

Queer

Tim Dean

Historically, the term “queer” was a stigmatizing label that often included disabled people in its purview. A century ago, for instance, someone with a missing limb or a cognitive impairment might be called “queer.” In recent decades, sexual minorities have reclaimed “queer” as a badge of pride and a mark of resistance to regimes of the normal, mirroring the embrace of terms like “crip” and the capaciousness of the term “disability” itself. These are all political, highly contested terms that refuse essentializing meanings. In the late 1980s and early 1990s, the activist group Queer Nation’s chant “We’re here, we’re queer, get used to it” was historically concurrent with the disability rights activist slogan “Not dead yet.”

What the field of queer studies shares most fundamentally with disability studies is a critique of the effects of normalization on embodiment, desire, and access. “Queer” opposes not heterosexuality but *heteronormativity*—the often unspoken assumption that heterosexuality provides the framework through which everything makes sense. Before Michael Warner invented the term “heteronormativity” in the early 1990s, scholars had been working with a notion of “compulsory heterosexuality” coined by the lesbian feminist writer Adrienne Rich (1983). Disability theorist Robert McRuer picked up Rich’s account two decades later in order to argue that compulsory heterosexuality depends upon compulsory able-bodiedness, since heteronormativity assumes first and foremost that sexual subjects

must be able-bodied, healthy, and therefore “normal.” Indeed, able-bodiedness appears to be even more compulsory than heterosexuality because the latter requires the former. Normal sex—as opposed to its deviant or perverse forms—requires a normal body. Articulating disability theory with queer theory, McRuer (2006) thus developed a “crip theory” in which a critique of sexual normalization goes hand in hand with a critique of ableist assumptions about embodiment.

Critiques of normalization have a substantial history in the fields of both disability studies and queer studies. Indeed, those critiques generated their own critical terminology in their respective areas of humanities scholarship during the 1990s. In addition to Warner’s coinage of “heteronormativity,” Rosemarie Garland-Thomson deployed the concept of the “normate” in her influential book *Extraordinary Bodies* to designate “the social figure through which people can represent themselves as definitive human beings” (1997, 8). Similarly, Lennard Davis’s *Enforcing Normalcy* (1995) described the cultural processes that perpetuate exclusionary corporeal norms and ideals. As with Warner’s critique of heteronormativity, the central claim of this area of scholarship is that, beyond examining the bodily conditions or the physical environments that produce disability, disability studies should also examine those less tangible but profoundly distorted social expectations that presume what bodies should look like and be able to do.

Queer approaches to thinking about disability and sexuality argue that neither the human body nor its capacities are biologically determined; rather, both disability and sexuality are constituted via sociocultural processes of normalization. Sociologist Erving Goffman’s *Stigma* (1963), for instance, influenced both disability studies and queer studies, in part because Goffman routinely refers to “cripples” and “homosexuals” in the same breath, as parallel examples of stigmatized

identities. What remains crucial in Goffman’s account is his insight that everyone falls short of identity norms; we are all potentially vulnerable to the injurious effects of social stigma. In other words, normalization does not exclusively bolster the interests of the so-called normal, since it also puts them at risk. Insofar as “queer” and “disabled” designate contingent identities, anyone can be queered or become disabled by failing to live up to particular norms or ideals.

The influential philosopher Michel Foucault broadens the scope of Goffman’s sociological analysis by showing that power in modern society is exerted less through the channels of regulation and prohibition than through those of normalization and rehabilitation. Foucault’s critique of normalization derives, in part, from the work of French medical historian Georges Canguilhem, whose study *The Normal and the Pathological* (1978) demonstrated that illness is routinely yet erroneously understood in terms of its departure from biophysical norms. Canguilhem’s point was that significant variations from what is statistically normal for a population need not imply pathology. Only when mathematical norms get conflated with evaluative norms do such variations indicate sickness. This distinction between statistical and evaluative norms, which has been indispensable for the strand of queer theory developed by Warner, is also highly relevant for disability studies. In both queer theory and disability theory, the demystification of social categories as well as medical metrics helps to highlight the ways in which illness, health, and normality are constructed.

Nowhere have social and medical norms intersected so powerfully as with the phenomenon of AIDS. As literary scholar Ellis Hanson has contended, “Queer theory itself may be said to have begun as disability studies, sparked as it was by activist energies around the AIDS crisis” (2011, 113). Queer politics grew out of the AIDS

activism of the late 1980s, largely in order to insist that AIDS is not a disease of identity—that is, a disease pertaining only to pathologized social groups such as gay men or IV drug users. Among its many effects, the AIDS epidemic fostered a coalitional politics that cut across established lines of sexual, racial, and disabled identity, resulting in a specifically queer politics.

Disability studies may have catalyzed the origins of what scholars now think of as queer studies. But it is only once the two have been explicitly articulated relative to one another that the extent of their connection becomes clear. The connection enables literary scholar Anna Mollow to suggest that sex itself, in its effects on coherent selfhood, may be regarded as disabling. Drawing on a psychoanalytic strand of queer theory associated with Leo Bersani, Mollow argues that “disability” and “sex” represent “two names for the same self-rupturing force” (2012, 287). Here the connection between queer and disability stems not from social processes of normalization but from the impact of sexual intensity on bodily coherence. Mollow’s challenging hypothesis points toward a possible future for queer theory and disability studies by rethinking the extent of their mutual interdependence.