

CULTURAL
LOCATIONS OF
DISABILITY

INTRODUCTION

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of Disability

DEFINING DISABILITY LOCALES This book examines cultural spaces that have been set out exclusively on behalf of disabled citizens, such as nineteenth-century charity systems; institutions for the feeble-minded during the eugenics period; the international disability research industry; sheltered workshops for the “multi-handicapped”; medically based and documentary film representations of disability; and current academic research trends on disability. We characterize these sites as *cultural locations of disability* in which disabled people find themselves deposited, often against their will.¹ At the very least, each of these locales represents a saturation point of content about disability that has been produced by those who share certain beliefs about disability as an aspect of human differences. We trace these beliefs back to the eugenics era, when disability began to be construed as an undesirable deviation from normative existence. Even in the face of benign rhetoric about disabled people’s best interests, these locations of disability have resulted in treatment, both in the medical and cultural sense, that has proven detrimental to their meaningful participation in the invention of culture itself. The chapters

that follow demonstrate how *these locations exist largely at odds with the collective and individual well-being of disabled people.*²

To demonstrate this undermining of collective well-being, we distinguish the locations under study here from more authenticating cultural modes of disability knowledge, such as the disability rights movement, disability culture, the independent living movement, and other experientially based organizations of disabled people.³ These sites are critical to the growing social recognition and analysis of disabled people's situation in the United States and elsewhere. In fact, a critique of these eugenic locations comes into being largely in the wake of the development of politicized disability efforts. Without these politicized efforts to reclaim disability as something more than tragedy, dysfunction, and misfortune, we would not be able to fully comprehend the entrapment of these other cultural locations.⁴ Thus, this book finds its basis in the understandings made available by disability activist and cultural studies models. These arenas of politicized endeavor occupy an alternative ground without which these critiques could not be articulated.⁵ Our analyses here seek not to fill in an alternative "positive" content of disability experience, for that would merely replace one form of historical simplification with another, but rather to destabilize our dominant ways of knowing disability. Alternative ways of comprehending disabled bodies and minds are often best explained within experiential forms, such as personal narratives, performance art, and films, rather than in the often objectifying realms of "research" about disabled people. We explicitly lay out this argument in our concluding chapters on Fred Wiseman's disability documentary cinema and the institutionalization of disability studies in the U.S. academy.

One of our primary tasks in the chapters that follow is to demonstrate how these institutional, and largely scientific, ways of knowing disability can be challenged from a historical perspective. Second, in recreating some significant aspects of disability history, we seek to undermine the presumption that U.S. culture has produced an "objective" discourse about disabled bodies. Rather than *locations*, then, this book could refer to *dis-locations*; particularly if we take the latter term to mean the degree to which disability results in a person's active disenfranchisement from levels of participation and experience afforded to most other citizens. Each of the institutions under analysis in this book forms a link in the chain of complicity that colludes (knowingly or unknowingly) to limit the freedoms and mobility of people with disabilities. These locations of disability form the foundation of a quintessentially modernist project. Their *modus operandi* consists of efforts to classify and pathologize human differences (known today as disabilities) and then man-

age them through various institutional locations. While often parading under the humanist guise of help or sympathy for “the unfortunate,” they accomplish their debilitating effects through taxonomies of naming, the statistical calculation of average and nonstandard bodies, restrictive public policy implementation, and especially participation in a normative science of eugenic origin. The eugenics period provided the tools and rationale for a hygienic drive toward the valorization of perfection and normalization.⁶ These goals stand at the heart of the modernist impulse.⁷ Rather than make eugenics an aberration of modernism, this study takes as the targets of our critique the practices of hereditary “cleansing” developed in this period.

By refiguring eugenics in this manner, our book delves into a little explored history of people with disabilities in the United States—or rather, engages in what Longmore and Umansky refer to as the need in disability studies to fill in profound “historiographical gaps” (2001, 3). Beginning in the mid-nineteenth century and ending with present-day research and representational practices, this study identifies key institutions and networks that have helped to define American attitudes toward human bodies: not merely disabled bodies and their nearly exclusive association with stigma and dysfunction, but rather *all* bodies in the sense that disability is viewed as excessive hardship in the manifestation of human variation. Or, to shift disciplinary models for a moment, we may note that in a scientific bell curve scenario, disabled bodies are most often located at the extreme tails of statistical measures of deviation (Canguilhem 1991, 265; Hacking 1990, 169).

As a result, the devaluation of disabled bodies places in jeopardy all bodies that exist within proximity to “deviance” (and ultimately no body escapes this relation), particularly given that in modernity the cultivation of technologies geared to identify deviance begins to inform the very conceptualization of embodiment. To salvage the danger that deviance poses generally, designations of disability seek to place some populations as not only anomalous to, but nearly outside of, cultural adjudications of functional, aesthetic, and biological value.⁸ Additionally, the operation of deviance identified here helps to explain why those who associate in nonhierarchical ways with disabled people also threaten wider cultural efforts to cordon off disability from the continuum of human embodiment.

DISABILITY AS A CULTURAL MODEL As a consequence of this cultural positioning of disability at the extremes of social value, we utilize in this book what has come to be called a “cultural model” of disability: one primarily associated with social science-based and humanities-based disability

studies discourses in the United States (Longmore and Goldberger 2000; Jarman et al. 2002). To stake a claim to the particulars of disability studies epistemologies at work in the cultural model, we approach our task by comparing our own methods with those of the social model developed largely in the United Kingdom, beginning with the history of the Union of Physically Impaired Against Segregation (UPIAS).⁹ The British discourse on disability both preceded and substantively influenced U.S. models. In part, our efforts here seek to respond to continuing claims (mostly accurate) that disability studies in the United States has yet to articulate its own analytical methods distinct from those of the British social model practitioners (Barnes 1999, 577). Although we cannot perform this task in an exhaustive way, since, as in Britain, there are numerous versions of disability studies practices within the cultural model, we can offer some observations about our own understanding of shared methodological assumptions. In doing so we make a foray into the necessary articulation of founding beliefs that underwrite alternative disability studies methods with respect to the dominant paradigms in the field (for example, social model analyses). The goal here is not to codify these practices as monolithic—a project that would inevitably and rightly fail—but rather to begin addressing the question directly since we do believe that there are common tenets in cultural model scholarship that designate a coherent array of approaches.

The best way to define an alternative model is to identify how it differs from other predecessor models—in this case, the “social model of disability.” The trend in disability studies for years has been to distinguish between disability and impairment, arguing that the latter term is a neutral designator of biological difference while the former represents a social process termed “disablement” (Oliver 1983, 23; Crow 1996, 206–7; Morris 2001, 4). This study follows a different theoretical framework. “Disability” in this book—in keeping with current formulations informed by cultural and identity studies—is largely, but not strictly synonymous with sites of cultural oppression. It does not solely represent the social coordinates, as Liz Crow puts it, of restraints “that we must escape” (1996, 206). Instead, our use of this term is much closer to that offered by scholars such as Sally French (1994), Simi Linton (1998), and others who recognize disability as a site of phenomenological value that is not purely synonymous with the processes of social disablement. Such an emphasis does not hide the degree to which social obstacles and biological capacities may impinge upon our lives, but rather suggests that the result of those differences comes to bear significantly on the ways disabled people experience their environments and their bodies. Environment and bodily varia-

tion (particularly those traits experienced as socially stigmatized differences) inevitably impinge upon each other. Thus, as the Canadian philosopher Susan Wendell points out, “the distinction between the biological reality of disability and the social construction of a disability cannot be made sharply” (1996, 35). The definition of disability must incorporate both the outer and inner reaches of culture and experience as a combination of profoundly social and biological forces.

Some of the key theorists in disability studies have overlooked opportunities to theorize this interactional space between embodiment and social ideology. Strict social model adherents often refer to the biological and cognitive manifestations of difference as “impairment” in order to situate the phenomenon outside of the concerns of disability studies. Similarly, the therapies have also sought to retain the use of the term “impairment” because it allows an interactional space to exist between bodies and society while continuing to allow disability to be referenced as dysfunction in need of intervention. One can witness this contemporary approach to impairment in the machinations of the WHO’s disability assessment scale, where environment is taken into account but individual impairments continue to result in demerits for an overall quality of life rating. Goffman’s (1986) theory of stigma and Butler’s (1999) deconstruction of sex/gender binaries have been influential to cultural model discourses because they formulate theories of passing, psychic formation, and materiality as social processes. Cultural model approaches likewise tend to recognize identity and body as constructed. Such distinctions are still naturalized in fields such as psychology and psychiatry as organic to those who exist within imperiled bodies. In this way we can begin to understand the theoretical move to identity politics that early cultural approaches in disability studies took up.

These emphases in a “cultural model of disability” prove important because we do not, for instance, assume an absent relationship between therapeutic beliefs about disability and disabled people’s experience. The two inform each other, for better or worse, and consequently we must begin to theorize the degree to which a dominant discourse such as rehabilitation science comes to be internalized by disabled people. This relationship first took shape during the eugenics period in institutions for the “feebleminded.” Bodies still subject to normalization schemes find themselves disciplined with respect to the performance of skills and functions that are alien to them (or outside of their grasp): people with mobility impairments are videotaped for a visual record of an abnormal gait (one that is later viewed by physical therapists and orthopedists in the absence of the individual about whom the

record is made); variations in small motor skills that attend cerebral palsy result in endless rounds of fitting beads onto a string; those with head injuries are subject to memorization tasks; hearing-impaired individuals are given batteries of audiological exams; and, most of all, a few evaluations are never enough. One finds oneself endlessly subject to a seemingly inexhaustible evaluation regimen.

Rehabilitation often *subjects* limitations in functional capacities to the very activities that exist outside of a body's abilities. This emphasis on "inability" is the result of a persistent historical attention to formulations of disability as excessive functional deficit. Such an approach results in the development of programs of repetitious self-care in which the ritualistic preparation of the body becomes the largest horizon of training for disabled people. What is the psychic toll of repetitiously attempting to perform activities beyond one's ability? These tasks are largely assigned from the "acute" period of disability, when rehabilitation patients are most likely to feel nostalgia for a return to prior functionality; in the case of congenital disabilities, the rehabilitation disciplines target children stripped of personal autonomy to make their own rehabilitation choices.

This is one reason why merely consulting with disabled people about their own desires is not a remedy to a history of diminished autonomy (Barnes 2003, 5). Recent trends to consult disabled people on their own desires, such as "emancipatory research" and "client-centered care," do not evade the social problematic at the heart of disability: if disabled people are subject to the internalization of dominant definitions and values of disability just like those who are nondisabled, then asking clients about their personal goals is not a pat solution to more humane models of intervention. This is particularly relevant given that rehabilitation stubbornly clings to the "acute medical phase" as a baseline for designating what "disabled people want," as if there was a universal possibility of filling in the blank for such a diverse population. Such an approach belies the necessity of interrogating therapeutic inattention to the internalization of dominant ideologies about disability. The rehabilitation regimen becomes little more than a return to the site of the wound that disability has become; one of the few means for paying attention to disability is individual behavior associated with this wounding process as the source of one's psychic organization. Ignoring this domain effectively allows rehabilitation providers and researchers to justify their own practices without acknowledging that they capitalize on a transitional phase of impairment inevitably subject to change. What would happen if rehabilitation decided to base its intervention strategies on long-term goals of value to people

living with disabilities, developed after the primary period of adjustment? How would our rehabilitation industry work if it were not based so exclusively on elusive principles of normalcy (or prior levels of functionality) that, by definition of one's impairment, cannot be regained?

Recent attempts to include a social context as a factor in "impaired functionality measures" do little to ameliorate the normalization dilemma. As has been carefully documented in disability studies literature, the original International Classification of Impairments, Disabilities and Handicaps (ICIDH) was roundly rejected by disability groups on the basis of its grounding in the medicalization of disability as individual pathology (Oliver 1990; Coleridge 1993; Pfeiffer 2000). The new ICIDH 2 aims to improve upon the solely functional emphasis of the International Classification of Functioning (ICF) and ICIDH 1 by adding a social component to each of its three main categories of assessment: impairment (body function and structure); activity (that which used to be disability); and participation. Because the assessment tool factors environmental influences into its degree of impairment calculation, the ICIDH 2 has been proclaimed a "universal" paradigm by its authors. Within this revised model disability still retains its status as a *health* concern as opposed to a political situation, and therefore, its remediation continues to be imagined as interventions performed upon normative bodies and their environments. Besides failing to attend to the myriad differences across cultures, identities, and time periods, the ICIDH 2 may ultimately only further depoliticize disability due to its generation of "objective," numerical measures about bodies. These are all efforts of a research industry trying to retain the necessity of functional measures set to various regionally specific tasks (based largely on overdeveloped world criteria) without regard to geographical or cultural particularity. In this book we seek to examine the ways in which the cultural locations of disability dramatically affect the formulation of bodily, sensory, and cognitive differences in social and scientific realms. Our aim is to show how institutions that control people with disabilities are mediated through a manipulation of material, social, and environmental contexts.

In contrast to the ICIDH 2, the application of a "cultural model" recognizes one aspect of disability as a politicized self-naming strategy that distances people with disabilities from dominant definitions of incapacity and dysfunction. The term *disability* recognizes that there exists a necessary distance between dominant cultural perspectives of disability (sometimes signified as "handicap") as tragic embodiment and a politically informed disability-subculture perspective that seeks to define itself against devaluing mainstream views of disability. In this sense, the cultural model of disability

acknowledges a split in the term *impairment* while the social model tends to cast off “impairment” as neutral bodily difference (Finkelstein 1996; Barnes 1996). Rather than lacking a term exclusively referring to “social disadvantage,” the cultural model has an understanding that impairment is both human variation encountering environmental obstacles *and* socially mediated difference that lends group identity and phenomenological perspective. The significance of this formulation can be understood through stories about disability such as *Oedipus Rex*, where the limping Oedipus solves the sphinx’s riddle *because* of his experience with mobility impairment (Mitchell and Snyder 2000, 61). This insight shifts disability from either a medical pathology or signifier of social discrimination into a source of embodied revelation. Such a recognition permits a more complex understanding of disability experience, without the ready depth or easy sentimentality offered by charity and popular film. In recognizing this split in the conceptualization of impairment, the cultural model of disability does not jettison embodiment but views it as a potentially meaningful materiality. An embodied experience can be embraced while also resulting in social discrimination and material effects (such as pain, discomfort, or incapacity).

In cultural model applications, this divided understanding of impairment is encompassed by the larger, politicized term *disability*. The dual operation of the term is why many cultural model scholars understand “disability” to function both as a referent for a process of social exposé and as a productive locus for identification. Thus, disability is once removed from impairment in that the concept depends upon both conditions of impairment being met—namely embodied difference (this also may be due to a “socially perceived” phenomenon as designated in the Americans with Disabilities Act) that precipitates social discrimination (since not all impairments result in social disenfranchisement, due to mitigating factors such as class, insufficient “monstrosity,” and so forth). We believe the cultural model provides a fuller concept than the social model, in which “disability” signifies only discriminatory encounters. The formulation of a cultural model allows us to theorize a political act of renaming that designates disability as a site of resistance and a source of cultural agency previously suppressed—at least to the extent that groups can successfully rewrite their own definition in view of a damaging material and linguistic heritage. The sites of this suppression and the processes by which they are implemented are the subject of this book.

A significant part of renaming as a form of resistance involves the interrogation of medical labels themselves as fuzzy, historical, and often stigmatizing artifacts of biology and cognition as social constructs. The social model

of disability articulated in Britain by UPIAS (1976), Mike Oliver (1983), and others, for instance, seeks to undermine the legitimacy of medical and rehabilitation discourses about disabled bodies by ruling them out of bounds: “disability is wholly and exclusively social . . . disability [has] nothing to do with the body. It is a consequence of social oppression” (quoted in Schriempf 2001, 59). Likewise, as Shelley Tremain argues, by ignoring impairment the social model leaves intact the power/knowledge nexus that defines and interprets impairment (2002, 33–34). Such an approach situates these domains as relatively untouched and undertheorized sources of disability oppression (Shakespeare and Watson 1995; Hughes and Paterson 1997; Corker 1999). Rather than cordon off medicine and therapy as arenas of the body tangential to disability studies concerns, this book takes up discourses of the body that developed within normalization systems as locations in need of specific sociohistorical analysis.

BIOLOGICAL AND SOCIAL WORTH While some disability studies scholars have criticized the “social model” for failing to address the reality of biological, cognitive, and sensory deficiencies, many disability writers and cultural studies theorists have challenged the very empiricism informing medical conditions and labels. For instance, Ian Hacking (2000) has argued that while science may eventually locate an organic cause for a condition such as autism (although he seems highly skeptical of such claims), this would do little to counter the more powerful social contexts that we have now created around those diagnosed with autism. In this scenario, for instance, special education classrooms have so internalized the standard, one-size-fits-all medical definition of autism that the educational context itself produces “acting out” behaviors with a fair amount of consistency (Hacking 2000, 110). For Hacking, a “feedback loop” develops, in which the medical label of autism begins to interact with those assigned the diagnosis. Consequently, people with autism may resist or internalize the designation (or, perhaps more usually, some combination of these two options). The label itself presupposes a “type” of population that then prompts efforts to refashion identities in response to the initial diagnostic parameters. In a more banal example of looping, disability scholars and activists frequently encounter journalists who seem to believe that gaining access to one’s disability label somehow delivers the truth of one’s social identity (and thus one’s political motivations). Instead, participants in these groups often find themselves resisting the effort to identify their diagnoses, in order to complicate medical definitions with the more nuanced stories of their own experience (Rubin

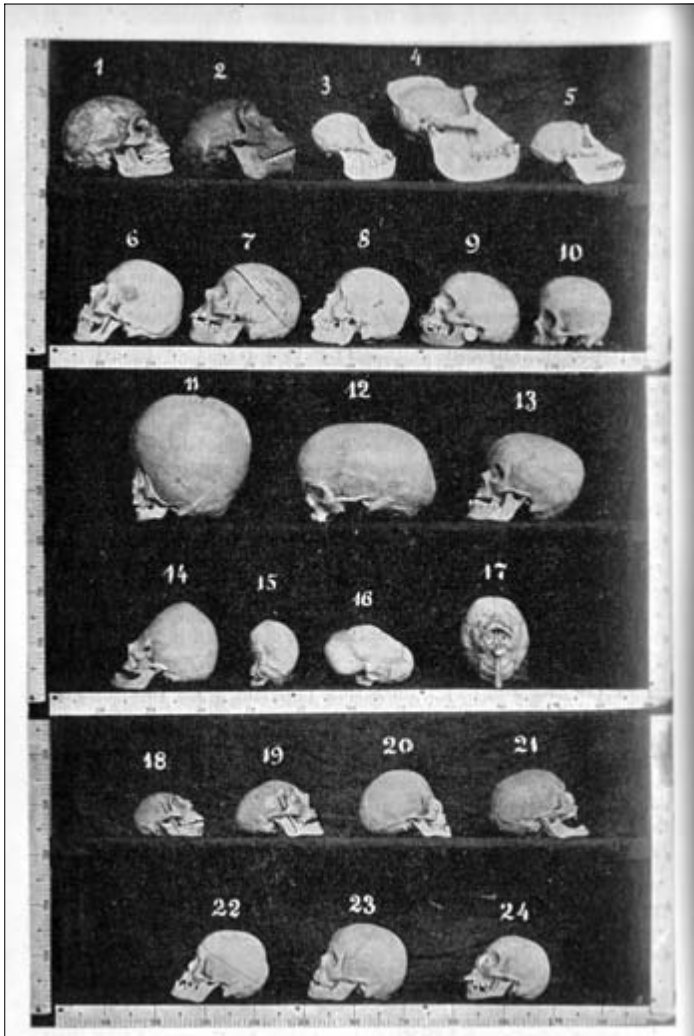
2000; Mairs 1998; Clare 1999; Michalko 2002). This tactic of drawing from one's own experience shows once again how a cultural model of disability provides an opportunity to reimagine the landscape of impairment as well as its attendant social contexts.

Given the powerful influence in the United States of civil rights movements organized around feminist, racial, and queer identities, disability studies has inevitably adopted many of the strategies and tactics of these political movements. Key concepts and methods of those discourses have come into disability studies as a way of extending the analytical terrain for discussing disability as a social issue. Readers will find in this work and others the implementation of such concepts as passing, binary systems, biologism, representation, naturalization, segregation, patriarchy, racism, and so forth. Each of these theoretical issues comes replete with its own methodological and philosophical innovations to which one can also apply disability. Rather than add disability to the theoretical matrices of other marginalized peoples, we argue in this book that disability has become the keystone in the edifice of bodily based inferiority rationales built up since the late eighteenth century. For it was at this historical moment in Europe and the United States that, as Michel Foucault observes, "a technology of human abnormality, a technology of abnormal individuals appears precisely when a regular network of knowledge and power has been established" (2003, 61). Abnormality has a history, and by designating a specific historical moment of arrival, Foucault demonstrates that the appearance of pathological bodies is dependent upon techniques of identification (classification systems of normalcy and deviance). Within the cultural model disability functions not as an identification of abnormality but rather as a tool of cultural diagnosis. It provides a way of understanding how formulas of abnormality develop and serve to discount entire populations as *biologically inferior*.

To take just three quick historical examples of disability as the foundation of biological ideologies of inferiority, think of Charles Darwin's use of racial primitives and cognitively disabled people as evolutionary throwbacks of "man"; early feminist efforts to draw equivalences between women's "weaker" bodies and those of people with physical disability; and Karl Marx's use of crippling capitalism as a producer of the emasculated bodies of disabled laborers. The three key examples from history identified here provide further contextualization of the use of disability by various nineteenth-century liberation movements: Darwin in his works on evolution uses an equation between "primitive" racial cultures and people with cognitive disability as an anchor for his argument about evolving human traits. Since

Nordic Caucasians occupy a pinnacle of development in the evolution of human species from animals, race and disability serve as ways by which Darwin references evidence for the existence of “earlier” states of man. Darwin’s use of races and disabled people as evolutionary throwbacks (or static evolutionary examples) establishes them as akin to a human fossil bed. Their manifestation of “regressive” traits signifies a prior moment in the evolutionary progress of humankind that still bears the traces of a less sophisticated developmental past. While other evolutionary systems, such as that devised by Galton and later eugenicists, referenced disability as a deviance existing along the bell curve of mental and physiological capacities shared by any given population, Darwin relies on what he believes to be the “rudimentary forms” of these types of human animals on his hierarchical scale. This is in spite of his earlier argument, in *On the Origin of Species*, against a progressive fantasy of history and in favor of variations as for “the good of the species.” Between the publication of *Origin* in 1859 and *Descent of Man* in 1871, Darwin’s theories moved toward support of the growing eugenics movement that would equate racialized and disabled bodies with undesirable biological deviances.

Likewise, early feminist reformers, such as Victoria Woodhull and Tennie Claflin, referenced the bodies of disabled men as a justification against women as the weaker sex. In their 1871 *Woodhull and Claflin’s Weekly*, they discount physiological strength as an appropriate barometer for denial of the vote to women because such an assumption would effectively strip certain men of their rights within an electoral system: “[The weaker physique of the average woman] is a curious reason for the subordination of the woman; since in a just application it would defeat itself, in depriving every physically feeble or ailing or crippled man—no matter what his moral or intellectual status—of the vote, and placing the same in the hand of every amazon, virago, termagant—no matter how coarse or ignorant—if they could but muscularly grasp it” (*Woodhull and Claflin’s Weekly* 1871). While the Darwinian argument hinged upon the idea of populations as biological throwbacks, Woodhull and Claflin’s analysis uses disability to argue that physical capacity should be no basis for policy formation. At the same time that it seemed to accept the patriarchal determinism embodied in the idea of women as the weaker sex, second-wave feminism argued that if male disability (presumably an indicator of “weaker” physiologies) was not viewed as a disqualifier, neither should gender be so viewed. This argument, of course, avoided the fact that institutionalized disabled people were debarred from voting as well, due to their segregated cultural location.



CABINET OF COMPARATIVE SKULL "DEFORMITIES" FROM RACIAL "PRIMITIVES"
AND DISABLED PEOPLE

On another track, the noted writer Charlotte Perkins Gilman—who was also an avowed eugenicist, along with other leading feminists, such as Margaret Sanger and Josephine Donovan—used disability as synonymous with corruption. Borrowing from the well-worn nineteenth-century trope of the female invalid, Gilman argued that incarceration in the domestic sphere led to the production of inferior children: “The female segregated to the uses of sex alone naturally deteriorates in racial development, and naturally

transmits that deterioration to her offspring. The human mother, in the processes of reproduction, shows no gain in efficiency over the lower animals, but rather a loss, and so far presents no evidence to prove that her specialization to sex is of any advantage to her young. The mother of a dead baby or the baby of a dead mother; the sick baby, the crooked baby, the idiot baby; the exhausted, nervous, prematurely aged mother,—these are not uncommon among us; and they do not show much progress in our motherhood” (1998 [1898], 90–91).

By using the extremist vocabulary of eugenics to forward disability as a threat against the violence of patriarchal restrictions, Gilman effectively identified the scourge of disability as a product of female immobility and insufficient educational opportunity. In addition, the argument also cites evolutionary arguments based on pangenesis, according to which it was possible to pass on regressive traits that were acquired or purely social in nature. Limits on women’s participation in the male world manifested themselves in the production of “inferior” progeny who then, in turn, diminished the nation’s hereditary stock.

While early feminist arguments invoked the social privileges of handicapped men as a rationale for women’s rights or used eugenic rhetoric as a threat, class analyses hinged on an equation between disability and capitalist corruption. For Marx (1906), the “crippling of the working class body” by capitalist greed became pivotal to his analysis. Rather than cite disability as a form of human deviance, he deployed bodily incapacity, disease, and debilitation as his primary evidence for the usurpation of physical labor by capital: “Some crippling of body and mind is inseparable even from division of labour in society as a whole. Since, however, manufacture carries this social separation of branches of labour much further, and also, by its peculiar division, attacks the individual at the very roots of his life, it is the first to afford the materials for, and to give a start to, industrial pathology” (50). If capitalism and cripples were sometimes inexorably linked (as we argue in our first chapter), class analyses depended on an equation of labor capacity with the national citizen. In eugenics, arguments about the ability to labor were also used, but only by way of invalidating people with disabilities on the basis of their failed labor skills. The Marxist or class-based argument bemoaned disability as a stripping of capacity from the body by excessive labor demands; rising levels of worker disability thus provided a reliable indicator of the corruption of capital.

For instance, Marx relies heavily on government reports of unhealthy working conditions to shore up the brutality of a profit-based system: “The

sanitary officers, the industrial inquiry commissioners, the factory inspectors, all . . . declare that consumption and other lung diseases among the workpeople are necessary conditions to the existence of capital” (1906, 215). Much like arguments in favor of Darwinian evolution in the nineteenth century, analyses of capitalism moved the production of disability to the front and center of their proofs. Marx’s analyses, consequently, denounced the creation of disability while solidifying the concept of labor capacity as the foundation of citizenship rights. As we argue in chapter 2, this presumption of the ability to labor as a cornerstone of human validity would serve as a key impetus for the segregation of disabled people throughout this period. In each of these examples, one recognizes the growing utility of disability to various liberation ideologies cultivated in the nineteenth century.

In making this argument about the foundational role of disability in oppressive biological schemes, we seek to show that disability studies has benefited by adopting the theoretical strategies of other minority discourses while also enduring the stigma of its association with the “reality” of human dysfunctionality within those traditions. One of the major arguments of this book is that disability has been historically fashioned as if it were a denotative designation of biologically based deficits. “Biological worth” has been continually conflated with “social worth” as if one’s own body referenced the extent to which one could meaningfully participate in and contribute to culture-making (Desrosiers 2002, 114–15).

One of the best and most devastating examples of this tendency to equate biological and social worth occurs in Sir Francis Galton’s work on hereditary genius (1869). By associating a masculinist model of intellectual accomplishment with familial hereditary patterns, Galton made a key linkage between biological determinism and the significance of an individual’s social contribution. This proved the critical step in the fashioning of eugenics ideology toward disabled, ethnic, and sexual Others. Galton attempted to argue that the purpose of his study was “to make manifest the great and measurable differences between mental and bodily functions of individuals, and to prove that the laws of heredity are as applicable to the former as to the latter” (2001 [1869], 35). Thus, intellectual capacities, like physical capacities, proved inheritable, and an individual’s social value was deterministically guaranteed from birth. Within this model of hereditary genius, people with cognitive and physical disabilities (particularly those labeled as “idiots” in the early nineteenth century and “feeble-minded” in the late nineteenth century) failed socially as a result of their inferior hereditary stock. Galton describes it as “those who are the least efficient in physical, intellectual, and

moral grounds, forming our lowest class, and those who are the most efficient forming our highest class” (2001 [1869], 37). Disability, gender, ethnic, and/or racial affiliation did not preclude social achievement, but rather functioned as a reliable predictive marker for those who could not transcend their biological limitations within a stratified class-based system.¹⁰

We intend to follow disability studies and other minority discourses in the absolute refutation of this parallel between biological and social worth. The infusion of civil rights and identity-based movements into disability studies has helped develop theoretical sophistication and has allowed these terms to take on their own distinctiveness within discourses of disability. For instance, references of passing to questions of color hierarchies and performances of heterosexuality within queer contexts are further transformed within a disability context as sites of resistance to cultural demands for normalization (Stiker 1999, 135; McRuer 2003, 87; Sandahl 2003). Yet there is also significant conflict in these cross-cultural and disciplinary comparisons. Race, feminist, and queer studies have all participated to one degree or another in a philosophical lineage that seeks to distance those social categories from more “real” biological incapacities (Mitchell and Snyder 1997, 6).¹¹ Thus, in order to counteract charges of deviance historically assigned to blackness, femininity, or homosexuality, these political discourses have tended to reify disability as “true” insufficiency, thereby extricating their own populations from equations of inferiority. This mode is most recently evidenced in a book by Nancy Ordover (2003) titled *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism*. Although the author includes disability as one disenfranchised community among others in this period, her chapters focus exclusively on questions of race, gender, and sexuality as the maligned identities of the eugenics movement. The exploration of *identity crossings* between disability, race, class, gender, and queer identities forms a significant part of the contribution that cultural model disability scholars can make to the field. As a part of this tradition of inquiry, we take up the intersections of some of these culturally imposed conditions in the following chapters.

We reexamine disability experiences in the United States and Europe from an analysis of the history of normalization schemes. This entails scrutiny of a continuum of bodies and body-based beliefs in the medical, rehabilitation, aesthetic, and cultural registers. In each of the historical examples mentioned above, the inherent definition of disability as bodily based incapacity underwrites various civil rights agendas. From the late eighteenth century onward, the disabled body was increasingly situated as a common denominator of disenfranchisement. This general observation about an

entrenched political rhetoric of disability serves as a useful example of the fraught terrain occupied by formal ableism. We associate ableism with ideological formulas that equate devalued bodily conditions with decreased social value. This book might be described as an effort to understand how a concept, such as disability exclusively formulated as human liability, remains fundamental to arguments about “in-built inferiority”: a purportedly biological feature that mires a group of individuals in a devalued condition that cannot be overcome, trained away, or transcended to any significant degree (Fredrickson 2002, 5). During a recent conference on the dual status of race and disability, held in Utah, people of color and disabled people compared notes on their experiences and recognized “much common ground,” including “poverty, discrimination, lack of political clout, and, sometimes, a public backlash created by perceptions that [both groups] get special treatment” (Griggs 2003). This intertwined heritage of social disapprobation occurs because contemporary U.S. culture has imbibed a heady brew of eugenic beliefs in biology as destiny.

BIOLOGICAL OUTCASTS Chapter 1 explains the practice of group differentiation as a matter of partitioning the deserving from the undeserving poor. The “undeserving” are those who do not try hard enough. This historical practice has repercussions in contemporary global urban centers of making disabled bodies the deficient ones that merit donations for the sake of their bodily suffering (Stone 1984, 21). This practice extends from the badging laws of charitable giving to the apparent benefit of “qualifying” for a handicap parking pass. We discuss these historically generated and highly “natural” means for serving disabled persons as a way to think about strategies employed for the control and management of disability that have been exported and enforced across human societies to one degree or another.¹² Throughout this book, we view labels as a matter of discursive production and policy rationale rather than of empirical accuracy, as names of convenience and attitudinal repositories more than as sites of reclamation created from what the disabled performance artist Cheryl Marie Wade calls “the inside-out” (*Vital Signs* [film] 1995).

Examples of the detrimental labeling phenomenon given in this book provide a glimpse into historical attitudes toward disability and thus function as lessons in how scientific and medical categories come replete with stigmatizing beliefs. These terms of identification include “cripples,” “evolutionary throwbacks,” “feeble-minded,” “cretins,” “idiots,” “criminals,” “delinquents,” and “defectives.” Such terms gave way to more contemporary acronyms of

“multi-handicap” such as MR (mental retardation), CP (cerebral palsy), MD (muscular dystrophy), DD (developmental disability), and a bevy of other dislocated letters from the alphabet, now nearly shorn of their references to material biologies. If a system needs an abbreviation to refer to its object of study, then there is something wrong with the root word itself.¹³

In the eugenics era, and still today, groups of bodies that house disabilities sport labels that epitomize the idea that disability marks people off as exceptionally, even dramatically, unsuitable in comparison to those occupying the bulky middle of the bell curve—the domain of normalcy constituted by quantitative measures of human appearances and capacities. Terms such as “feeble-minded,” “subnormal,” “noneducable,” “crippled,” “defective,” “monstrous,” and “unfit” once infused popular media and served as professional diagnoses. Yet one era’s “scientific” designations become another era’s derogatory epithets. The updated eugenics of the present day, often called genetics, examines conditions in bodies that are classed as “mutant,” “tragic,” “coding errors,” “suffering,” “unhealthy,” “deviant,” “faulty,” and “abnormal.” Our measurement instruments continue to seek to monitor and predict the fate of disabled persons presumably tagging along at the tail end of statistical deviation curves. But in each of the terms one finds an already assigned subjective judgment about the value of human variation. In this sense the terms cannot function as empirical accounts of difference and adaptation. They arrive complete with a denigrating sentiment undergirding cultural responses to disability. Biology is destiny when the rhetoric leaps from a descriptive register to a presumption of undesirability in need of erasure. The particular kind of social erasure we analyze in this book is that where disabled citizens are forced to exchange their liberty for necessary (and unnecessary) social supports. Their social removal is predicated upon their receipt of an “assistance” that is calculated to alleviate their misfortune.

That the history presented in the following chapters is almost exclusively detrimental to bodies labeled as disabled is not accidental. We aim to reconstruct crucial moments in the history of U.S. attitudes toward people with disabilities, and in doing so, we examine key locations of disability, such as charity networks, institutions, scientific discourses, sheltered workshops, popular films, and research universities that produce influential social beliefs about disability. We primarily come to know disabled people, both historically and in our own moment, through representations of their lives, experiences, and bodies that have been manufactured by those outside of the immediate disability experience. Unless one seeks out specific gatherings of people with disabilities, operates in allegiance with an independent living center, or is

incarcerated along with dozens of one's fellow disabled citizens, one receives cultural perspectives on disability filtered through documents and images at best secondhand to these experiences.

A substantive body of research that tackles the social history of disability in the United States from the point of view of those who embodied the category and, subsequently, lived the experience is still lacking. Thus, we believe that there is much to gain from undertaking an initial review of a voluminous discursive tradition on disability from those who primarily position themselves, out of professional advantage and scientific demand, outside of disability subjectivities.

We think of our efforts in this book as somewhat akin to the drama Virginia Woolf narrates in her investigations of gender inequity in *A Room of One's Own* (1928). Woolf's narrator goes to the university library to research what has been written and thought about women's social status. Much to her surprise, she finds that volumes have been composed on the subject. As a result, her study must be modified so as to explain the abundance of belief, assertion, research, and measurement, all cycling around a curious irony: how can women have exerted such fascination on the "opposite" sex throughout history and yet continue to be identified as the devalued gender? What circumstances lead to cultural devaluation in the midst of an outpouring of textual, statistical, and visual materials on the subject? What does one do when confronted with too many studies and not enough meaningful insight? One is tempted to propose a mathematical formula that the degree of fascination with a cultural object is inversely proportional to the severity of its cultural devaluation. This, at least, is the cultural predicament of disability.

The paradox of devaluation in the midst of perpetual discussion about the meaning and treatment of disability is at the heart of this book. It seeks not just to understand the content of works written about disabled people in the United States during the second industrial era, but also to analyze the reasons that disability has held such fascination—one could even say obsession—among administrators, scientists, government officials, teachers, public health and social workers, psychologists, medical personnel, and rehabilitation workers.

GEOGRAPHIES OF THE UNDESIRABLE In the introduction to our first book, *The Body and Physical Difference*, we argued that unlike many minority groups, disabled people have found themselves marginalized *as a result of* the proliferation of their representation in various discourses (Mitchell and Snyder, eds., 1997, 16–17). This paradox underlies the present work as

well. If, for Virginia Woolf, women historically function as a device to reflect the image of men back to themselves at twice their normal size, should we suggest something similar with respect to the cultural function of disability for subjects seeking to establish, by contrast, their abilities? What can we learn about disability by beginning with the premise that our understanding of human variation has been filtered through the perspectives and research of those who locate disability on the outermost margins of human value?

If we now have an established presumption that the object of research cannot adequately assess its conditions objectively because of self-interest and bias, then it seems to us that one can also postulate the inverse—namely, that a tradition of largely detrimental commentary about disability by non-disability-identified researchers results in mountains of research that skews our perspectives on disability in a largely negative way.

Since the advent of the rehabilitation era, disabled people have resided within close proximity to a scientific ethos that misidentifies objectivity with the debasement of its object of study (O'Brien 2001). Consequently, the phenomenon of disability has been routinely represented as the site of undesirability; one that only provides recourse to a battery of interventions involved in the alleviation, diminishment, normalization, oversight, and invasive management of disabled persons' lives. This is not the product of objectivity or sound scientific practice; rather, it is the outgrowth of a history in which disability has functioned as the “obviously” undesirable location in a geography of beliefs that must repeatedly perform their neutrality by reasserting, again and again, this defining undesirability. As the Frankfurt school social theorist Theodor Adorno explains, the repetitive discovery that things were as we thought they were all along is central to today's scientific method: “What is wholly verified empirically, with all the checks demanded by competitors, can always be foreseen by the most modest use of reason. The questions are so ground down in the mill that, in principle, little more can emerge than that the percentage of tuberculosis cases is higher in a slum district than on Park Avenue” (1994, 41). People with disabilities have seen themselves anchor a scientific research industry that continually circles back to some variation on the age-old observation that disability is a misfortune, because our research “reveals” that same point time and time again.

One can now feel safe in saying that disability has become synonymous with many of our most banal cultural recognitions. Today's disability research industry pursues many of the following correlations: disability and unemployment have a high degree of correlation; disabled people rate their own quality of life higher than physicians do; disabled people would rather

live on their own than in institutions; disabled people should be able to exercise because it improves their lifestyle; families often prove detrimental to people with disabilities; a disabled life is worth living; restricted head movements in infants are a reliable sign of neuromuscular disorder. In theory, there may be nothing wrong with these studies—except that the research has been so entrenched in proving disadvantage that imbalance results. Today’s disability science accomplishes this task by trying to prove, as Adorno (1994) points out, that common-sense observations can be empirically validated.

We therefore adopt a disability studies methodology that exposes the history of subject/object divisions in U.S. disability research. These approaches unearth the historical imbalance that has informed disability research enterprises. This book queries the impact of ongoing research and service relationships in the United States by examining six key sites of disability scrutiny: (1) nineteenth-century charity operations; (2) the rise of eugenic science; (3) international collaboration in restrictive state policies for disabled people during the world wars; (4) the deepening of contemporary segregation practices for people with “multi-handicaps”; (5) the rise of a new disability documentary cinema that contests mainstream representational practices; and (6) the conflicts attendant in recent efforts to institutionalize disability studies in the American academy. We choose these sites because they unfold in history as if they were all part of a shared design—one leading to the other like a fan neatly unfolding one section at a time. They are not the only locations that we might have selected for inclusion here; other researchers have chosen a variety of alternative locations for similar analyses, such as disabled veterans policies (Gerber 2000), telethons (Longmore 1997), hospital schools (Byrom 2001), or disabled pension systems (Stone 1984; *When Billy Broke His Head* [film] 1995). Our chosen sites specifically involved eugenics beliefs and practices as either the ostensible or covert informing ideology. They are not intended to be exhaustive of the locations within which disabled people find themselves ensconced (“walled off” might be the better term), but they are intended to represent, when taken collectively, a constellation of restrictive institutional and discursive spaces.

The analysis of these cultural locations allows us to document formative moments in the making of disability into a potent medical and social classification in the United States. The category is not a given throughout the country’s history; in fact, “disability” as a socially composed grouping is less than two hundred years old. The relative newness of the rubric helps to establish our first principle: disability has not automatically engendered a process of historical singling-out in the United States; rather, to do so is

to participate in a uniquely “modern” preoccupation. As eugenicists such as Henry H. Goddard were fond of pointing out, feeble-mindedness (the late nineteenth-century term for disability) is not necessarily feeble-mindedness in the country (or in agrarian economic contexts); it comes to the surface when individuals are faced with the uniquely modern demands of industrialization and urbanization (Goddard 1914, 2). In other words, “disability” is not just another word for “social crisis” in all historical contexts; the United States and parts of Europe manufactured the need to constitute a class of disabled citizens when individuals came to be increasingly defined by industrial labor practices within a capitalist marketplace. The demand was *not* one of increasing proficiency, higher levels of training, and the need for a more sophisticated citizenry to embrace a national destiny—although all of these reasons are cited in the literature we discuss. Rather, as we argue in chapter 1 on charity, disability categories proliferate as an increasing value is placed upon bodily homogeneity, concepts of quantifiable health measurement, and the workplace standardization of capacities. It is the product of a nineteenth- and early twentieth-century arsenal that sought to make myriad forms of abnormality visible through the development of disciplines and professions that depend on discovering increasing degrees of human deviance.

The point is more than just a contention that difference comes to be devalued in modernity. Rather, it is that disabled bodies are constituted as unduly discordant within a rapidly solidifying fiction of an idealized American body politic. There was the material body of the citizen (with all of its variety of appearances, capacities, and vulnerabilities) and then there was the idealized body of the nation (with all of its nationalistic implications that propelled the question of individual biology into a matter of public hygiene management). The two “bodies” were intimately conjoined during the period under discussion in this book. No longer were citizens cajoled to take care of themselves for their own well-being and that of their family and immediate neighbors; rather, they came to be increasingly articulated as possessions of the state. To take care of oneself became synonymous with an obligation to the improvement of the nation (Jakubowicz and Meekosha 2002, 2). If the national body was made up of a multitude of individual bodies, then each “person” was recognized as a microcosm of the state.

The transmission of one’s hereditary (and later, genetic) material comes to the foreground during this period as the concern of national and state governments, organizations, and state-sponsored science. For the national body to become increasingly “coherent,” citizens must begin to recognize themselves as either contributors to or detractors from the overall health of the

body politic. The period under scrutiny in this study evolves (or devolves) a perspective on the body that increasingly recognizes biology as the *matter* of the state. Thus, disability comes to be policed in increasingly severe ways, since the only “capital” disabled people are presumed to possess is a set of biological coordinates that must be kept from dissemination within the larger, and more significant, body of the nation (the sum of its generational inheritance).

During this period, which runs roughly from the Jacksonian to the progressive era and beyond, citizens were called upon with increasing frequency to police their own reproductive participation. Thus, eugenics can be comfortably situated alongside a host of other reform movements that took shape during this period. For instance, in the rereleased public health propaganda film, *Are You Fit to Marry?* (originally titled *The Black Stork* [1927 (1917)]), the eugenics physician, Dr. Wirth, tells his daughter’s suitor, Jack Gaynor, that “as goes its babies, so goes the nation.” The explicit equation of hardy babies with national robustness shows how eugenics promoted the notion that individual bodies stood for national power and purity. Disability was gradually transformed from a private family/community affair where bodies broke down, took sick, evidenced human vulnerability and the interdependency of human lives, into a national scourge that must be sequestered and ultimately ousted from a shared hereditary pool called the “national stock.” Building on theories translated from applications of statistical averages, Galton’s theories of controlled breeding practices, and Mendelian theories of dominant and recessive gene transmission applied to human communities, eugenicists viewed traits recognized as detrimentally deviant as identifiable, predictable, and therefore, *preventable*. In doing so, disability moved from its characterization in the seventeenth and eighteenth centuries as a matter of exotic monstrosity or personal misfortune to an array of eradicable conditions that, as the prologue of the 1932 release of the movie *Freaks* announces, “will soon be eradicated from the Earth by advances in modern Teratology.”

THE END OF DISABILITY The first half of the twentieth century was consistently characterized as an age when the eradication of disability was within the country’s grasp. Such beliefs need to be understood in the context of developments in evolutionary theory and the process by which “defective” human bodies were produced in the wake of Darwin’s revolutionary notions of natural selection. Darwin’s theory of species adaptation and diversification rested on three key principles, which have great interest for disability studies: (1) all structures vary and therefore evolve; (2) adaptation

is random and gradual in nature; (3) fortuitous variations are unpredictable given that shifting environments alone determine organismic viability. As an important aside, Darwin generally distrusted the efficacy of human interventions to control the process and direction of species variation: “How fleeting are the wishes and efforts of man! How short his time! And consequently how poor will his products be” (quoted in Gould 2002, 157).

Opposed to Darwinism were the saltationists. Those who espoused saltationist theories, among whom Sir Francis Galton was the best known, argued against the validity of Darwinian natural selection, based on limitations (“structural constraints”) inherent in the germ plasm of organisms. Saltationists argued that species differentiation occurs according to the laws of regression toward the mean, where atypical features, both desirable and undesirable (for example, genius and idiocy), tend to give way to the overreplication of traits considered average or typical across a species. Within this formula saltationist science argued that mean values associated with bodily traits and capacities could be shifted by the adoption of strenuous breeding practices that would encourage desirable characteristics while discouraging undesirable qualities. As Galton put it in his *Hereditary Genius*, published in 1869:

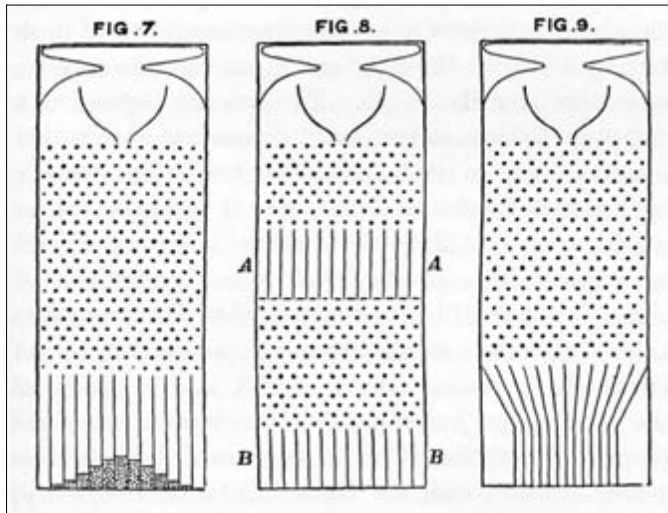
I propose to show in this book that a man’s natural abilities are derived by inheritance, under exactly the same limitations as are the form and physical features of the whole organic world. Consequently, as it is easy, notwithstanding those limitations, to obtain by careful selection a permanent breed of dogs or horses gifted with peculiar powers of running, or of doing anything else, so it would be quite practicable to produce a highly-gifted race of men by judicious marriages during several consecutive generations. I shall show that social agencies of an ordinary character, whose influences are little suspected, are at this moment working towards the degradation of human nature, and that others are working towards its improvement. I conclude that each generation has enormous power over the natural gifts of those that follow, and maintain that it is a duty we owe to humanity to investigate the range of that power, and to exercise it in a way that, without being unwise towards ourselves, shall be most advantageous to future inhabitants of the earth. (2001 [1869], 45)

Unlike Quetelet, the French statistician who, as Lennard Davis has shown (1995), viewed average characteristics as most desirable, Galton was fascinated by extreme points of deviation from the mean. By dismissing the critical principle of Darwinian gradualism as too slow and inefficient to adequately explain species development and differentiation, the eugenicists advocated directed breeding practices. Unlike Darwin, who argued for an

Adam Smith–like, laissez-faire attitude toward adaptation in *On the Origin of Species*, eugenicists (some of whom espoused Darwinist models of evolution) encouraged the practical and overly simplistic application of Mendelian principles to the state oversight of human reproduction (Gould 2002, 122). Eugenics promoted the adoption of public policies that would assure the transfer of desirable characteristics (genius, tall stature, blue eye color, and other features primarily associated with Nordic European peoples) and would discourage the passage of undesirable traits (feeble-mindedness, epilepsy, blindness, deafness, congenital impairments, alcoholism, promiscuity, and so forth). Within this scheme of dividing human variations into binary systems of normal and feeble-minded, eugenicists encouraged direct intervention in the process of species evolution in order to cultivate some traits at the expense of others in a nation's collective germ plasm.

While the application of horticultural and animal husbandry strategies does not fully account for the development of beliefs about disability that took shape at the beginning of the twentieth century, it laid a foundation stone in the edifice of eugenics proper as it came to be practiced in the United States and much of Europe. One of the misperceptions that we seek to correct in this book is a historical revisionism that characterizes eugenics as a momentary aberration in the history of disability science. Even the late Stephen J. Gould's renowned work on eugenics, *The Mismeasure of Man* (1996 [1981]), encourages a treatment of eugenic science as an aberration of sound empirical practice (see chapter 2, below). More recently, publications sponsored by the Human Genome Project, such as Elof Axel Carlson's *The Unfit: A History of a Bad Idea* (2001), seek to critique eugenics as bad science and in doing so, to place as much distance as possible between its practices and those of contemporary genetics. By marginalizing eugenics in this manner, we risk forgetting or diminishing widespread professional participation in a disgraceful historical chapter. This approach neglects the broader ramifications of a history that continues to have profound implications for the treatment of disabled people in the United States. Such analyses treat eugenics as little more than an inconsequential mutant organism that ultimately proved unviable.

Consequently, the analysis of eugenics practices and beliefs forms the backdrop for the historical drama of disability. We situate eugenics as the centerpiece of U.S. attitudes toward bodies marked as deviant from the mid-nineteenth century to the end of World War II. We also attempt to show how such beliefs developed out of shifts in charity practices and attitudes toward



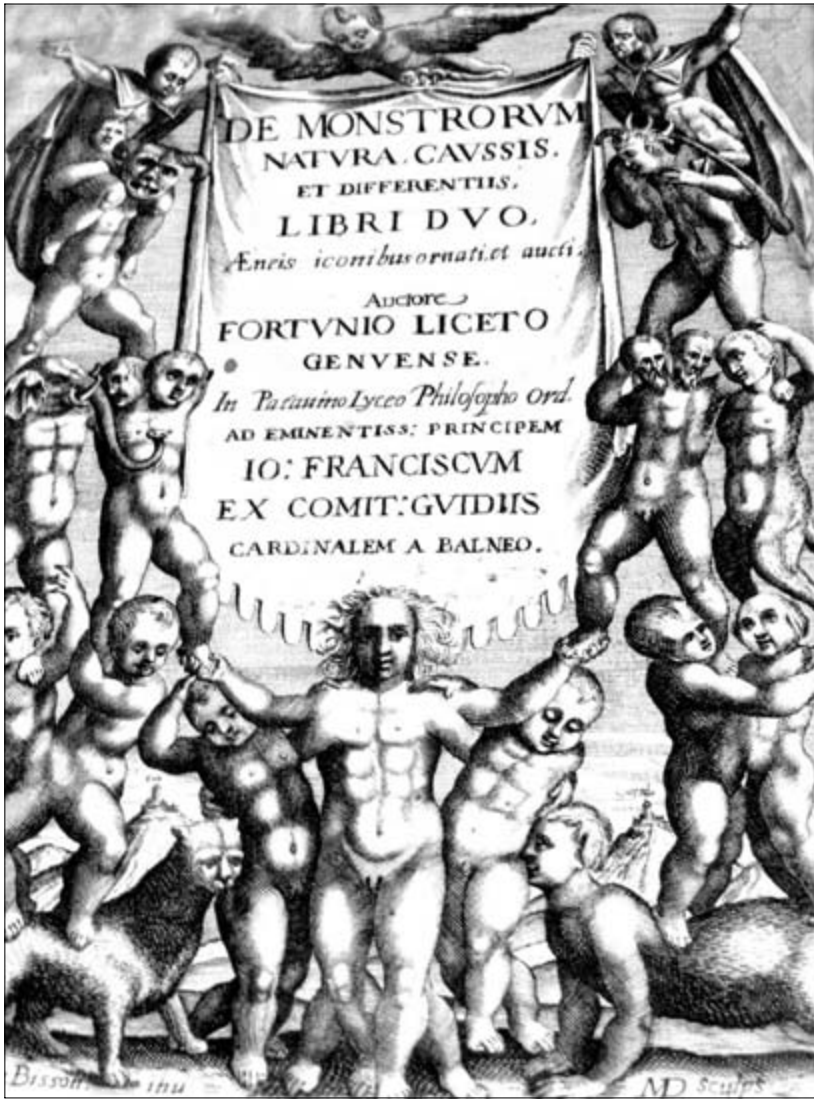
FRANCIS GALTON'S DRAWING OF THE QUIN-CUNX TO DEMONSTRATE HIS CONCEPT OF STANDARD DEVIATION (BELL CURVE DISTRIBUTIONS). GRAVITY DRAWS PELLETS THROUGH THE PYRAMIDAL STRUCTURE OF PEGS, WHICH COLLECT AT POINTS A AND B. FIGURES 7, 8, AND 9 REPRESENT DIFFERENT VERSIONS OF THE MACHINE. (FROM GALTON 1988 [1889], 63)

disabled beggars, as diagnosed in Herman Melville's novel *The Confidence-Man* (1984 [1857]), and how they have reverberated beyond the two world wars in the institutional treatment of people with "multi-handicaps," such as those depicted in Fred Wiseman's documentary films. Thus, the book pursues readings of scientific and state-authored documents on disability research between analyses of cultural texts. The period of U.S. history represented by these works is, with respect to people with disabilities, the most dynamic and portentous period, which saw the development of an increasingly hostile and restrictive social context for all marginalized populations. In presenting it, we hope to forward some key characteristics of a history of intolerance that can then be more readily detected and dismantled in the years to come.

For example, in the widely studied textbook *Anomalies and Curiosities of Medicine* by George Gould and Walter Pyle (1901), students and practitioners of medicine at the beginning of the twentieth century could scan a veritable freak show of disabled bodies placed on display in medical photographs and illustrations. The collection's subtitle speaks volumes as to the reigning attitude in the medical industries of London, Philadelphia, and Paris with

respect to anomalous bodies: “being an encyclopedic collection of rare and extraordinary cases, and of the most striking instances of abnormality in all branches of medicine and surgery, derived from an exhaustive research of medical literature from its origins to the present day, abstracted, classified, annotated and indexed.” The work, in other words, participates in a long-standing medical tradition that sought to collect and “preserve” examples of what the sixteenth-century Italian philosopher Fortunio Liceto referred to as “*monstrorum natura caussis*” (1634). For Gould and Pyle, this tradition of medical spectacle based on the display of bodies assigned to the category of the “abnormal” came about when “man’s mind first busied itself with subjects beyond his own self-preservation and the satisfaction of his bodily appetites” (ibid., 1). The suggestion here is that alleviation from concern with satisfying basic human needs (a goal that was far from accomplished in the era of industrialization about which this book was written) provided the freedom for more frivolous or dire occupations. Thus, disability comes to be galvanized as a category of investigation into the “anomalous and curious” at the origins of nineteenth-century scientific investigation. It became a sort of pastime for those who had significant professional and leisure time to pursue those others who occupied bodies that suggested the need for the containment of “deviance.”

At least in the United States, formal eugenics developed most vigorously during the period from the end of the Civil War to the beginning of World War II. Published in the era of the first theories of heredity, *Anomalies and Curiosities of Medicine* mixes the categories of congenital and environmentally produced differences in a way that mirrors eugenic confusion about whether noncongenital conditions (termed “defects”), such as alcoholism, acquired psychiatric conditions, or the accidental loss of a limb, could be passed on to later generations (questions that in some cases are still being debated today). Research into the origins and consequences of disabilities during this period suggests the degree to which branches of medical and scientific study continue to treat disability paradoxically as both an insoluble mystery and a preoccupation that promises to yield knowledge about nondisabled bodies. This dual structure of disability inquiry pervades the literature and participates in turning disabled people into objects of rampant speculation and a wellspring of medical knowledge of all bodies. Here is a crucial point: *the exhaustion of disabled research subjects comes by way of our historical investment in believing that disability makes a person available for excessive experimentation and bureaucratic oversight*. In this book we seek to identify the eugenic origins of such practices and to trace them as a primary source of disabled



TITLE PAGE OF FORTUNIO LICETO'S «DE MONSTRORUM CAUSSIS, NATURA, ET DIFFERENTIIS» (1634)

people's oppression today. From this perspective, research feeds the insatiable gristmill of science while also fortifying our ideas of disability as a curiosity that invites the most prurient forms of speculation parading as empiricism.

Not only is this history precipitated by beliefs produced within research science, it also infiltrates mainstream culture. When we speak of the devas-

tating impact of eugenic beliefs, we must also come to terms with the rise of commodification strategies. Eugenics was not only discussed and promoted in scientific journals and eclectic professional publications, it also spread into mass culture in the form of product promotion. The effort to link an image of the idealized national body with mass-marketed products staked a significant claim on investments in a purified race of people rapidly coming to be recognized as “American.” The sociologist Paul Gilroy calls this process “logo-solidarity.” Adorning products of all kinds were legions of chubby white baby faces and athletic specimens from the physical culture craze of the early twentieth century (2001, 162). These images of Caucasian wholesomeness functioned at all levels of mass-market culture as signs of racial purity and idealized national body types free of blemishes, defects, variations, or vulnerabilities that marked the bodies of consumers themselves. From soap to salt, one purchased not only products, but also a prototypical image of the body that served as a representative for those who could claim a particular belongingness based upon shared features and “biological” qualities. What Foucault calls a “capillary distribution of power” is at work in this formula, in which individual bodies come to be policed through consumption practices at the most infinitesimal levels of culture (1995, 198). Principles of positive eugenics—or the cultivation of public schemes promoting “fitter” families and individuals—become translated into successful marketing strategies. As disabled people find themselves institutionalized in greater numbers, disability is supplanted from public visibility by a market that thrives upon icons of the healthy and wholesome.

This period sees the convergence of public hygiene management schemes, interchangeability of laboring bodies, theories of heredity that led to a discourse of prevention, racialization of national types, fears of unchecked feminine sexuality, and commodification of an increasingly narrow bodily aesthetic. The result is the creation of a lethal social atmosphere. So-called ugly laws (first adopted in the 1880s), marriage laws, coerced institutionalization, and involuntary sterilization all arrived on the dockets of state legislatures as the political expression of increasing cultural intolerance for human differences. By 1914 university researchers Stevenson Smith, Madge Wilkinson, and Louisa Wagoner, on behalf of the Bailey and Babette Gatzert Foundation for Child Welfare, reported that nearly every state in the nation had made it illegal for feebleminded and insane people to marry (566–71), and twenty-five states had involuntary commitment laws (603–4). According to Chicago-based eugenicist Harry Laughlin, by 1922 fifteen states (Washington, California, Connecticut, Indiana, Iowa, New York, New Jersey, Michi-

gan, Kansas, Wisconsin, Nebraska, Nevada, Oregon, North Dakota, and South Dakota) had passed laws permitting coerced sterilization of “the unfit” to prevent the transmission of “defects” from one generation to another (Laughlin 1922, 14). As Edwin Black argues in *War against the Weak*, “because eugenics was administered on the local level, every state probably possesses three to five sites hosting important eugenic documentation” (2003, xix). Many of the remaining states had not yet introduced or acted on sterilization legislation. The widespread adoption of these discriminatory legal and policy efforts forms part of what Zygmunt Bauman (2001b) has identified as the increasingly bureaucratic oversight of lives during modernity.

CONCLUSION: MODERNITY AND DISABILITY For Bauman, modernity comes packaged according to its foremost theorists, such as Max Weber, as a period of increasing investments in the systematic control of social relations. Within this scenario we witness the triumph of the rational spirit, principles of efficiency, and scientific management, and the relegation of social values to the relativist domain of subjectivity. Among these precepts of modernity (and Bauman does not refute these) one finds the valorization of accomplishment with less expenditure—of energy, of resources, of moral anguish, of human labor. Modernity gives birth to the culture of technology that promises more data from less input. This unique historical terrain is characterized by Bauman as “the morally elevating story of humanity emerging from pre-social barbarity” (2001b, 12). This progressive narrative is key to the development of disability as a concept of deviant variation. In a culture that endlessly assures itself that it is on the verge of conquering Nature once and for all, along with its own “primitive” instincts and the persistent domain of the have-nots, disability is referenced with respect to these idealized visions. As a vector of human variability, disabled bodies both represent a throwback to human prehistory and serve as the barometer of a future without “deviancy.”

In other words, for modernity, the eradication of disability represented a scourge and a promise: its presence signaled a debauched present of cultural degeneration that was tending to regress toward a prior state of primitivism, while at the same time it seemed to promise that its absence would mark the completion of modernity as a cultural project. The eradication of disability would be the sign of arrival at a long-sought destination. These predictions were always made within a rhetoric of benign outcomes. Yet those who anticipated the ultimate arrival at a disability-free moment inevitably flirted with the more sinister language of extermination. This analysis falls

in line with Bauman's provocative contention that "the Holocaust [was] a 'paradigm' of modern civilization, its 'natural,' its 'normal' (who knows—perhaps *also* common) product, its 'historical tendency'" (2001b, 6). Rather than accept the common sociological argument that the Holocaust was an aberration of the period, an absolutely deviant outcome of an era that aimed to roll back any such impulse in human behavior, Bauman argues that the defining features of technological and bureaucratic genocide were part and parcel of an age obsessed with administrative tidiness. His careful choice of terms here—"natural," "normal," "common"—characterize a European and American cultural mindset that presided over the transition of biologically based differences into pathological social deviancies.

In *Modernity and the Holocaust*, Bauman recognizes modernity as a type of bureaucratic nightmare from which we cannot awake. He contends that treating the Holocaust as a uniquely pathological, extraordinarily brutal event runs the risk of asking nothing of modernity itself or its residents. If we fail to recognize the Holocaust as a byproduct of modern utopian fantasies, then we avoid the task of making urgent critiques of our own fetishization of normativity as the outcome of a narrow, homogeneous social vision. As we discuss in chapter 3, the feasibility of mass murder and the development of genocidal killing technologies in Nazi Germany were all perfected on the bodies of disabled people in preparation for the Holocaust. This historical recognition asks us to contemplate more earnestly the degree to which the eradication of disability *and* the Holocaust are "part and parcel" of modernity. There is something materially stubborn about bodies in this period that precipitate so many disastrously "plausible" radical solutions in their name. The body becomes not just a site of social regulation but also a location of excesses and insufficiencies—what is referred to as "too much and too little of a body." The "practicality" of Nazi extermination came about after assiduous study of the problems of human remains disposal; burning those murdered in crematoria ovens was a way of further destroying the recalcitrant biological remainder left over from the killing programs. It was the ultimate fantasy of invisibility.

On the way to this desecration of bodies, modernity, according to Bauman, undertakes three distinct operations with respect to an adequate lessening of moral inhibitions: "And so, how were these ordinary Germans transformed into the German perpetrators of mass crime? In the opinion of Herbert C. Kelman, moral inhibitions against violent atrocities tend to be eroded once three conditions are met, singly or together; the violence is *authorized* (by

official orders coming from the legally entitled quarters), actions are *routinized* (by rule governed practices and exact specification of roles), and the victims of violence are *dehumanized* (by ideological definitions and indoctrinations)” (2001b, 21). This is the exact recipe of eugenics with respect to the treatment of disability. State policies were passed that barred people with disabilities from social participation. Confinement, away from the mainstream, was commonly implemented upon those whose bodies existed outside of acceptable bodily norms and aesthetics. Eugenacists openly and excessively degraded their clientele in their professional rhetoric of “objectivity.” We would only add to this list a growing hostility toward the “mean” characteristics (that is, routine instances of biological diversity) of a population. Together, these conditions provide the foundations for a eugenics culture. Identifying them allows us to assess the extent to which our own era replicates an ideology of extinction disguised beneath rhetorics of assistance, support, and cure.

We have written this book for at least four different audiences at the same time. For students and scholars in history and disability studies, the sites examined offer important examples of the formative interactions between the emergent category of disability and the systems among which it was forged. The development of this institutional history allows one to get a better grasp on the cultural roles played by disability and the degree to which disability, as a profoundly marginalized social grouping, manages to function as a critical term in U.S. and Western definitions of embodiment.

For administrators, researchers, and advocates of disability (largely outside of disability studies proper), this book seeks to provide a series of cautions about ethical imperatives surrounding any study of disability. What we hope becomes most evident in this history is how violent exclusions are enacted in the name of benign (and even radically political) practices toward disabled people. To this end, we identify an intellectual genealogy of disability in the nineteenth and twentieth centuries in a way that has not been presented before (with the exception, perhaps, of James Trent’s important work, *Inventing the Feeble Mind: A History of Mental Retardation in the United States* [1994]). We also criticize—in the hopes of inciting more discussion—the degree to which disabled persons–based research can be useful at all. This last point is our most controversial argument, as we stress an overall, cumulative exhaustion of research practices upon disabled citizens since the mid-nineteenth century. Even the contemporary academy continues to pur-

sue “more research on disability” with unquestioned assumptions about the ethics of the perpetual availability of disabled bodies.

We have also tried to address a general readership, for whom the ideas discussed in this work prove both disturbing and compelling as one tries to reconstruct the history of current beliefs about disability. Unlike the authors of much current research based on disability and disability studies, we have taken it for granted that one cannot adequately assess any object without knowing its particular (and often peculiar) origins. Disability plays a critical role in how we formulate relationships between ourselves and others—all of them connected to Western concepts of difference, variation, and the meaning of human deviation.

Lastly, we write for readers who themselves might be disabled or actively involved in disability activist movements in the United States and internationally. For those readers, this work forwards an argument not just about U.S. and Western beliefs about disability, but also about the power and volume of written and spoken discourse about this object of research. We would like readers to come away from this study not just with a sense of the dehumanizing networks of beliefs that exist about disability and disabled people, but also with an understanding that disability research is about the historical effort to concretize cultural fantasies about “biological” difference. In this respect, our hope is to make evident the formal structures at work in bringing disability into direct relationship with a form of subhumanity—a process that further entrenches disabled people in this cultural location of disability while continually acting as if the ultimate goal is our rescue from this debased placement.