

THE DISABLED BODY, GENEALOGY AND UNDECIDABILITY

The received history of the disabled body is deeply problematized by a genealogy — inspired initially by Foucault — that disrupts the notion of a continuous development of ideas and images, and shifts the focus to competing, fractured and discontinuous discourses culturally embedded in particular historical periods. Following Foucault's explication of the emergence of modernist normativities and the operation of power/knowledge, disability scholarship has charted a break between early religiously-inspired models concerned with a god-given nature, a medical model that pathologizes the disabled body and, more recently, the social model of disability that effects a politicization of the problematic. Yet consistent with a Foucauldian analytic, even the latter resistant discourse gives rise to its own normativities and generates new resistances. Alongside the return of the disabled body to challenge the hegemony of socio-cultural determinations, I offer, then, a further complication. Where previous approaches speak to external discursive power — albeit embedded in the individual consciousness — as the motor of change, I seek to supplement and reconfigure the problematic by engaging with the operation of psychic elements. Within the historically contextualized transformations in the meaning of disability, there is, I argue, another current of interior and less accessible responses, which not only challenge the privileging of periodization in historical thought, but also disorder the alternative Foucauldian approach. Where his analysis is concerned with the multifarious mobilizations of the binary of self and other, a more specifically deconstructive approach seeks to uncover the other as an interior attribute of the embodied self. This essay plays over some historical moments and brings them together with postmodernist and psycho-analytic theory to show how binary differences are constantly undone by the irreducible différance of the disabled body.

Keywords disability; undecidability; anxiety

In critical disability studies, the received history of the disabled body is deeply problematized by a genealogy — inspired initially by Foucault — that disrupts the notion of a continuous development of ideas and images. In place of the successive materialization of ever-more refined epistemologies of disability that build on existing knowledge, the focus shifts to competing discourses,

culturally embedded in particular historical periods and arenas, and to the notion of discontinuity and fracture. Although certain authorized discourses come to dominate, their mainstream ubiquity is held to be temporary and unstable, despite what may be an extended persistence through time. Following Foucault's explication of the emergence of modernist normativities held in place by the binary power of normal/abnormal, disability scholarship has charted a break between earlier models that are driven by the religiously-inspired and superstitiously expressed notions of human perfectibility and a god-given nature, and a medical model that still retains a privileged place in contemporary mainstream culture. More recently, that latter discourse has been increasingly displaced by the social model of disability that reads the imposition of normativities in an entirely different light and effects a politicization of the problematic. In place of the pathologized embodied individual, environmental and social factors are taken to construct the conditions of disability.

Although the newer model has evolved from broadly Marxist underpinnings, it is fully consistent with a Foucauldian analytic in which every resistant discourse, in gaining acceptance, becomes caught up in the cycle of power/knowledge.¹ In short, each model – including the Social Model of Disability (SMD) – gives rise to its own normativities and generates new resistances. In conjunction with the return of the disabled *body* to challenge the hegemony of socio-cultural determinations, I offer a further complication. Where the SMD approach speaks to external discursive power – albeit embedded in the individual consciousness – as the motor of change, could it not be supplemented and perhaps reconfigured by greater attention to the operation of psychic elements? Alongside the historically contextualized transformations in the meaning of disability, there is, I will argue, another current of interior and less accessible responses, which not only challenge the privileging of periodization in historical thought, but also disorder the alternative Foucauldian approach.

As a heuristic method, the analysis of how western normativities have developed and been consolidated provides a valuable point of entry into any understanding of contemporary disability. Against the dominant standard, the construction of physical difference as a failing, incomplete and inferior, marks disabled embodiment as deeply devalued, not so much for what it is, but for what it fails to be. Its status and meaning are from the start relational, rather than having autonomous standing. Regardless of whether the focus is on the body itself or on the socio-political context, there is broad agreement that far from being a bioscientific fact, disability is a category constituted, given meaning, and expressed through an endless set of cultural, historical, political and mythological parameters that ambiguously define disabled people as excessive, as contaminatory, as at once malign and helpless (Mitchell & Snyder 1997, pp. 2–3; Shildrick 2002). The otherness of disability is, then, a

disordering otherness within the social body that can be contained only by the strict imposition of normative categories that separate out and hold apart the supposedly oppositional groups. In signifying disease, trauma and decay, the anomalous body is an uncomfortable reminder that the normative, 'healthy', body, despite its appearance of successful self-determination, is highly vulnerable to disruption and breakdown. As such, disability is always the object of institutionalized discourses of control and containment, in which the pretensions of biomedicine to scientific objectivity and rationally based action have been convincingly problematized by Foucault (1973, 1979) to reveal a series of constructive and regulatory operations. Behind that undeclared disciplinary intent, however, lies another level of signification that plays no part in Foucault's project of laying bare the organizational mechanisms by which both positive and negative identities are constituted and differentially imposed. Where his analysis is concerned with the multifarious mobilizations of the binary of self and other, a more specifically deconstructive approach seeks to apprehend the other within the same.

My argument is that, whether biomedical or otherwise, responses to disability are never objective precisely because binary differences are constantly undone by the irreducible operation of *différance*, an imbrication of self and other that frustrates separation and distinction. Self and other are mutually invested, not as complementary entities, but in the degree that otherness is an interior attribute of the embodied self, albeit one necessarily denied by the sovereign subject of modernity. Given the explicit privileging of wholeness, independence and integrity demanded of the able-bodied subject, the cultural imaginary is highly invested in fantasies of an invulnerable body. Yet, in the face of a disability that threatens always to claim its identity in the selfsame, such fantasies generate a normative anxiety that cannot be allayed. In contemporary times, it is easy to mistake that anxiety for a relic of a less sophisticated understanding of the human body, and a harsher enforcement of the differential valuation of what is the same and what is different, but that would be to misconstrue its nature. My point, in contradistinction to such a comforting interpretation, is that the psychic content of the anxiety – the threat to the integrity of the self – remains embedded in the present-day domain, even though its public manifestation may have taken less overtly oppressive and discriminatory forms. For all that modernist ethics and politics espouses the values of equality, and more recently diversity, disability is still positioned as the other that not only disturbs normative expectations, but destabilizes self-identity.

Without claiming to give any kind of overview, I want to look briefly at some historical moments in the relationship between disability and society that make clear that what is at stake is far more complex than the variable socio-political attempts to respond adequately to a range of physical differences. We should be cautious in any case about assuming that perceived

changes are clear-cut and unambiguous, still less that disability has a stable and progressive history. It is, rather, as Foucault might have put it, a history of *mentalités*, in which there have been multiple shifts and reversals in how disability is defined and perceived. But where Foucault has been read as overdetermining the discontinuities between paradigms, it is important to acknowledge that successive trends do not simply supersede what has gone before. Although significant developments and transformations occur in the dominant discourse itself, there is never a single discourse at work, but, as Foucault recognized, a complex mix of interwoven ideas and beliefs that belies the notion of periodization. This is both significant to my argument and widely overlooked by many of those working in the field of disability. Even a scholar as nuanced as Rosemarie Garland Thomson, for example, talks without qualification about a marked shift in the early modern period from the mode of the marvellous – when disabled bodies were classed alongside the monstrous – to the mode of the deviant when differential forms of embodiment became increasingly medicalized and pathologized (1996, p. 3). The inevitable result is a certain flattening out that misses a more subtle analytic of the covert psychic operations underlying a materialist surface. Despite the tendency to talk about history in positivist terms, I prefer to see it as concerning the constant circulation and recirculation of ideas – both articulated and hidden – that are intermeshed with one another. It is not simply that the past can only be known selectively, dependent on what is recorded and preserved, but that we read it through our own representations, our own beliefs and value systems.² Moreover, I would liken history to the structure of language, where signifiers are infinitely reinterpretable, and the signified changes constantly with reiteration, such that there can be no recovery of a pure origin.

In the light of these provisos that nothing can be known with certainty, and that any emergent discourse is contaminated by contemporary partialities, my own analysis must remain open. Nonetheless, certain tendencies are broadly supported by the available evidence, and they will be supplemented by a more overtly speculative approach. What emerges in terms of disability is best understood as an oscillation between processes of integration and exclusion, threaded through in each case by a persistent and often unacknowledged anxiety. Indeed, it is that transhistorical anxiety rather than the material context in which it appears that is the centre of my enquiry. For just these reasons, the naming of discernible historical changes as progress – even where the immediate and material conditions of people with disabilities have been improved – is fraught with difficulty. I do not mean to suggest that all responses to disability are uniformly negative, but that even the most seemingly benign developments may merely mask an underlying fear of that which resists the closure of final classification. Moreover, the very real physical violence which erupts against disabled people as a category, and which can be experienced on the individual level at any time, is no mere aberration, but is

paralleled by a less obvious discursive violence that is an intrinsic feature of any binary system of sameness and difference.

In *A History of Disability*, the French theorist Henri-Jacques Stiker offers an explanation of why disability – despite multiple contextual variations – is transhistorically disturbing. It is that radical differences in individual morphology signify a more threatening disorder. As he puts it, ‘an aberrancy within the corporeal order is an aberrancy in the social order’ (1999, p. 40), and more provocatively he indicates an ontological threat: the disabled ‘are the tear in our being’ (1999: 10). Stiker’s approach is far-removed from the positivism that worries me, and from the outset it is clear that his work is as much an implicit deconstruction of contemporary narratives of socio-cultural and political progress, as it is an exposition of relevant historical material. Written in the early 1980s, the work both predates and anticipates the explosion of disability scholarship around the social model, albeit with a far greater attention to the discursive construction of the body itself. Although Stiker scarcely references Foucault, his attention to *mentalités* and to the disciplinary practices directed to the body takes on a quasi-Foucauldian approach, but one that is decisively opened up to other considerations. Not least is his continual awareness of the operation of a cultural imaginary that is deeply invested in normative fantasies. As David Mitchell remarks in his *Foreword* to the book, Stiker ‘seeks simultaneously to demonstrate the presence of disability throughout Western history and to unmoor our collective fantasies in the ‘promise’ of eradication or cure’ (Stiker 1999, p. ix). It is an analysis with which my own approach widely overlaps, but alongside the central, though under-regarded, presence of disability, I should want to add in a yet more disturbing nomination, disability as an absent presence. The success and/or failure of strategies of both integration and exclusion speak precisely to the *différance* of disability, and its status as the other within. The disabled body is deeply disruptive to the social body and to normative selfhood alike, not so much in the guise of the clear and distinct other that can be grasped in its difference, but because it remains undecidable, neither self nor other.

That such a notion has evolved from postmodernist theory is immediately apparent, but that is not to say that an examination of the historical trajectory of disability should not be read through the same critique. Indeed, the problematic of disability in the Judaic, pre-Christian era, with which Stiker opens his account, already demonstrates just such a twist of *différance*. As he notes, the disabled body is widely seen as unclean and polluting, in Biblical terms, as an abomination that is subject to an array of exclusionary and purification procedures. In the verses of *Leviticus* that set out the parameters of the Law of purity in detail, congenital malformation is particularly defiling, together with leprosy, surface tumours, scabs and other highly visible disturbances to the ideal closure of the skin (*Leviticus* 22).³ Stiker’s speculation that what is initially at issue is a matter of hygienic protection opens up

symbolically into a distinction between the pure and the impure in which certain disabilities fall on the side of the unclean and the ungodly: 'For whosoever man he be that hath a blemish, he shall not approach; a blind man, or a lame, or he that hath a flat nose, or anything superfluous . . . he shall not come nigh to offer the bread of his God' (*Leviticus* 21: 18–21).

Nonetheless, even in the chapters where most of the rules against defilement are laid down, there are warnings against mocking deaf people or putting obstacles in the way of those who are blind (*Leviticus* 19: 14). Here, as elsewhere in the Greco-Roman world, where the exposure of *congenitally* malformed infants was sanctioned by law, some forms of sensory deprivation – perhaps those that are acquired – escape symbolic marking and do not figure as dangerously out of place. A similar reading of the biblical texts is offered by Julia Kristeva (1982) who goes a step further in her attempt to recover an 'archaeology' of impurity. She asserts that the concern is never with a perceived lack of health, but, as she makes clear in her study of the abject, a potential failure of system and order. Yet although material abomination might appear to be simply in an oppositional binary relation to the sanctity of the Temple and the logicity of the Law, '[t]he one and the other are two aspects, semantic and logical, of an imposition of a *strategy of identity*' (1982, p. 94). Kristeva continues:

the 'material' semes of the pure/impure opposition that mark out the biblical text are not metaphors of the divine prohibition . . . but are responses of symbolic Law, in the sphere of subjective economy and the genesis of speaking identity (1982, p. 94).

What this means in terms of disability is that there is an inherent and necessary complicity between 'whole' and disabled embodiment. Integration and exclusion are not simply mutually sustaining, but adhere in the same moment of coming into being.

That point re-emerges in the Christian Era in the form of persistent philosophical discussions – again sanctioned by religious authority – about the 'natural' status of the aberrant body. It is not just that the varying morphology of disability and its range of severity posed the question of limits, but that even in the most radical cases of corporeal alterity, in which disability elided with the monstrous, the relation of that body to the natural order was by no means decided. Was it, on the one hand, a member of a category entirely outside nature, or simply a deviation within? The debate is crucial for it has far-reaching implications concerning both the manifestation of the power of the godhead, and the potential salvation of souls. A good part of the debate occupying the Church Fathers was centred on whether corporeal aberrance was an instance of god's power to vary the natural order at will, or alternately a break with that order that signified the exclusion of the fallen and sinful. To

be absolutely different, in a different order of being, to be *other than* fully human, was to be beyond redemption – as were the sons of Ham, whose sin against god provoked a degeneration into animality (Friedman 1981). In contrast, the binary of natural/unnatural contained difference within the order of the same, and left open the possibility of salvation. On the basis of such a view, Augustine (1972), who taught that anomalous embodiment should exclude no-one from the community of the god-given, believed that at the last judgment and resurrection of the dead, the sick, disabled and deformed would be restored to the whole-bodiedness of normative morphology.⁴ As the hallmark of European attitudes in the late middle ages and early modern period – a period rich in the archives of difference – otherness, then, was always an ambivalent, even undecidable, category.

Given the characteristic interest in all that appeared as either supra- or supernatural, the nuances of scholastic debate concerning the status of the monstrous body spill over into more popular texts, such as the so-called monster or wonder books that circulated throughout Europe, particularly during the Renaissance and early modern period.^{5,6} The temptation to view such texts as simply credulous, as the equivalent of *The National Enquirer* or *Sunday Sport*, is strong, but there is, I suggest, much more at work than the desire to be shocked and amazed, or even to be entertained. There have been many unproblematized suggestions that prior to the normativities imposed by the modernist epistemology of embodiment, disability itself was not seen as oppositional. It is usually asserted that it was just another taken-for-granted aspect of everyday life that was conceptually – if not materially – assimilated, although the alternate reading that it was absolutely other, beyond comprehension, would have equally removed it from an oppositional relation. As I understand it, the textual accounts themselves are highly conflicting and inconsistent even across similar forms of disability. In addition, despite insistent truth claims, there is little appeal to what we would recognize as evidence. The same illustrations, for example, are reproduced again and again to cover wildly divergent narratives. Moreover, although congenital disability was frequently classed as monstrous, an affront to the natural order of things, it is by no means clear that that is an entirely negative nomination: at the very least it inspired both fear and fascination. Certain forms of radical corporeal aberrance remained highly ambivalent in that they could signal equally the presence of evil or the exercise of god's marvellous power (Shildrick 2002). As the mid-sixteenth century works of the French surgeon, Ambroise Paré, make clear, the display of both mental and physical disorder might mark very human anomalies, often concerned with the failure to observe the proper conduct of sexuality, but equally they could be a sign of divine intervention. In his famous list of the thirteen causes of monstrosity, Paré (1982 [1573]) offers an explanatory system that already draws out several of the competing elements that surface in any history of disability. Far from simply representing a series of

existent superstitions, Paré is actively engaged in the search for a *rational* explanation of how certain bodily deformities might appear. Though not yet a figure of modernity, he stands at the cusp of Enlightenment scientism.

The monstrous body, then, plays a key role in the construction and reinforcement of distinctions between normal and abnormal, and in the imposition of normativities. Although Foucault somewhat unexpectedly argues that disability is not coincident with the monstrous in that it has a place in civil or canon law (2003, p. 64), it is clear from the texts of the early modern period that congenital disabilities at least were approached in the same epistemic frame as human/animal hybrids. Foucault's suggestion, moreover, that what defines the monster is a violation not only of natural law, but of civil, canon, and religious law, recalls precisely the arguments that occupied the Scholastics with regard to morphological anomaly in general. It is not my claim that all disabilities were seen in the same way, but that they introduced the anxiety of an 'undecidability at the level of the law' (2003, p. 65). On a Foucauldian reading of the breaks and fractures in history, the emergence of scientific and empirical rationalism – taken as characteristic of the post-Cartesian period – is closely associated with the relentless drive to categorize and establish clear boundaries of separation. As such, the positivist aims of modernist bioscience with its emphasis on the elimination of ambiguity, the privileging of rational action, and, more particularly, the power to bring all bodies under a system of normativities, has been highly influential in constructing and maintaining the distinctions between normal and pathological embodiment. At the heart of this supposedly new approach to bodies, in which the disabled body was a prime target, Foucault explicitly marks as significant the break between the traditional exclusion of the leper, left to his or her own devices, and the early modern inclusion of the plague victim, subjected to a range of normalization processes: 'We pass from a technology of power that drives out, excludes, banishes, marginalizes, and represses, to a fundamentally positive power that fashions, observes, knows, and multiplies itself on the basis of its own effects' (2003, p. 48). Yet, though the monstrous body is claimed by biomedicine, and loses much of its ambiguity, it remains, as Foucault notes of the nineteenth century problematic of abnormality, 'the magnifying model, the form of every possible little irregularity' (2003, p. 56).

But is Foucault's own neatly boxed account to be trusted? Despite a widespread criticism that he misrepresents the historical 'facts', I would rather accept, from a position of postmodernist scepticism with regard to such convenient entities, that his outline is a highly insightful heuristic device. Nonetheless, despite the perspicuity of his exposure of binary thought around the concepts of normal and abnormal as fundamental to structures of post-Enlightenment knowledge, I prefer to see that discourse as merely coming to dominance, rather than as a sudden irruption. What is of more significance, however, and what Foucault misses in his account of the 'inscribed surface of

events', is the reason for the failure of the modernist episteme to fully encompass the problematic of disabled bodies. Although the mixture of curiosity and cultural unease given full public rein in the monster books may have become less authoritative in the light of rationalist and scientific discourse, those texts continued to circulate and to be reproduced. The motivating anxieties of such counter discourses speak to just that ambiguity that is figured by the anomalous body, a body that inherently resists reduction to either sameness or difference, to the natural or unnatural, and in extreme cases to human or non-human. Such undecidability is deeply unsettling to the cultural imaginary, particularly one that incorporates an image of the embodied self as whole, separate and invulnerable. The point is that concern with corporeal anomaly, and specifically disability in terms of my analysis here, is always more about the status of the self than about the perceived corruption of the body or physical failings of the disabled person herself. Whether the response is individual or social, or indeed part of a dominant discourse like that of biomedicine, I would argue that it is always based on psychic anxiety. Like the monstrous (Shildrick 2002), the disabled body is abject in the full Kristevan sense of the word. And regardless of what rationalizations might be offered in the attempt to hold categories apart – as, for example, in the major strategy that pathologizes disability – the enforcement of normativities at the discursive level always falters because the binary system on which they rest is never fixed nor stable. In other words, the supposedly 'pure' categories of normal and abnormal constantly contaminate one another, as poststructuralism avers. The assault on the cultural imaginary is scarcely unique to the modernist era, however; it can be traced in all periods in which the ambiguity of the other's body threatens to spill over into the body of the self.

The discourses and practices of eugenics are a particularly apt arena in which to illustrate my claim that the response to disability cannot be understood without reference to an ontological anxiety operating at a psychic level. In post-Darwinian times, the notion of eugenics as the possibility of improving human stock by selectively breeding out anomalies initially caused no moral misgivings. On the contrary, the application of eugenic principles was seen not only as properly based in contemporary science, but also as a utilitarian good in its own right. Nonetheless, what drove eugenic practice was always less the putatively bioscientific facts than a series of both explicit and implicit value judgments in the realm of both the aesthetic and the moral. Moreover, although the terms of the debate may have changed, and although eugenics itself is now widely discredited, contemporary 'biomedical' decisions as to which disabilities are intolerable and should be eliminated at a genetic level, or foetal stage, or which should be subjected to interventionary procedures are no less likely made on the basis of cultural values. Though few authoritative figures today would openly advocate eugenics, it is clear that the deep discomfort provoked by any overt difference that breaks cultural

normativities is still operative. What is at issue is that the category of disability represents what Paul Longmore calls 'delinquency in the practice of individual self-control' (1997, p. 153). In other words, it exposes the western fantasy of invulnerability and self-mastery, and threatens the illusion of the absolute sovereignty of the embodied self. The exercise of overt moral censure of those who are disabled is muted, but disability is still seen as an embodied incompetency that might overflow the parameters of its designated place. The movement between exclusion and assimilation that both Foucault and Stiker posit is always complicated insofar as neither operation is sealed against its other. Even within the most fully realized strategies of integration, the anxieties mobilized by the trace of otherness cannot be allayed.

The bare outlines of the worst excesses of eugenic thought and practice in relation to the National Socialist programme are well documented, and I shall recall them here only briefly. The conflation of disabled, racial and sexual others as both physically contaminatory and morally debased was the driving force in the social purity and eugenics movements, not simply in Germany but in many contemporary countries. Documentary figures are variable, but it appears that under the Nazis, over 350,000 of those classified as genetically inferior by reason of mental or physical disability were sterilized, with another 250,000 killed outright. The eugenic agenda predated the war years, but it was not until 1941 that internal public distaste finally halted the adult extermination programme, although the killing of children up to the age of seventeen continued throughout the war (Gallagher 1990). The active part played by the medical establishment in facilitating state policy both by selecting individuals and carrying through the necessary procedures is at once a shock to normative expectations of care, as well as a self-serving social alibi. The nexus of power/knowledge that made such processes not only possible, but also permissible, is predicated not on a singular discourse, but on the micro-practices of power in which every individual is implicated. Where social theory has been deployed in an explanatory capacity, one approach – associated initially with the Frankfurt School – is that the German state of the 1930s and 1940s represented a hyper-realized version of the modernist project of instrumental rationality that seemed to justify, even mandate, social engineering (Bauman 1989). The reference to supposedly inferior human beings in brutally utilitarian terms as 'useless eaters' supports such a view, but fails to explain why the designation had epistemological currency. The internal justifications of the eugenic programme clearly cannot be reduced to singular motivating causes, but it remains necessary to ask why the citizens of even the most bureaucratic state should assent to means that so clearly overrode the moral principles of both Judeo-Christianity and the humanist Kantian ethics on which European values were largely based. Certainly people with disabilities were dehumanized under the rubric *lebensunwertes leben* (life unworthy of living), but are we not also able to hear in the term 'useless eaters' a hint of

parasitism, a lingering fear that the unwelcome other will overwhelm the host? And must we not then also ask what psychic mechanisms are in play?

Given that large-scale eugenic programmes were a feature not just of Nazi Germany, but of many other politically divergent western European states – including such latter-day paragons of social welfare as Sweden, where a sterilization programme continued until the 1980s – it is clear that the argument from instrumental rationality is insufficient. In the United States too, between the years of 1920 and 1980, 33 states had active laws allowing for the forcible sterilization of not only ‘the insane, idiotic, imbecile, feeble-minded or epileptic’, but often also those with physical disabilities as well. Moreover, such programmes, which characteristically elided the deviance of disability with criminality, were supported at the highest level, as the dicta of Supreme Court Justice Holmes makes clear: ‘It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind’ (1927).

At the beginning of the twenty-first century, bioethicists are still debating the rights and wrongs of sterilizing ‘at risk’ individuals who are deemed incapable of making informed choices about sex by reason of their mental disabilities. The language used typically makes reference to the disabled person’s putative ‘own best interests’, but occasionally other justifications are voiced, as in the view of Peter Singer, Professor of Bioethics at Princeton University, who asserts there are good cost grounds for having fewer disabled people in society: ‘it does not seem quite wise to increase any further draining of limited resources by increasing the number of children with impairments’ (cited in Disabled Peoples International 2000). In such statements, detractors see rationalism and utilitarianism pushed to extremes, but does not the single-minded abstraction of Singer’s utilitarian calculus exemplify not so much a high-minded instance of rationalism as a rationalization?

It is precisely here in the midst of a public discourse of reason that it becomes necessary to add in that deep anxiety pertaining to difference – at the level of both the individual psyche and the cultural imaginary – which is less about an absolute separation of the categories of the normal and the abnormal, than about the unbearable ambivalence of not being able to definitively settle on difference. People with disabilities provoke anxiety, not because of their difference as such, but because they are too much like everyone else; worse yet, anyone could become one of them. In other words, they defy the boundaries of sameness and difference and spread impurity through the normative categories. The dehumanization of disabled people – their reduction to ‘useless eaters’ – is, then, a denial of any commonality with the normative majority that allows and implicitly demands violent action against the threat of a disordering ambiguity. It is not my claim that such violence is always realized, but that the anxiety that drives it lurks as much

beneath even seemingly beneficent reactions, as in overt eugenic intent. A growing range of reconstructive surgeries in the context not just of radical anomalies such as intersexuality or conjoined twins (where there *may* be some clinical justification), but in relation to a host of minor disabilities, speaks to a desire to, if not outright eliminate, then at least cover over embodied differences. As Rosemarie Garland Thomson notes:

these procedures benefit not the affected individuals, but rather they expunge the kinds of corporeal human variations that contradict the ideologies that the dominant order depends upon to anchor truths it insists are unequivocally encoded in bodies. . . . [T]he medical commitment to health . . . has increasingly shifted toward an aggressive intent to fix, regulate, or eradicate ostensibly deviant bodies.

(2002, pp. 12–13)

That notion of either regulation or eradication (or less dramatically exclusion) surfaces clearly in Henri-Jacques Stiker's claims that by the late nineteenth century, people with mental illnesses were dealt with by 'exclusion and surveillance', while physically disabled people were subjected to 'regimes of recovery and assistance' (1999, p. 114).⁷ His point is that for the latter category, the focus is on a return to societal and personal normativity, through technologies of rehabilitation, not least of which was the appearance of many new 'normalization devices', such as neck braces, corsets, electrical stimulation and prosthetic limbs. It is perhaps significant, although Stiker does not investigate it, that the drive to remake the body arose largely in response to the acquired disabilities and bodily devastation of warfare – first the American Civil War, and later the world wars of the twentieth century – rather than to etiologically more disturbing congenital conditions.⁸ For Stiker, in any case, the new emphasis figures not a humanitarian advance, but a more rigid application of societal constraints that act to efface difference by aggressively promoting normalization, both informally, and through growing legislative, as well as biomedical, intervention. It is a strategy of sameness that promises greater equality to disabled people, yet only insofar as they are reintegrated. As he puts it: 'Paradoxically, they are designated in order to be made to disappear, they are spoken in order to be silenced' (1999, p. 134), and further, '(s)pecificity and aberrancy are . . . forbidden and condemned' (1999, p. 136). The interventions, as Stiker himself notes without further analysis, are an effective way to evade the fear of strangeness, a fear that is no less apparent in contemporary society. Although the focus is shifting decisively from a biomedical model of pathological embodiment that might be individually reclaimed to a social model in which contingent difference might be structurally accommodated, the outcome once more is difference erased. Both the *Americans with Disabilities Act* 1990 and the United Kingdom's

Disability Discrimination Act 1996, which respond in part to the social model, attempt to efface the uncertainty of disability by encompassing the view that everyone, including the disabled, can be productive workers. The construction of docile bodies, subject to control, standardization and predictability is accomplished as an act of social justice.

Despite its plethora of undeniable achievements, then, the SMD unwittingly perpetuates an historically situated pattern of disavowal. It is not simply that the model appears to devalue the phenomenology of embodied difference, such that issues of pain, desire, and affect are rarely incorporated, but that the emphasis is complicit in the denial of difference. Most importantly, in the pursuit of social and environmental adaptations, it covers over any recognition of the fragility and vulnerability, not only in the context of disability, but of all forms of embodiment. It is precisely that desire to deny or disavow vulnerability that generates anxiety in the individual psyche and cultural imaginary. The collapse of specifically different categories of disability into a generalized form of improper embodiment is conventionally set against the normative standard of the body perceived as closed, invulnerable, and separate. Yet that body, as psychoanalytic theory has long shown, is phantasmatic, at best an image of integration, an ego-ideal, that belies what Lacan calls '*le corps morcelé*' (1977a, p. 4).

Given its masculinist underpinnings, it is scarcely surprising that the normative model has been challenged by feminist theory in particular. The perception that women's bodies are always already leaky, and anomalous, threatening to overflow the proper boundaries of embodiment and separation, indicates not a gender specific condition of being, but the insecurity of all bodies (Shildrick 1997). As Elizabeth Grosz notes, female corporeality is characterized as 'a leaking, uncontrollable, seeping liquid: as formless flow ... lacking not so much or simply the phallus but self-containment ... a formlessness that engulfs all form, a disorder that threatens all order' (1994, p. 203). And although the privileged order here may be that inaugurated in the modernist era, disorder, ambiguity and uncertainty have always been productive of anxiety in western culture.

The failure of control apparently evidenced in disability, indeed the very undecidability of that embodiment, is, then, too close for comfort. Far from any acknowledgement of the intercorporeal constitution of all bodyliness, or even the mutual engagement of existential status, disability must be disavowed, precisely *because* the disabled body cannot be wholly other. Against the desire to maintain self-control and to recognize vulnerability only as a quality of the other, disability at the very least reminds the majority of their own fragility. And it is not just in the context of unexpected illness or trauma, but as an inherent condition of being, a point Stiker takes up when he remarks that the disabled 'are the tear in our being that reveals its open-endedness, its incompleteness, its precariousness' (1999: 10). Nonetheless, a fuller analysis

might go even further in figuring disability as a trace of the chaotic structure of early infancy which, though absent from consciousness, persists in the instinctive life of the adult, in what Lacan calls: '[t]his disarray, this fragmentedness, this fundamental discordance, this essential lack of adaptation, this anarchy, which opens up every possibility of displacement' (1988, p. 169). In his discussion elsewhere of aggressivity, Lacan names it as 'a correlative tension of the narcissistic structure of the coming-into-being of the subject' (1977b, p. 22). Although I shall not develop Lacan's formulation in relation to disability further here, it is, I believe, a potentially fruitful route for understanding the implicit violence that marks the encounter with the disabled body. In the hostility, evasion and, paradoxically, the fascination that greets disability, we might sense self-recognition. It is as though each one knows, but cannot acknowledge, that the disabled other is a difference within, rather than external to, the self.

That ambivalence, and its associated anxieties, surely mark a recurrent pattern manifest in discrete historical moments that, though shaped by highly variant contingencies, all bristle with unease. If the desire to construct distinction and separation must inevitably fail, then those too-familiar others who are disabled will be invested with all the anxieties and fantasies that operate at a socio-cultural, interpersonal, and, ultimately, an intra-psychic level. As such, disability is a highly complex and intrinsically ambiguous designation, that cannot be addressed adequately by positivist and binary based models of analyses alone, whether of biomedicine or of social construction. Whilst having no pretensions to articulate an ultimate truth, any genealogy of the discursive constitution of disability must engage disability as the site of multiple cultural and psychic investments. In signalling the usefulness of a broadly psychoanalytic approach, then, it must not be forgotten that genealogy seeks to uncover the domain of power/knowledge as epistemically layered, and perspectival. There is no singular explanation, and no certainty, but only the dis/abled body in all its contingency and undecidability.

Notes

- 1 The social model of disability (SMD) refers throughout to the British-derived model developed by Michael Oliver (1990) in particular, and not to the rather different, and less overtly politicized, US social model. While the first sees socio-political organization as producing disability, the second is more personalist and understands disability to result from discrimination directed against certain differently embodied people who are unable to fit normative role models. As David Pfeiffer explains: 'Researchers using the UK Social Model will analyse social structures and their impact on people with disabilities. Researchers using the US Social Model will analyse social roles and attitudes toward failure to fulfil them' (2002, p. 234).

- 2 See *Embodying the Monster* (Shildrick 2002) for a more detailed discussion of this point with reference to the history of the monstrous.
- 3 In a similar way, a whole range of everyday experiences common to women – such as menstruation or pregnancy – were deemed equally dangerous and polluting. Indeed, Julia Kristeva claims that the force of biblical impurity is ‘rooted ... in the cathexis of maternal function – mother, women, reproduction’ (1982, p. 91). The common denominator across a range of defilements seems to be that the ideal of corporeal unity has been breached.
- 4 For a full discussion of this highly complex debate see ‘No Monsters at the Resurrection’ (Pender 1996).
- 5 Where I perceive a necessary blurring of categories, Park and Daston (1981), discussing similar material, attribute clear distinctions between natural, supranatural and supernatural to the relevant texts.
- 6 An enormous proliferation of such texts included Boaistuau (1560), Fenton (1569), Aldrovandi (1642) and Buffon (1749), as well as travellers’ guides warning of the strangely embodied quasi-human races to be found at the margins of the known world. The most famous is *Mandeville’s Travels* (1967) which first appeared sometime in the fifteenth century.
- 7 Foucault (1965) makes a similar point in his contention that the strategy of what he calls the ‘great confinement’, that catch-all institutionalization of both physically and mentally disabled people during the Classical age, was abandoned finally in favour of new distinctions between physical and mental anomalies, that figured inclusion and surveillance on the one hand, and continued segregation and disciplinary control on the other.
- 8 See Ott *et al.* (2002) for an analysis of the rise of prosthetics.

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