42

Normal

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When we know that *norma* is the Latin word for T-square and that *normalis* means perpendicular, we know almost all that must be known about the area in which the meaning of the terms "norm" and "normal" originated. . . . A norm, or rule, is what can be used to right, to square, to straighten . . . to impose a requirement on an existence.
Georges Canguilhem, *The Normal and the Pathological* (1978), 239.

Thinking critically about disability requires exploring the normative order of the social and physical environment that—as Canguilhem suggests—straightens out the lives of disabled people, T-squaring and otherwise measuring some people's minds, bodies, senses, emotions, and comportments against the rule of normed expectations. Both in everyday life and in the human sciences, "normal" often appears as if it is a static state of affairs, and when people are said to have an unwanted condition, they may be deemed to have an abnormality. Disability studies, in contrast, has shown not only that norms change radically over time and from place to place but also that the seemingly omnipresent commitment to seek and measure the normal is in fact a rather recent historic development (Davis 1995; Garland-Thomson 1997; Stiker 1999; Finkelstein 1998). Still, the prevailing assumption in educational, health, and rehabilitative sciences, as in everyday life, is to treat norms as static and subsequently to measure how others appear to depart from them. It is this way of treating norms that socially produces a sense of normalcy as if it is an objective and universal phenomenon.

Disability studies maintains a unique relation to what counts as normal by examining "normal" as a historical and cultural production. The term, as well as the consequences of its production and its use, are artifacts of history. While group life may have always been tied to collective expectations, Lennard Davis argues that "it is possible to date the coming into consciousness in English of the idea of 'the norm' over the period 1840–1860" (1995: 24). Tracing out this development, Michel Foucault says that the sense of a normative order required that the human sciences not only make "man" (humans) an object but also make them knowable, to one another, through "norms, rules and signifying totalities" (1970, 296, 364). This normative order is today the dominant version of self-understanding within modernity. We are measured through psychometric and intelligence tests, weight and height charts, and demographic surveys, or measured in more everyday ways by, for example, showing how a child departs from age-specific norms for walking, talking, thinking, or interacting. These measures show that the power of normalcy is to convince us that measurement and comparison are reasonable and that they can be "used to right, to square, to straighten" all conflicts, differences, ideals, or values in relation to a taken-for-granted sense of normal life.

That norms are used to evaluate with reference to group expectations demonstrates that the *normal is a referential system of sense making* and not a natural or pregiven condition of existence. Using the word "normal" followed by the suffix "ity," for example, reflects the common notion of "normal" as a static thing. In contrast, disability studies' focus on the creation of normal as it is produced and applied is reflected in the word "normalcy," where the use of the suffix "cy" emphasizes action and doing. Against the backdrop of "normal," disability is ordinarily made to stand out in a stigmatized fashion. This stigmatizing action is conveyed by "abnormal," where the prefix "ab" means "away from." "The 'problem,'" Davis writes, "is not the person with disabilities; the problem is the way that normalcy is constructed to create the 'problem' of the disabled person" (1995, 24). "Normal," therefore, is a position from which people deem other people to be lacking, different, dysfunctional, deformed, impaired, inadequate, invalid.

That "normal" can be understood as a vantage point is reflected in Rosemarie Garland-Thomson's development of the term "normate," which she describes as "the constructed identity of those who, by way of the bodily configurations and cultural capital they assume, can step into a position of authority and wield the power it grants them" (1997, 8). An ordinary practice in the production of normalcy is to make it noticeable to the normative order that one has noticed that the other departs from normality—"What are you, crazy?" or "I don't mean to pry, but have you always been disabled?" or "I would kill myself, if it happened to me."

Disability studies has responded to the norming of all of existence by the sciences (Canguilhem 1978; Foucault 1970; Stiker 1999) by critically attending to the "production" and "validation" of the normal (cf. Darke 1998, 183; Goodley, Hughes, and Davis 2012; Snyder, Brueggeman and Garland-Thomson 2002), the "ideology of normality" (Finkelstein 1998, 30), and the "hegemony of normativism" (cf. Corker and Shakespeare 2002, 14; Davis 1995). This work shows us how the "normal" is enforced, imitated, enacted; taught and bought; sold and recycled; enhanced, longed for, and resisted. It documents how normalcy's standards and measurements contribute to racist, sexist, and other forms of human diminishment that position some humans on the edges of belonging.

Disability studies also shows how the "normal" is never static but changes from group to group, over time, and from place to place. For instance, most people will

live at least part of their lives with disability. Yet, despite this statistical probability, disability generally remains an unacknowledged feature within social structures and forms of interaction (see McRuer 2006, 30; Titchkosky 2011, 30). As a result, disability is treated as an exceptional state of being. "Normal," thus, does not describe what the majority is or does; rather, it represents what a given population is expected to be and to do. This means that appearing as normal takes *work* or, as Harvey Sacks puts it, each of us has "as one's job, as one's constant preoccupation, [the] doing of 'being ordinary'" (1984, 414). To "become normal," then, is to *manage the appearance of any departure* from the expected as an unwanted difference; to "act normally" or "to pass" means to be perceived by others *as moving squarely* within the realm of the expected; to "be normal" is *to do* what needs to be done to be taken as the expected. Thus, "abnormal" is not an objective departure from the norm; it is what is produced when a perceived difference is taken as an affront to ordinary group expectations. The social process of perceiving "undesired differences" is what Goffman studied as stigma (1963, 5, 137).

By exploring the constructed nature of normalcy—and rejecting the notion that normality is "just there"—disability studies is uniquely positioned to examine the power of normalcy to exclude and to stigmatize. But, as Rod Michalko reminds us, "One of the most 'abnormal' things about being 'normal' is attending to its production" (2002, 82), and thus the importance of examining the way that role obligations are used to conform to, resist and even re-create the normal. Still, scholars, artists, and activists have shown us that even as we are subjected to the daily demands to structure our perception of self and other in normalized ways, we can nonetheless crip, queer, and otherwise question the modern demand that all group expectations can and need to be normed (Titchkosky and Michalko 2009).

But queering and cripping normalcy can also entail questioning whether the system of reference that is the normalcy orientation is the only way to take group expectations and human difference into account. Every departure from normalcy can easily today be rerouted to a new normal that can put a lid on imagination. There are, after all, "normal" ways to be disabled, to become disabled, to act as a disabled person, or even to do disability studies. For example, in inclusive design, as well as in some aspects of inclusive or special education, it is sometimes said that it is "normal to be different." Medical sciences and corporate culture have made selective use of this rescripting of the language of normalcy, as in a recent Tylenol advertisement's demand to "get back to normal, whatever your normal is." Following disruption, trauma, injury, or illness, we are told to accept a "new normal." Navigating these shifting meanings of "normal" implies reconceiving expectations about how to live as embodied beings. While resistance to dominant conceptions of normal experiences of embodied existence has been central to disability studies, there is no agreement on how best to resist. The work of disability studies will need to continue to consider whether and how forms of resistance and conceptions of "new normals" might enhance our lives together or continue to T-square life to those powers that already organize the exclusive character of everyday existence.