SuperCrip Strikes Again:

Or

Mine-Body Dualism

Presentation by: Kelly Fritsch

Disability Studies: Putting Theory into Practice

Lancaster University

July 26- 28, 2004

While seemingly natural, disability and impairment are socially constructed, that is to say, they are produced through discipline, or processes of normalization. Disability becomes the primary basis of identification, one which mutes other characteristics. Foucault's genealogical critique looks at the politics of identification as the condition for the emergence of identity categories. These categories are, in fact, part of the social sphere and are effects of institutions, practices, and discourses. Much of disability theory does not take into account the construction of both disability and impairment and instead looks only at disability as a social construction. This is a weakness in the theory and it is necessary to show the relationship of the two and the way in which they rely on one another. An exploration of how disability and impairment are constructed through specific mechanisms will provide a basis for discussing ways to challenge these established norms. The construction of disability is such that its consequences saturate social relations. Their social determination implies the relatedness of concepts such as the body, the normal, and disability.

From the eighteenth century on, the medical model of disability has been central to categorizing knowledge of the body. The medical model of disability perceives and classifies disability in terms of a "narrative of deviance, lack and tragedy, and assume it to be logically separate from and inferior to 'normalcy.'"[1] Part of this discourse includes the need and desire to fix people, assuming, of course, not only that something is wrong with them, but that they themselves also desire to be 'fixed.' In fact, "fixing disabled people has become a cultural imperative."[2] For example, Michelle, a 17 year old student said she only wore her prosthetic arms to her doctor's appointments. These arms were clumsy and she could do things better without them. She herself was perfectly comfortable having people see her short deformed arms, but the

[1] Corker, Shakespeare, "Mapping the Terrain," Disability/ Postmodernity. New York: Continuum, 2002, 2.
[2] Longmore, "Conspicuous Contribution and American Cultural Dilemmas; Telethon Rituals of Cleansing and Renewal," The Body and Physical Difference. Ann Arbor: The University of Michigan Press: 1997, 156.

doctor was not. The doctor felt the need to cure her, to fix her, to make her normal.[3] In universalizing disease and disability, personal corporeal experiences are put into categorical scientific descriptions.[4] One example of the modern medical model of disability is that it is now illegal to record old age as a cause of death.[5] Medical models of disability tend to locate the problem in bodies and thus define bodies as wrong or abnormal in relation to a specific normative standard.

In rejection of the medical model, the social model of disability has its theoretical roots in historical materialism, and makes a conceptual distinction between disability and impairment. It sees disability as socially created, or constructed on top of impairment and "places the explanation of its changing character in the social and economic structure and culture of the society in which it is found."[6] The problem is thus located in the interaction between bodies and the environment in which they are situated.[7] People are *made* to be disabled by external barriers, like stairs, lack of accessible, affordable housing, inaccessible work environments, transportation systems, social services, etc. "Most people with disabilities are only noticed when they are being lifted up steps, or walk into an obstacle, or are being assisted across a street."[8] Disability is then a form of social disadvantage, which is imposed on top of physiological impairment.[9] This social process of disablization "arrived with industrialization and with the set of practices and discourses that are linked to the late eighteenth and nineteenth century notions of nationality, race, gender, criminality, sexual orientation, and so on."[10] The social model explains how capitalism, language, media, and culture write disability onto impairment.

---

[3] Asch, Fine, "Nurturance, Sexuality and Women with Disabilities," The Disability Studies Reader. ed. Lennard Davis. New York: Routledge, 1997, 251.
[4] Wendell, The Rejected Body: Feminist Philosophical Reflections on Disability. New York: Routledge, 1996, 71
[5] Ibid., 96
[6] Corker, Shakespeare, 3.
[7] Charlton, Nothing About Us Without Us. Berkley: University of California Press, 56
[8] Ibid., 34
[9] Tremain, "On the Subject of Impairment," Disability/ Postmodernity. New York: Continuum, 2002, 41.
[10] Davis, Enforcing Normalcy: Disability, Deafness, and the Body. New York: Verso, 1995, 24

The social construction of disability and the oppression it breeds are clear in the power structures of everyday life. Disability plays a large role in maintaining certain capitalistic monopolies and is specifically defined by the modes of production. An able body is one that can produce. A disabled body cannot, and is regulated to the sidelines, something to be cared for, something tragic. For instance, the United States government does not keep unemployment statistics for people with disabilities; they are considered disabled in so far as they are unemployable. Yet constructing notions of the tragic, helpless disabled person, who needs to be fixed, has been extremely profitable for many companies such as privatized rehabilitation services and the nursing home industry.[11] From a social model perspective, it is important to challenge such rehabilitation services and work towards building inclusive communities. Such communities should not have the architectural able-bodied, young male paradigm in mind, but rather be able to reflect a multiplicity of community users.

Disability is further constructed through language, media, and culture. The english language is full of words like 'lame' and 'retarded' which have important implications on how disabled people are perceived.[12] Terms such as 'disabled,' 'crippled,' 'handicapped,' 'physical minority' and 'differently abled' all have their own problems; namely, that they substitute different sounds to represent the same concept in the ableist symbol system.

Ableism is further normalized by the media. In telethons, children are presented as passive, vulnerable, dependent, a burden on society, sad, and despairing, in need of help.[13] In addition, telethons seek to reiterate the medical model of disability. For example, the Jerry Lewis Labour Day Telethon does not raise money to fund wheelchairs, ramps or lifts, nor to fund lawyers to file discrimination lawsuits, but instead to research a cure, to repair bodies seen as

---

[11] Charlton, 47.
[12] Davis, 5.
[13] Davis, Watson, "Countering Stereotypes of Disability: Disabled Children and Resistance," Disability/ Postmodernity. New York: Continuum, 2002, 159.

broken.[14] Such telethons aim for an end to impairment, but not an end to disability. People like Christopher Reeve or President Roosevelt are portrayed as 'supercrips' who fight hard to overcome their impairment at whatever medical or psychological cost, and bring hope to their nation. Thus, disability is reaffirmed as a tragedy that can be overcome through individual strong will and advancing medical funding for cures. Disability is taken for granted; it is not deconstructed as a historically arising social construction based on power relations.

According to the social model, the lives of people with disabilities are considered less, because their bodies and minds are considered less.[15] As Lennard Davis points out:

> The crucial point is that the disabled person, as conceived by the non-disabled world, has no abilities or social functions and... those who do perform successfully are not longer viewed as disabled. This erasure occurs because stereotyping requires that a person be categorized in terms of one exclusive trait. Disabled people are thought of primarily in terms of their disability, just as sexual preference, gender, or ethnicity becomes the defining factor in perceiving another person.[16]

Thus, the social model argues that "the problem is not the person with disabilities; the problem is the way normalcy is constructed to create the 'problem' of the disabled person."[17]

However, both the medical and social models of disability are problematic as they fail to account for the fact that both the body *and* the subject are discursively maintained. The social model focuses on how the subject is disabled by society, yet in a very specific and intentional way, the body is denied in relation to disability. That is to say, according to the social model, impairment is solely and supposedly neutrally, the description of the physical body. Yet, as Judith Butler puts it, "there is no reference to a pure body which is not at the same time a further formation of that body."[18] Impairment, as a physiological category, cannot be neutral, and must in

---

[14] Clare, "Stolen Bodies, Reclaimed Bodies: Disability and Queerness," Political Culture. 13 (3): Duke University Press, 2001, 360.
[15] Charlton, 55.
[16] Davis, 10.
[17] Ibid., 24.
[18] Tremain, (quoting Judith Butler) "On the Government of Disability," Social Theory and Practice 27 (4): Florida State University, 2001, 621.

some way be linked to the social creation of disablement. Foucault argues that "the materiality of the body cannot be dissociated from the historically contingent practices that bring it into being."[19] Impairment cannot be value-neutral, or merely descriptive as it is inherently linked to the construction of disability. Both impairment and disability are an effect of historical conditions, and contingent on relations of power. As Shelley Tremain notes in her essay entitled *On the Government of Disability,*[20] linking impairment to disability is not to deny that there are material differences between bodies, but rather that "these differences are always already signified and formed by discursive and institutional practices."[21] That is to say, biomedical practices have been complicit in the historical emergence of the category of impairment, which has informed disability.

The dichotomy presented by the social model of disability is similar to the sex- gender distinction put forth by many feminists, in which gender is a social construction, while sex is natural. However, as Foucault argues in *The History of Sexuality, Volume 1,* the 'natural' category of sex is "actually a phantasmic *effect* of hegemonic power that comes to pass as the *cause* of a naturalized heterosexual human desire."[22] Thus, since the category of sex itself is politically invested and naturalized, although not natural, there can be no real ontological distinction between gender and sex. Sex is not prior to gender since "gender is required in order to think 'sex' at all."[23] Similarly, it is possible to see how impairments must be identified as constructs of disciplinary knowledge/ power, and as the effects of a historically specific political discourse. Further, "impairments are naturalized as an interior identity or essence *on which* culture acts in order to camouflage the historically contingent power relations that materialized them *as* natural."[24] Disciplinary practices produce the illusion of a non value-laden impairment category to legitimize

[19] Tremain, 2002, 34.
[20] Tremain, 2001
[21] Ibid., 627.
[22] Tremain, 2002, 40.
[23] Ibid., 41.
[24] Ibid., 42.

certain productive power relationships.

As a result of biopower, (that is, "numerous and diverse techniques for achieving the subjugation of bodies and the control of populations"[25]), subjects are not the autonomous creators of themselves or their social worlds but rather are "embedded in a complex network of social relations."[26] These relations determine the subject in specific sociopolitical arrangements, that is, which subjects can appear, how, where, and in what capacity.[27] Impairment is not in any way excluded from normativity, but rather is integral to its very assertion. The use of words like normal, normalcy, norm, average, abnormal, all entered the english language around 1840,[28] stemming from the concept of the ideal. During this period, statistics began to be compiled by the state, placing its citizens within rigid identifiable categories. The "central insight of statistics is the idea that a population can be normed."[29] One result of this was increased nationalism, the notion of the paradigm citizen and desire for a strong, fit nation composed of strong bodies.[30] This directly led to the development of eugenics and the sterilization and institutionalization of those categorized as physically and mentally impaired.[31] Through disciplinary practices and biopower, people categorized as having impairments were labeled as such as they met certain requirements of sociopolitical arrangements.

In addition to the rise of capitalism and productive bodies, the development in late eighteenth century of medical objectification and examination has shaped modern bodies. Medical discourses created a body that was an object of knowledge and information. From this base, biopower worked toward an ever-increasing management of the life of the individual and the life of the species. From the eighteenth century on, technologies were developed to discipline and

---

[25] Foucault, The History of Sexuality, Vintage Books: New York, 1990, 140
[26] Corker, Shakespeare, 3.
[27] Ibid., 3.
[28] Davis, 24
[29] Ibid., 30.
[30] Ibid., 36.
[31] Ibid., 38.

normalize the body. "Technologies of normalization are instrumental to the systematic creation, classification and control of 'anomalies' in the social body."[32] In isolating these 'anomalies', they can, in turn, be normalized through "therapeutic and corrective strategies of other, associated technologies,"[33] such as rehabilitation, psychoanalysis, self-help groups, or weight-loss regimens. Normality has become "the means through which to identify subjects and make them identify themselves in ways that make them governable."[34] Through self- surveillance that creates such docile bodies, disabled people will not only utilize technology to increasingly match abled-bodied people, but they will also *desire* to. "Given the truth of the body is not predetermined, but rather is constituted through the ways in which bodies are talked about and managed, biomedicine-- with its claims to scientific expertise-- plays a preeminent role in producing the disabled body as a universal other."[35] Rehabilitation and therapy serve to reduce the sense of corporeal difference and thus normalize a disabled body.[36] However, at the same time, these bodies are singled out as separated from the norm. Regulation does not just occur externally, but is also imposed through self- surveillance.

The medicalization of disability and impairment is met by a great deal of resistance, by the body and the conscious will. Resistance is constantly met by new forms of power and "our identification as disabled or non- disabled only through a constant reiteration of the norms that hold in place the contested boundaries of self/ other, speak to a radical instability."[37] Fixed boundaries can never be maintained since norms can never fully encompass the body- subject.[38] Other ways of resisting normative boundaries include rejecting normative career expectations, leisure activities or refusing to be classified through state-sponsored forms which structure a

---

[32] Tremain, 37.
[33] Ibid.
[34] Ibid.
[35] Ibid.
[36] Price, 67.
[37] Ibid., 68.
[38] Ibid.

standardized notion of impairment and effectively disable a person.[39]

Since disability and impairment are historically arising constructs, it is important to ask who is implicated in this construction. Clearly it is not just the disabled body. Disability studies tends to posit disabled people as oppressed by a repressive external authority.[40] Disabled people are discriminated against and oppressed in a plethora of ways, however this is not the entire story.

> Most of the accounts of power and resistance, while offering ways to think about the disruption of unitary and normative identities, focus primarily upon the body of the disabled person or, in the clinical encounter, of the patient. What has been underplayed is that any encounter is... an encounter between atleast two bodies.[41]

While it may seem that in the situation of a doctors office that "only one body examines the other, the examination is in fact contiguous and therefore ambiguous: bodies that touch are also touched."[42] Thus, the body of the doctor, of the assistant or caregiver is not closed, self-contained, or independent of the process of examination or of assisting, but is "itself open to a world of the other and immersed within it."[43] People surrounding and interacting with a disabled person are necessarily forced into the reality of bodily difference through their interaction. "We need to problematize throughout the histories and the embodied experiences of *all* of the subjects in carefully described interchanges, and to open up the complex power dynamics that must surely exist."[44] Rather than just accepting the dynamics of a disabled person with limited physical capacities with an assistant who is mobile, verbal and powerful, we need to look at what is happening at all the intersections of interactions. Suppose that this disabled person is a white, male, university professor, who is thus a potentially powerful figure with authority. The

---

[39] Price, 70.
[40] Tremain, 2001, 620
[41] Price, 68.
[42] Ibid., 70.
[43] Ibid.
[44] Ibid., 67.

ambivalence of power and vulnerability is not investigated as he may see his vulnerability as a special case rather than the condition of the female students in his class or an immigrant who may be his caregiver. In fact the politics of caregiving is extremely interesting in terms of power as the attendant is often thought of as the 'able-body' of a disabled person, therefore nullifying the autonomy of the attendant. Further, it is easy to see how an attendant may be exploited in comparable ways to a boss/worker situation. While it is important to not take away from the specificity of the disabled experience, it is necessary to recognize difference and vulnerability in others. The problem of impairment is that it is often seen as an issue for the disabled person alone, and the engagement of others, whether as assistance or interference, is distanced.[45] Price and Shildrick comment that:

> It is as though the body were simply a more or less troublesome possession that had little to do with one's own sense of self, still less played any part in the instantiation of other selves. In disability politics, and to a large extent in theory, that putative split between mind and body is seen simply as the focus of discriminatory practices on the part of wider society which limit the possibilities open to its owner.[46]

It is here at such intersections and interactions of power that disability studies needs to focus, as power is *productive* and the disabled body is not simply passive and repressed. Recently in Canada, a federal election was held, wherein the first quadriplegic was elected to Parliament from Manitoba. This 32 year old white man, is a member of the Conservative Party, and has been appointed Senior Health Critic for the Conservative Party, a party which is pushing for a privatized two-tiered health system, and increased military spending. Fletcher has received hundreds of e-mails from disabled people from all over Canada, proud to see a quadriplegic in Parliament, representing disabled issues. However, while Fletcher may fight for more ramps, elevators and better transpiration systems, the fact that he, as a person with a disability, represents a party aiming for a two- tiered health system, clearly exemplifies his position as a

[45] Price, 66. See also Nancy Mairs, "On being a cripple."
[46] Ibid., 67.

middle- class white male. Again, this is not to take away from the experience of being disabled, but rather to point out the intersections of identity and relationships of power.

In noting these intersections of power, it is also possible to strategize forms of resistance. Earlier I commented on how in the situation of a doctors office, a patient is not only being touched by a doctor, but in that same instance is also touching the doctor. Therefore, the patient does not have to be rendered passive in this situation. For example, a patient does not have to be 'patient' at all, and can instead challenge, question or make demands of the white lab coat that seeks authority over the disabled person. In this way, a disabled person can challenge the desire for the doctor to 'fix' them, and can even challenge the categorization of needing to be fixed. A disabled person could additionally bring allies to medical appointments if this would aid in making their desires and demands met.

It is often the case that if a parent of a disabled child chooses to home school or free school, or raise their child on a vegan diet, doctors will blame these relatively unaccepted ways of raising a child as causing complications that may arise with their impairment. For example, a doctor may say: "The problem is that you do not discipline your child enough, he needs more authority in his life," while the real problem is that the child is in pain most of the time as a result of this pain, they lash out. These kind of statements act to reprimand and blame parents into submitting to the medical advice of the doctor. In this kind of situation, it is important to refuse the doctors authority, insist that the child is in pain and demand that attention be given to the real issue of pain and suffering.

Further, many disabled women are often discouraged from having children because other people, such as their doctors, cannot imagine how they would take care of a baby.[47] Again, in such a situation, a woman should seek out allies and a supportive physician, dula or midwife.

Disability is and must be an issue for non-disabled people just as the concept of

[47] Wendell, 39.

whiteness is important in understanding racial otherness. 'Disabled' and 'able- bodied' are constructed in mutual relation. It is important to deconstruct the cultural, political, social and economic ways in which ableism is expressed and reproduced everyday and challenge such productions of disabled.

While the medical and social model of disability have flourished within society and academia respectively, neither accounts for the entire theoretical problem of impairment. It is necessary to recognize that impairment and disability cannot be separated, as medical knowledge has created a body that is the object of biopower, and thus impairment is implicated in the social creation of disability. In breaking down and studying the historical connection between impairment and disability, it is possible to deconstruct normative ability. It interacts with race, gender, sexuality and the economy in a myriad of ways, and any analysis will be neither simple nor easy. In analyzing these interactions, it is also possible to strategize forms of resistance and deconstruct the notion of repressive power. Such an effort, no matter how large, cannot be considered in vain, since disability and its construction are central to our experience and integral to the matrix of power that defines our existence, relations and the quality of that existence.

References

Asch, Adrienne. Fine, Michelle. "Nurturance, Sexuality and Women with Disabilities," The Disability Studies Reader. ed. Lennard Davis. New York: Routledge, 1997. pp. 241- 259.

Butler, Judith. Bodies that Matter. Routledge, New York, 1993.

-- Gender Trouble. Routledge: New York, 1999.

Charlton, James I. Nothing About Us Without Us. Berkley: University of California Press, 1998.

Clare, Eli. "Stolen Bodies, Reclaimed Bodies: Disability and Queerness," Political Culture. 13 (3): Duke University Press, 2001. pp. 359- 365.

Corker, Mairian. Shakespeare, Tom. "Mapping the Terrain," Disability/ Postmodernity. New York: Continuum, 2002. pp. 1- 17.

Corker, Mairian. Thomas, Carol. "A Journey Around the Social Model." Disability/ Postmodernity. New York: Continuum, 2002. pp. 17- 31.

Davis, John. Watson, Nick. "Countering Stereotypes of Disability: Disabled Children and Resistance," Disability/ Postmodernity. New York: Continuum, 2002. pp. 159- 174.

Davis, Lennard, J. Bending Over Backwards: Disability, Dismodernism and Other Difficult Positions. New York: New York University Press, 2002.

-- Enforcing Normalcy: Disability, Deafness, and the Body. New York: Verso, 1995.

Foucault, Michel. The History of Sexuality. Vintage Books: New York, 1990.

Longmore, Paul. "Conspicuous Contribution and American Cultural Dilemmas; Telethon Rituals of Cleansing and Renewal," The Body and Physical Difference. Ann Arbor: The University of Michigan Press: 1997. pp. 134- 158.

Mairs, Nancy. "On Being a Cripple," Plain Text. Tucson: The University of Arizona Press, 1986. pp. 9- 20.

Miller, Nancy. Sammons, Catherine. Everybody's Different: Understanding and Changing our Reactions to Disabilities. Baltimore: Paul H Brookes Publishing Co., 1999.

Mitchell, David. Snyder, Sharon. "Disability Studies and the Double Bind of Repression," The Body and Physical Difference. Ann Arbor: The University of Michigan Press, 1997. pp. 1- 29.

Oliver, Michael. Understanding Disability: From Theory to Practice. New York: St. Martin's Press, 1996.

Price, Janet. Shildrick, Margrit. "Bodies Together: Touch, Ethics and Disability," Disability/ Postmodernity. New York: Continuum, 2002. pp. 62- 75.

Thomas, Carol. Female Forms: Experiencing and Understanding Disability. Philadelphia: Open University Press, 1999.

Thomson, Rosemarie. "Feminist Theory, the Body, and the Disabled Figure," The Disability Studies Reader. ed. Lennard Davis. New York: Routledge, 1997. pp. 279- 292.

Tremain, Shelley. "On the Subject of Impairment," Disability/ Postmodernity. New York: Continuum, 2002. pp. 32- 47.

-- "On the Government of Disability," Social Theory and Practice 27 (4): Florida State University, 2001. pp. 617- 636.

Wendell, Susan. The Rejected Body: Feminist Philosophical Reflections on Disability. New York: Routledge, 1996.

-- "Toward a Feminist Theory of Disability," The Disability Studies Reader. ed. Lennard Davis. New York: Routledge, 1997. pp. 260- 278.