in all quest narratives, the ill hero of a quest narrative derives his moral status from his or her “being initiated through agony to atonement: the realization of oneness of himself with the world, and oneness of the world with its principle of creation,” Frank writes. “Suffering is integral to this principle, and learning the integrity of suffering is central to the ‘boon’ the hero receives at the end of his journey.”⁹⁷

Having witnessed Lennie’s suffering during his rehabilitation, readers familiar with the quest narrative are eager to see Lennie reach this stage of atonement upon his return home. Kriegel, however, withholds this atonement from readers in the “Return” chapter, disrupting our expectations of the traditional hero’s journey. Kriegel likewise disrupts the expectations of readers of traditional illness narratives which reify the medical model of disability. This medical model, Couser reminds us, presents illness and disability as obstacles that can only be overcome through individual will and determination, and not through social and cultural accommodation.⁹⁸ Although much of Kriegel’s narrative does rely heavily on themes of triumph over adversity, simply put, Lennie’s suffering does not end with his “cure,” as other triumph narratives and the medical model of illness would have us believe.

Indeed, for Kriegel, who continues to address in his work the trials he faces as a cripple today, the suffering, though lessened in many ways, never ends. In challenging this medical model, as he has elsewhere within his narrative, Kriegel shows how Lennie, just as he feared when he was still in the hospital, must confront the social ramifications of his disability upon his return home. Although he has changed significantly as a result of his rehabilitation experience, it is not until he becomes comfortable with both himself as a cripple in society and society’s response to him that he is able to reach the level of atonement Frank speaks of above.

In returning to his old neighborhood, Lennie has to relearn who he is and what others make of him.⁹⁹ He is not eager to discover this new self, however, and Kriegel admits to trying to “prevent [his] learning too quickly” by retreating “into the sanctuary of the apartment,” detaching himself from the “crippled adolescent [he] really was.”¹⁰⁰ For the next four years he devotes himself to fantasy, a retreat into books and movies. “Fantasy was no more than a long detour,” Kriegel admits, “and while I raced through its fresh wilderness of the mind I knew that such a life could only be temporary, that I would sooner or later, have to ‘face life,’ that horrible cliché of the unaware.”¹⁰¹ Finally, at age seventeen, stuck in bed with a painful case of boils “pitting their own reality against [his] imagination,” Lennie suddenly emerges from his fantasy world to embrace the truth — “the kind of truth,” Kriegel writes, “I had never before permitted to invade my consciousness, a total candor that came with all the shock impact of an idea that was to imbed itself permanently within the boundaries of my existence. *I was a cripple.*”¹⁰²

Lennie’s self-reflection and new recognition of himself as a cripple, however, does not lead to his reconciliation with that fact, as we might naturally expect for the hero recently returned from his journey. Instead, Lennie’s epiphany causes another moment of narrative tension within the text, serving to push him into an even more traumatic psychic space, as he simply leaves his fantasy life behind him to enter the world of hate. Fueled by his hatred of his own disabled body, Lennie embraces a brutal, manic exercise regimen that proves to be his “first step toward selfhood.”¹⁰³ He works on reshaping his body until he believes that “the world now envied my grace and courage, just as I had once believed that the world had fathered my fatness, my helplessness, my terror.”¹⁰⁴ After losing thirty pounds by age eighteen, Lennie slowly re-enters society, seeking “more than acceptance,” Kriegel writes, but “acceptance as the crippled hero.”¹⁰⁵

Daniel J. Wilson has found that almost all of more than fifty polio narratives he has studied are “structured as accounts of triumph over adversity.”¹⁰⁶ In Kriegel, however, Wilson admits that he finds an anomaly. “Only Kriegel, in his narrative and his numerous essays on this experience, emphasized the rage, anger, and hatred, that must have been more widely felt,”¹⁰⁷ Wilson explains. Kriegel allows his anger and rage to surface, whereas other polio narratives commonly serve as profiles of “good handicapped people” who happily accept a “covenant of work” required for their recovery, thereby also accepting the “‘social taboo’ against bitterness.”¹⁰⁸ This stance is explained in a publication published by the Association for the Aid of Crippled Children which Wilson discovers during his research. Here, the editor explains that this social taboo against bitterness requires

that the handicapped person “express his pain, his desires, his hopes, and his anguish only in the most superficial manner; if he expresses his bitterness deeply or with any sense of personal tragedy, he risks alienating the nonhandicapped...As long as the handicapped individual is cheerful and lighthearted, he is, like the jolly fat boy, usually accepted by his peers.”¹⁰⁹

This kind of thinking reflects what Frank describes as most North Americans’ “cultural reluctance to say that their lives have gone badly in some significant respect and to mourn the loss of what was desired but will never happen. Our contemporary version of stoicism borders on denial. The good [illness] story refuses denial, and thus stands against social pressures.”¹¹⁰ As Wilson finds, however, the bulk of the polio narratives he studies accentuate the positive, and do not, as Kriegel is willing to do, narrate “disappointment or failure.”¹¹¹

Unique from other polio narratives in both tone and purpose, Kriegel’s autobiography and essays resist categorization in much the same way that Kriegel himself rejects being labeled by society. “Recent attempts to politicize disability reflect an equal unwillingness to treat it realistically,” Kriegel maintains. “Instead, we have developed a language of prosthetic inkblots to measure illness by. Disabled, handicapped, physically challenged, differently abled — like Adam naming the animals, we label our afflictions.”¹¹² To be labeled “‘disabled’ or ‘handicapped’ is to deny oneself the rage, anger and pride of having managed to survive as a cripple in America.”¹¹³ Despite social taboo, both in his work and in his life, Kriegel claims the full range of emotions that are rightfully his to claim, not as a disabled man, but as the American man he comes to view himself as in *The Long Walk Home*. “I no longer had to prime myself to face a world that did not threaten to kill me or swallow me up, except insofar as it killed or swallowed up anybody,” Kriegel writes in his autobiography’s final note of hope. “And I knew then that if I wanted to I could walk forever. At the cost of legs, I had won a self. How much cheaper a price could I have expected to pay?”¹¹⁴

III. Disability Politics and the Singular Self

Kriegel’s first readers in 1964 applauded his conclusion to *The Long Walk Home*, for it champions the masculine self-sufficiency of the Cold War era. Reviewing the novel for *The New York Times*, Richard Shepard, for one, praises Kriegel for his “superb craft and keen insight,” noting in particular, that *The Long Walk Home* is “not the usual ‘How I licked...’ sort of autobiography.”¹¹⁵ He credits Kriegel’s lack of sentimentality and appreciates the absence of “phony revelation” one might find in restitution or conversion narratives of the day. Kriegel’s strength, Shepard concludes, is in his “ability to see himself and his world so clearly.”¹¹⁶ While at least one reviewer despised the work, arguing that it “depresses and embarrasses with its long angry passages,” and parades “borderline-blasphemous opinions,”¹¹⁷ others agreed with Shepard’s assessment. Writing for *The*

Nation, a publication which continues to support Kriegel's work today, Mel Rosenthal praised Kriegel's style and quality of introspection that "make this book a literary experience, one that transcends the usual reminiscences of sickness and survival."¹¹⁸ Thus, Lennie's journey becomes a singular, memorable experience, one that breaks with an established tradition of illness narratives, yet remains, artistically, "in the center of an American artistic tradition."¹¹⁹ Many of today's readers, however, especially those readers who are disabled themselves and may also be disability rights activists, are not seeking stories of singularity, but of community.

Disability rights activist David Mitchell, for one, questions the ability of autobiography to act as counternarrative to representations of the disabled in other literary forms. Furthermore, he questions the ability of the very singular autobiographer to effectively speak for the community of the ill and disabled. He elaborates on these views in his essay, "Body Solitaire: The Singular Subject of Disability Autobiography." Here, Mitchell argues that in fiction disability "functions largely as a metaphor of social collapse, while in autobiography disability represents the coordinates of singular subjectivity. The distinction is important because most literary critics in disability studies have argued that autobiography offers up a necessary antidote to the objectifying symbolism of artistic representation."¹²⁰ Unlike other disability scholars, Mitchell explains that he does not "champion life writing as a corrective to the insubstantiality of literary portraits."¹²¹ He argues, instead, that disability life writing "tends toward the gratification of a personal story bereft of community with other disabled people. Even the most renowned disability autobiographers often fall prey to an ethos of rugged individualism that can further reify the longstanding [negative] association of disability with social isolation."¹²² In particular, Mitchell faults Kriegel's 1998 collection of autobiographical essays, *Flying Solo*, for its failure to document disability as a communal identity. Instead, he argues, Kriegel's essays appeal only to the "singularity of experience that appeases a reader's desire for the intimacy of confession and the narrative demand for individual exclusivity."¹²³

Although Mitchell does not mention Kriegel's earlier work, as Kriegel's current themes, and many of the incidents he recalls are similar to those that appear in *The Long Walk Home*, it is safe to assume that Mitchell would feel the same about Kriegel's full-length autobiography as he does about his more current essays. It is true, in fact, that Kriegel's concerns in his work have not changed much in the intervening forty years: he continues to search for and champion the singular, authentic self. Mitchell claims, however, that "disability does not rob one of singularity so much as it banishes the disabled subject to a life of oppressive idiosyncrasy and distasteful exclusivity. In this sense, the quest for singularity in Kriegel's book [*Flying Solo*] proves misguided;" it presents yet another example of the disabled living "their representational lives largely outside the circuit of human community."¹²⁴

Kriegel's work may lack a sense of community with the disabled, but Mitchell does concede that *Flying Solo* succeeds in presenting its thesis — in part, a "defense of mid-century masculinity."¹²⁵ And "one idea of import that does come out of this resuscitation of 1940's masculinity," Mitchell writes, is that the "Victorian notion of muscular male 'self-reliance' proves to be very much at home with the singularity bequeathed to individuals with disabilities. Each strives to discover the self as an island amidst experiences that prove profoundly interdependent."¹²⁶ As Kriegel's work strives towards this same self-discovery, Mitchell concedes that he does so by "eschew[ing] euphemistic language and political trends in order to offer readers an unflinching glimpse at a disabled life."¹²⁷ Despite these concessions, Mitchell's concluding account of Kriegel's work remains negative. He writes:

Yet even his embrace of the self-objectifying label of "cripple" comes off as a stubborn affectation for the politically objectionable. There is a rhetorical stoicism that *Flying Solo* attempts to pass off as unsentimental intimacy with the experience of disability. In the end, this refusal on Kriegel's part to adopt more updated terminology

comes across as little more than insensitivity to twenty-five years of disability activism.¹²⁸

While Kriegel might, in effect, be alienating some of his potential readership through his failure to adopt the terminology of the disability rights movement, what Mitchell fails to acknowledge is that Kriegel's intent in writing is not bent towards disability activism. If he does not embrace the language of the disability rights community, it is because he has no pretensions of speaking for it. One can concede, however, that Kriegel is, indeed, a part of the disability community whether he embraces it or not. As Mitchell intimates above, Kriegel's stubborn individualization of his condition may have negative consequences for others within the disability community, especially those for whom Kriegel's brand of rugged individualism is not an option.

That said, I must reiterate that Kriegel is *not* unaware of the social consequences and the social construction of his condition — and by extension, his work. Kriegel argues that the cripple does not “even possess the sense of being actively hated or feared by society, for society is merely made somewhat uncomfortable by his presence”¹²⁹ He clearly expresses his understanding of the social construction of the disabled when he writes:

while [the disabled man's] physical condition is not imposed from outside, the way in which he exists in the world is. His relationship to the community is, by and large dependent upon the special sufferance the community accords him. And whether he wishes to or not, the cripple must view himself as part of an undefined community within the larger community...And regardless of how much he may desire to participate in the larger community, the cripple discovers that he has been offered a particular role that society expects him to play.¹³⁰

Kriegel contends that society has continued to refuse to see him as an individual:

There is no way, of course, to define degrees of alienation and invisibility with any sense of accuracy but one can suggest that if most persons are only half-visible, then the cripple...is wholly invisible... for the world itself has perfected the ability to see what it wishes to see and only what it wishes to see...The cripple's “condition” is an abstraction; he himself is not quite real. Who is going to recognize *me*? asks the cripple. But society has already called into question the very existence of that *me* for it refuses to look at that which makes it uncomfortable.”¹³¹

An important distinction to note in Kriegel's argument here is his call that the *individual* disabled American be noticed in American culture. He is not expressing a need for recognition of the disability *community*. Indeed, he finds that America has already shown that it has “time for cripples” in the plural, Kriegel argues, “to be held up for compassion, to be infantilized on telethons,” it has “a great deal of room for us in a heart open to praise for its own generosity.”¹³² But American culture only sees what it wants to see, Kriegel contends, so

that what cripples invariably discover is that our true selves, our own inner lives, have been auctioned off so that we can be palatable rather

than real. We can serve the world as victim or demon, the object of its charity or its terror. But the only thing we can be certain of is that the world would prefer to turn a blind eye and a deaf ear to our real selves — and that it will do precisely that until we impose those selves on the world.¹³³

Of course, the most immediate vehicle Kriegel has for imposing himself on the world is his own writing. He acknowledges this in his noting that the “guiding reality” behind writing *The Long Walk Home* was “that *I*, *my* first-person singular, had lost part of its substance.”¹³⁴ “Still,” through writing, he adds, “one can address one’s own accidents with empathy, with the recognition that to put the life of a cripple down on paper is to challenge accident, perhaps even to sustain a temporary triumph over it”¹³⁵

In seeking this triumph over his life, however, Kriegel does not view himself as outside of the American tradition of autobiography, and he does not view his works as belonging to a *separate* canon of disability literature. “Like Franklin, I want my life to serve as exemplum,” he writes. “Like Adams I want writing about that life to be an act of vengeance upon a universe unaware of that life’s very existence...An autobiographical voice in a writer constitutes no more, and no less than an attempt to thrust the self against the times.”¹³⁶ Indeed, Kriegel’s work is grounded in the masculine autobiographical tradition he emulates. His work, *The Long Walk Home* in particular, is an autobiography in the very traditional sense of the word — a story of a life, or part of life, told as a continuous narrative. In her essay, “Women’s Autobiography and the Male Tradition,” Estelle Jelinek notes that “chronological, linear narrative” through which writers “unify their work by concentrating on one period of their life, one theme, or one characteristic of their personality,” is one commonly accepted feature of autobiography, but male writers are more apt to write in this vein than women.¹³⁷ Another feature of male autobiographies that Jelinek describes is men’s tendency to

idealize their lives or to cast them into heroic molds to project their universal import. They may exaggerate, mythologize, or monumentalize their boyhood and their entire lives...This view of their childhoods as idylls of innocence and redemption and of their lives as heroic seems to be a male literary tradition. The proclivity of men toward embellishing their autobiographies results in the projection of a self-image of confidence, no matter what difficulties they may have encountered.¹³⁸

Kriegel finds that the whole topic of illness was “simpler before it was turned into a political cause and a literary category.”¹³⁹ He is skeptical of the emerging factions within disability politics and maintains his view that

a cripple has no choice but to go it alone. Yet like women, blacks and gays, we are told that our problems are more psychological than physical. The therapeutic left tells us to struggle not for jobs and independence but for images as it urges us to embrace disability. Christopher Reeve endures quadriplegia with dignity and grace, only to find himself criticized by “disability advocates” for hoping to cure his paralysis rather than looking at his body’s helplessness as “beautiful.” The right offers us the one message it offers for all

problems: Be humble, trust in God and be grateful for the charity of your fellow man.¹⁴⁰

Kriegel rejects the politics of both the right and left in his work and in his life, just as fervently as he rejects the idea that there is a literature of disability. He writes neither for cause nor canon. For Kriegel, “writing is an act of vengeance, not an act of persuasion,” he reminds us. “The fact is that I write out of a selfish desire to alter the truth of my life, a truth I still find unbearable. I write so that I can look at what happened in my life and measure it against what I believe — somewhere so deep inside me that it has burrowed into the hidden corners and uncharted depths of my entire existence — should have happened.”¹⁴¹

Despite his rejection of contemporary disability politics, *The Long Walk Home* contains a number of poignant autopathographical moments of political importance that warrant its reconsideration by today’s readers. As shown, the narrative acts, in many ways, as counterdiscourse to the dominant discourse of illness and disability in the modern era. Lennie’s insistence on being viewed as an individual and not just a part of a group is likewise a political act, an act through which he learns one of the most valuable lessons of his quest: before he can become a hero to any community, he must first become a hero to himself. And in the final analysis, it is Kriegel’s individuality, his singular, authentic voice that enabled him to write *The Long Walk Home* and continues to enable his writing today; writing, that he says without apology, “was, is, and I suspect, shall remain strictly personal.”¹⁴²

Notes

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- ¹ Virginia Woolf, *On Being Ill* (Ashfield, MA: Paris Press, 2002), 4.
 - ² Ibid.
 - ³ Ibid., 7.
 - ⁴ Ibid., 11.
 - ⁵ Reynolds Price, *A Whole New Life: An Illness and a Healing* (New York: Scribner, 1982), 180.
 - ⁶ David Mitchell and Sharon Snyder, *The Body and Physical Difference: Discourses of Disability* (Ann Arbor: U of Michigan P, 1997), 9.
 - ⁷ Ibid., 10.
 - ⁸ Ibid., 11.
 - ⁹ Ibid. Emphasis mine.
 - ¹⁰ G. Thomas Couser, "Conflicting Paradigms: The Rhetorics of Disability Memoir." *Embodied Rhetorics: Disability in Language and Culture*. Eds. James C. Wilson and Cynthia Lewiecki-Wilson. (Carbondale, IL: Southern Illinois UP, 2001), 79.
 - ¹¹ Ibid., 78.
 - ¹² G. Thomas Couser, "Disability and Autobiography: Enabling Discourse," *Disability Studies Quarterly* 17, no. 4 (1997): 292.
 - ¹³ Ibid., 293.
 - ¹⁴ Ibid.
 - ¹⁵ Couser, "Conflicting," 79.
 - ¹⁶ Ibid., 80.
 - ¹⁷ Ibid., 81.
 - ¹⁸ Ibid., 83-5.
 - ¹⁹ Couser, "Disability," 293.
 - ²⁰ Couser, "Conflicting," 89.
 - ²¹ G. Thomas Couser, "The Empire of the 'Normal': A Forum On Disability and Self-Representation: Introduction," *American Quarterly* 52, no 2 (June 2000): 305.
 - ²² Leonard Kriegel, *The Long Walk Home* (New York: Appleton-Century, 1964), 4.
 - ²³ Ibid.
 - ²⁴ Leonard Kriegel, "On Manhood, Disease, and the Authentic Self," *The Nation* 229, no. 4 (1979):120.
 - ²⁵ Arthur W. Frank nominates Stewart Alsop's *Stay of Execution*, published in 1973 as the first book to illustrate these narrative tensions he describes, but I offer up Kriegel's work of 1964 as an even earlier example.
 - ²⁶ Arthur W. Frank, "Reclaiming an Orphan Genre: The First-Person Narrative of Illness," *Literature and Medicine* 13, no. 1 (1994): 4.
 - ²⁷ Ibid., 5. The Empire of the "Normal": A Forum On Disability and Self-Representation: Introduction
 - ²⁸ G. Thomas Couser, "Autopathography: Women, Illness, and Lifewriting," *a/b: Auto/Biography Studies* 6, no. 1 (1991): 65.
 - ²⁹ Sidonie Smith and Julia Watson, *Reading Autobiography: A Guide for Interpreting Life Narratives* (Minneapolis: U of Minnesota P, 2001), 187.
 - ³⁰ Ibid., 188.
 - ³¹ Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: U of Chicago P, 1995), 78.
 - ³² Ibid., 90.
 - ³³ Ibid., 91.
 - ³⁴ Ibid., 92.
 - ³⁵ Ibid., 98.
 - ³⁶ Ibid.
 - ³⁷ Ibid., 115.
 - ³⁸ Ibid.
 - ³⁹ Ibid., 117.
 - ⁴⁰ Ibid., 123.
 - ⁴¹ Leonard Kriegel, "The Body of Imagination," *Nation*. 267, no. 15 (1998): 25.
 - ⁴² Leonard Kriegel, *Flying Solo*. (Boston: Beacon Press, 1998), 41.
 - ⁴³ Frank, "Reclaiming," 7. Ibid.,

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- ⁴⁴ Ibid., 8.
- ⁴⁵ Leonard Kriegel, "Uncle Tom and Tiny Tim: Some Reflections on the Cripple as Negro," *American Scholar* 38 (1969): 430.
- ⁴⁶ Kriegel, *Long*, 5.
- ⁴⁷ Frank, *Wounded*, 117.
- ⁴⁸ Kriegel, *Long*, 6.
- ⁴⁹ Ibid., 7.
- ⁵⁰ Ibid.
- ⁵¹ Ibid., 8.
- ⁵² Ibid.
- ⁵³ Frank, *Wounded*, 118.
- ⁵⁴ Ibid.
- ⁵⁵ Kriegel, "On Manhood," 120.
- ⁵⁶ Kriegel, *Long*, 13.
- ⁵⁷ Ibid., 12.
- ⁵⁸ Ibid., 13.
- ⁵⁹ Ibid.
- ⁶⁰ Ibid.
- ⁶¹ Ibid., 19.
- ⁶² Ibid., 20.
- ⁶³ Ibid., 25.
- ⁶⁴ Ibid.
- ⁶⁵ Ibid., 35.
- ⁶⁶ Ibid., 35-6.
- ⁶⁷ Ibid., 38.
- ⁶⁸ Ibid., 47-8.
- ⁶⁹ Ibid., 48.
- ⁷⁰ Leonard Kriegel, *Falling Into Life*, (San Francisco: North Point Press, 1991):72.
- ⁷¹ Ibid., 74.
- ⁷² Ibid., 75.
- ⁷³ Ibid.
- ⁷⁴ Ibid.
- ⁷⁵ Ibid., 88.
- ⁷⁶ Ibid.
- ⁷⁷ Ibid.
- ⁷⁸ Kriegel, *Long*, 33.
- ⁷⁹ Frank, *Wounded*, 131-2.
- ⁸⁰ Ibid., 132.
- ⁸¹ Ibid.
- ⁸² Ibid., 133.
- ⁸³ Ibid.
- ⁸⁴ Leonard Kriegel, "From the Burning Bush the Autobiographical 'I,'" *The Sewanee Review* XCVII, no. 2 (1989): 202.
- ⁸⁵ Frank, *Wounded*, 30. Kriegel, "Men," 18. Ibid.
- ⁸⁶ Kriegel, "Men," 18.
- ⁸⁷ Kriegel, *Falling*, 7.
- ⁸⁸ Ibid., 8.
- ⁸⁹ Ibid., 10.
- ⁹⁰ Ibid., 11.
- ⁹¹ Ibid., 12-13.
- ⁹² Ibid., 14.
- ⁹³ Ibid., 15, emphasis mine.
- ⁹⁴ Ibid.
- ⁹⁵ Ibid.
- ⁹⁶ Frank, *Wounded*, 118.
- ⁹⁷ Ibid., 119.
- ⁹⁸ Couser, "Conflicting," 80.

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- ⁹⁹ Kriegel, *Long*, 129.
- ¹⁰⁰ Ibid.
- ¹⁰¹ Ibid., 135.
- ¹⁰² Ibid., 150.
- ¹⁰³ Ibid., 154.
- ¹⁰⁴ Ibid., 160.
- ¹⁰⁵ Ibid., 171.
- ¹⁰⁶ Wilson, Daniel J. "Covenants of Work and Grace: Themes of Recovery and Redemption in Polio Narratives." *Literature and Medicine* 13:1 (1994): 25.
- ¹⁰⁷ Ibid.
- ¹⁰⁸ Ibid., 27.
- ¹⁰⁹ Quoted in Wilson, "Covenants," 26.
- ¹¹⁰ Frank, *Wounded*, 63.
- ¹¹¹ Wilson, "Covenants," 26.
- ¹¹² Kriegel, "Body," 26.
- ¹¹³ Kriegel, "Falling," 61.
- ¹¹⁴ Kriegel, *Long*, 213.
- ¹¹⁵ Richard Shepard, "End Papers," Rev. of *The Long Walk Home*, by Leonard Kriegel. *New York Times*. 7 May (1964): 35.
- ¹¹⁶ Ibid.
- ¹¹⁷ Gabriel, Brother D. Rev. of *The Long Walk Home* by Leonard Kriegel. *Best Sell* 1 May (1964): 62.
- ¹¹⁸ Mel Rosenthal, Rev. of *The Long Walk Home*. *The Nation* (21 Sept. 1964): 144.
- ¹¹⁹ Ibid.
- ¹²⁰ David Mitchell, "Body Solitaire: The Singular Subject of Disability Autobiography," *American Quarterly* 52, no. 1 (June 2000): 311.
- ¹²¹ Ibid., 312.
- ¹²² Ibid.
- ¹²³ Ibid.
- ¹²⁴ Ibid., 313.
- ¹²⁵ Ibid.
- ¹²⁶ Ibid., 314.
- ¹²⁷ Ibid.
- ¹²⁸ Ibid.
- ¹²⁹ Leonard Kriegel, "Uncle Tom and Tiny Tim: Some Reflections on the Cripple as Negro," *American Scholar* 38 (1969): 413.
- ¹³⁰ Ibid., 421.
- ¹³¹ Ibid., 423.
- ¹³² Kriegel, "Falling," 64.
- ¹³³ Ibid., 65.
- ¹³⁴ Ibid., 42.
- ¹³⁵ Ibid., 43.
- ¹³⁶ Kriegel, "Falling," 218.
- ¹³⁷ Estelle, Jelinek, *Women's Autobiography: Essays in Criticism* (Bloomington, IN: Indiana UP, 1980): 17.
- ¹³⁸ Ibid.
- ¹³⁹ Kriegel, "Body," 25.
- ¹⁴⁰ Ibid.
- ¹⁴¹ Kriegel, *Falling*, 85.
- ¹⁴² Ibid., 86.

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