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Constructing Ableism

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Abstract: This essay builds upon research in disability studies through the extension of Garland-Thomson's figure of the normate. I argue that biopower, through the disciplinary normalization of individual bodies and the biopolitics of populations, in the nineteenth-century United States produced the normate citizen as a white, able-bodied man. The normate citizen developed with the new political technology of power that emerged with the transition from sovereign power to biopower. I focus on the disciplinary normalization of bodies and the role of industrial capitalism in the construction of able-bodied norms. I argue that the medical model of disability is produced through a dual process of incorporation: the production of corporeal individuals and the localization of illness in the body.

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1. Introduction

In her genealogy of race, Ladelle McWhorter notes that race is more about the construction of whiteness than it is about non-white racial categories. Similarly, a Foucauldian study of disability reveals that disability is more about the construction of ability than it is about disability as such. In fact, a genealogy of disability demonstrates that there is no such thing as disability qua disability. Instead, the term names a variety of mental and physiological differences that depart from the norms of ableism. Disability did not exist as a social category before the 19th century, despite the existence of physical impairment (For citations that "disability" is a construct of the nineteenth century, see: (Borsay 2002; Gleeson 1997; Davis 1995; Stone 1984; Tremain 2015, 2017)). While people with physical impairments have existed throughout time, the collection of people with any physical, intellectual, functional, or psychological difference into the category of disability is a relatively recent phenomenon. Disability functions as a nominal category that collectively names and assembles diverse conditions of vastly different etiologies and experiences. For instance, this single notion names the heterogeneous states of blindness, Down syndrome, arthritis, multiple sclerosis, deafness, and so forth. In the words of Rosemary Garland-Thomson, "the concept of disability unites a highly marked, heterogeneous group whose only commonality is being considered abnormal" (Garland-Thomson 1997, p. 24). Disability as such does not exist; it is a dynamic category that is "extraordinarily unstable" (Davis 1995, p. xv). Disabled bodies, as markers of corporeal deviance, demarcate the fictive boundaries of normal, abled bodies; the pathological is necessary to give form and function to the normal (Canguilhem 1989). As Robert Crawford argues in his analysis of cultural representations of AIDS, the healthy self can only be maintained through the "creation" of 'unhealthy' or 'diseased' others to clearly delineate the boundaries of the normal self. Any assessment of a body as impaired is based on an unstated comparison of bodies with ableist norms, understood as "a hypothetical set of guidelines for corporeal form and function arising from cultural expectations about how human beings should look and act" (Garland-Thomson 1996, pp. 6–7). The aim of genealogy is to defamiliarize the self-evidence of these norms and the conceptual binary of ability/disability by demonstrating their historical contingency.

As Foucault's insights have taught us, power is not merely deductive; deviant, defective bodies are not identified solely for their punishment or exclusion. Corporeal deviances

never go unpunished, but at the same time, "conformities are almost always rewarded" (Ibid, p. 7). The "invalidation" (Hughes 2002, p. 59) of disabled bodies regulates normal bodies just as much as it regulates those that are abnormal. As Lennard Davis explains, "Normalcy and disability are part of the same system" (Davis 1995, p. 2). In a process that Drew Leder calls "dys-appearing", the disabled body appears as vulgar and dysfunctional so that other, non-disabled bodies may disappear (Leder 1990). People with disabilities are defined by their physicality only when "non-disabled people have denied their own physicality" (Shakespeare 1996, p. 96). The production of disability, then, is less a "property of bodies...[than] a product of cultural rules about what bodies should be or do" (Garland-Thomson 1997, p. 6). What is at stake in the invalidation of disabled bodies is the prescription, maintenance, and deployment of ability norms and, as the genealogy of ability in the nineteenth-century United States demonstrates, the production of the normate citizen, a concept which will be described below. The significance of ability norms had by then resulted in an increased interest in the study of normality within the field of disability studies.

In Enforcing Normality, Davis writes:

> To understand the disabled body, one must return to the concept of the norm, the normal body... I would like to focus not so much on the construction of disability as on the construction of normalcy. I do this because the 'problem' is not the person with disabilities; the problem is the way that normalcy is constructed to create the 'problem' of the disabled person (Davis 1995, pp. 23–24).

Rosemary Garland-Thomson makes a similar move to focus on the social processes and discourses that constitute "definitive human beings" (Garland-Thomson 1997, p. 8). Revising Erving Goffman's theory of stigma, Garland Thomson argues that the process of stigmatization constructs an idealized norm of able-bodiedness, which she calls the "normate" (Garland-Thomson 1997, 2011a, 2011b). As Tanya Titchkosky notes, simply stated, the normate *embodies* the normal (Titchkosky 2015, p. 131); it is a constructed majority embodiment that identifies, classifies, and penalizes deviations of size, growth, race, sex, ability, and gender (Hall 2011, p. 3). Only a narrow segment of the population appears to fit the ideal of the normate; for Goffman, the normate is "young, married, white, urban, northern, heterosexual, Protestant father of college education, fully employed, of good complexion, weight, and height, and a recent record in sports" (Goffman 1963, p. 128). The cultural figure of the normate names the "normal, average, and majority bodies" and the "unmarked privilege of majority embodiments" (Hamraie 2013, "Theorizing Value-Explicit Design").

Ladelle McWhorter, in the introduction to *Foucault and the Government of Disability*, writes that "the power-knowledge networks that produce and regulate disability also produce and regulate ability, ableness, normality" (McWhorter 2005, p. xv). This essay builds upon research in disability studies through the extension of Garland-Thomson's figure of the normate. I argue that biopower, through the disciplinary normalization of individual bodies and the biopolitics of populations, in the nineteenth-century United States produced the normate citizen as a white, able-bodied man. The normate citizen developed with the new political technology of power that emerged with the transition from sovereign power to biopower (Tremain 2001, 2002, 2015, 2017). I focus on the disciplinary normalization of bodies and the role of industrial capitalism in the construction of able-bodied norms. I argue that the medical model of disability is constructed through a dual process of incorporation: the production of corporeal individuals and the localization of illness in the body.

In the contemporary United States, disability has traditionally been understood according to a medical model that characterizes deviation from species-typicality as biological defect requiring medical intervention. For this reason, the divisions between disability, disease, and impairment are often overlapping and unclear. A main conceptual advancement of the social model in disability theory and activism was the separation of disability from disease (Shakespeare 2006). At the same time, however, critics of the social model have

argued that this distinction ignores what Susan Wendell terms "unhealthy disabilities" (Wendell 2001, p. 18). Others argue for a disability-focused interpretation of illnesses such as AIDS and cancer (McRuer 2008; Hall 2011). This essay aims to identify the historical contingency of the medical model of disability, and in doing so, must address how disease and disability came to be attributes of bodies themselves. I therefore examine what Foucault calls the medical gaze and its incorporation of illness, both of which are central to the operation of the medical model of disability.

2. Labor, Law, and Disability

To understand disability in the nineteenth-century United States, it is important to first provisionally review the history of the English poor relief policies, which significantly influenced the poor laws of the early United States after its independence. Before the nineteenth century, people with disabilities were not constructed as a group, so disability served as the basis for neither group solidarity nor social categorization. Historical, literary, or scientific texts may have referred to individuals who were deaf, "crippled", infirm, or "inflicted with diseases of the mind"— bodily states that today we might identify as disabled. However, these individuals did not form a distinct category. First, these terms did not form a collective identity. Second, when they appeared together textually, they were indistinguishable from vagrancy and old age (My interpretation of (Stone 1984)). What was important at this time was not distinguishing the disabled from the non-disabled, but separating those who were able to work from those who were not.

England's first Statute of Laborers was enacted in 1349. Responding to fears of labor shortages due to plague deaths, the statute aimed to regulate the nonworking poor and eliminate idleness. Everyone who was able in body was required to work (or imprisoned for failure to do so) (Quigley 1996). A central concern was the problem of deception and its relationship to vagrancy; officials were concerned that vagrants would feign sickness or debility in order to circumvent laws prohibiting able-bodied laborers from leaving town. In 1388, a statute known as 12 Richard 2, established a "very crude" system for categorizing individuals based on their ability to work by distinguishing between beggars who were "impotent to serve and those able to serve or labor" (Stone 1984, p. 35).

Vagrants constituted a problem for English society during the transition from a feudal system to a wage labor system because begging was seen as a threat to the new economic system. In *The Disabled State*, Deborah Stone argues that one of the main aims of early laws in the emerging English welfare laws was to control, reduce, and eliminate begging and vagrancy so that they would not interfere with wage labor (Ibid, p. 34). The 1388 law targeted beggars who were able to work by preventing them from traveling outside their hometown without an official, valid reason. Individuals who were "impotent" to work could travel freely as long as they had a certificate documenting their condition (Ibid, p. 36). These letters granted permission to travel, not permission to beg. However, they "established the mechanism that would later be used to control begging per se" (Ibid).

The later laws sought to further articulate the categories detailed in 1388. The categories created legal exceptions from laws against begging and therefore created acceptable social conditions for "nonparticipation in the labor market" (Ibid). Statutes in the sixteenth century attempted to separate legitimate beggars from those who were able but unwilling to work. Two acts of Parliament established the main foundations of English poor relief: criteria for determining legitimate need; the state's duty to help those in need; definitions of how these obligations will be fulfilled; and a system for administrating funds for the poor (Quigley 1996). A 1531 law permitted the aged and impotent poor to beg within assigned territories so long as they carried a letter of authorization. Those who were "whole" in body and able to work, however, were subject to arrest and punishment if found begging. In 1536, local officials were made responsible for poor relief. The act ordered local church and government officials to:

> . . . exhort, move, stir, and provoke people to be liberal and bountiful to extend their good and charitable alms and contributions...as the poor, impotent, lame,

> feeble, sick and diseased people, being not able to work, may be provided, [helped], and relieved so that in no ways they nor one of them be suffered to go openly begging (27 Hen. 8, cha. 24 (1536), qtd in Ibid).

Individual almsgiving was generally forbidden and begging held a penalty of deportation, but exceptions were made for blind and lame beggars (Stone 1984; Quigley 1996). The 'impotent' poor were to be provided public assistance, while the able-bodied poor were to be kept in constant labor (Ibid).

Attempts to solve the problem of illegitimate, idle beggars resulted in the development of a licensing system. Beginning in 1563, and continuing through the next century, laws were passed using various techniques for issuing badges to legitimate beggars. Laws passed in 1530, 1570, and 1571 took a more extreme approach by branding the letter "V" for vagabond on the breast of those caught begging without authorization. Penalties were expanded to include whipping, banishment, cutting off an ear, and execution for repeated offenses (Quigley 1996). As Stone explains, the systems of branding and badging did not alter the mechanisms of categorizing legitimate and illegitimate beggars, but they did enhance the controls and punishments available to the sovereign. The history of the English Poor Laws is significant for understanding the connection between poverty and disability in the United States because most of the thirteen states adopted colonial poor laws after independence (Quigley 1997; Welke 2010; Trattner 1998). The theme that persists from early English Poor Laws to the newly formed United States is that assistance is only provided for those unable to work (Quigley 1997). According to William Quigley, while there were differences in how relief was managed throughout the colonies, "all colonial poor laws acknowledged a public responsibility to provide for the impoverished neighbor who was unable to work;" (Ibid, p. 54) relief was only provide to the "deserving" poor. Consequently, it was necessary to distinguish between the poor who could and the poor who could not work. Pregnant women, young children, the elderly, the sick, and many whom we would today call disabled were given more lenient punishments for begging and were entitled to poor relief (Ibid). The poor, old, blind, lame, impotent, and poor were all grouped together as individuals dependent on aid (Liachowitz (1988, p. 67)): For example, a 1705 statute, which charged family members with supporting the impotent: "And be it further enacted by the authority aforesaid, That the father and grandfather and the mother and grandmother and the children of every poor, old, blind, lame, and impotent person, or other poor person not able to work, being of a sufficient ability, shall at their own charges relieve and maintain every such poor person as the justices of the peace at their general quarter-session shall order and direct, on pain of forfeiting forty shillings for every month they shall fail therein.").

On 26 August 1776, the Continental Congress passed a federal law based on the recommendations of its Committee on Disabled Soldiers and Seamen. The law's preface reflects an economic understanding of disability in the late eighteenth century:

> Whereas, in the course of the present war, some commissioned and non-commissioned officers of the present war, some commissioned and non-commissioned officers of the army and navy, as also private soldiers, marines, and seamen, may lose a limb, or be otherwise so disabled as to prevent their serving in the army or navy, or getting their livelihood, and may stand in need of relief (US Continental Congress, qtd in Liachowitz (1988, p. 40)).

Here, disability denotes the inability to earn a livelihood as a result of injury; it does not yet exist in contrast to the normate. The individual may find himself in a position of being dependent upon public relief based on his status and role in society. At the same time, this inability did not translate into uselessness. The 1776 resolution also mandated the creation of a "corps of invalids" that included those individuals capable of doing guard or garrison duty (Liachowitz 1988, p. 25). The role of physically variant individuals differed in degree, not in kind, from the able-bodied. Physical difference did not relieve a soldier of his duties to his country. In fact, a 1778 provision refused pension benefits to any wounded soldier who refused to join the Corps of Invalids (Ibid, p. 26).

For free, white individuals, physiological difference in the United States before the nineteenth century was significant only inasmuch as it impeded or enabled the ability to work (Quigley 1996). (Slaves and indentured servants were not eligible for public relief.) Poverty and illness were not understood in terms of individual or moral fault or biological difference, but as divine will (Byrom 2001, p. 136; Stiker 1999); destitution was therefore not an evil but an opportunity for the rich to exercise the principle of charity. Physically variant bodies differed in degree and not in quality. Bodies did not contain an innate ability or inability for labor, but rather were subject to changing environments and social conditions. The incapacity to work was a socio-economic problem of dependency, which, for residents, required a public solution (Colonial poor laws distinguished between neighbors and strangers. Only neighbors were eligible for public assistance. See Quigley (1997)). Mental "illness", for example, was not yet a medical problem and the insane were not provided special treatment. With few exceptions, there were no established institutions for their care (A "mental section" in the Pennsylvania Hospital opened in 1756 and in a state hospital in Williamsburg, VA. (Trattner 1998, p. 24)).

Moreover, the Poor Laws and subsequent legislation through the eighteenth century attacked the body through force, or what Foucault calls sovereign power (Foucault 1977, p. 93). In the sixteenth century, bodies were compelled to work through violence; able-bodied beggars were whipped, branded, enslaved, and even executed. For example, a 1561 act of Parliament stated that able bodied beggars should be brought to the marketplace "there to be tyed to the end of a carte named and be beten with whyppes throughe out . . . tyll [their bodies]... be blody by reason of such whypping" (Qtd in Trattner (1998, p. 8)). Such measures worked primarily through punitive and repressive mechanisms. Over the course of the eighteenth century, when the disciplines discovered the body as an object of power, the relation between the body and power underwent a transformation. Docile bodies replaced the bodies violated by sovereign power (Foucault 1977, pp. 136–37). Disciplinary power attached itself to bodily capacity, shaping, conducting, manipulating, and molding its functions over time.

3. The Birth of Disability

By the nineteenth century, physical variation had given birth to disability. Physical difference was no longer a socio-economic problem concerning dependence; it had become physiological abnormality. In the early nineteenth century, "[B]iomedicine legitimated the view that biophysical 'abnormality' or 'maladaptation' leads to, or is the cause for, social 'abnormality' or 'maladaptation'" (Hughes 2002, p. 60). That disabled bodies are flawed serves as the foundation of the logic of the medical model of disability. Throughout the nineteenth century, it was used as a justification for the institutionalization of people with disabilities.

Three key characteristics distinguish the early nineteenth century from the prior one. First, power relations became less "physical"; the physically and mentally disabled were moved out of prisons, and able-bodied beggars were no longer whipped or executed. At the same time, through the transition from sovereign to disciplinary power, power relations tightened their grip on the body, operating at the level of the body's functions, habits, emotions, and thoughts. In the nineteenth century, disability became institutionalized. Residential schools for the deaf, blind, and physically disabled opened and "grew rapidly" over the course of the century, "as did institutional segregation of people with mental illness and intellectual disability" (Braddock and Parish 2001, p. 29). As Barbara Welke writes:

> With increasing urgency over the course of the nineteenth century experts portrayed the mentally and physically "defective" as wasteful drains on family and societal resources (emotional, educational, and financial); threats to the health—financial and moral—of the family and the nation. Their arguments justified institutionalization, exclusion from public education, and ultimately sterilization. Those labeled defective became quintessential nonpersons (Welke 2010, p. 87).

In 1817, the first residential school for the deaf in the United States, the American Asylum for the Education of the Deaf and Dumb, opened in Hartford, Connecticut. The first schools for the blind began opened in 1832 in New York City and Boston (Ibid, p. 31). The construction of almshouses for tending to the "deserving" poor became an increasing trend towards the middle of the century. For example, Massachusetts had 83 almshouses in 1824. By 1839, only fifteen years later, the number had risen to 180, and by 1860, the state had a total of 219 almshouses (Trattner 1998, p. 59). The first institution to address physical deformity, the New York Hospital for the Ruptured and Crippled, was built during the Civil War (Byrom 2001, p. 138).

Second, disability became an intra-individual problem, rather than a socio-economic concern (Liachowitz 1988). That is, in the transition to the medical model of disability, the disability became localized within the individual's body. The disabled individual is opposed to the normate, from this perspective, because his/her body is diseased or degenerate. Degeneration in bodily function was perceived in visible bodily difference. Attempts to control, isolate, and eliminate disability became the regulation of individuals with disabilities. In *The Ugly Laws*, Susan Schweik, chronicles ordinances passed in the latter part of the century preventing disabled people from showing their disabilities in public. For example, an 1881 Chicago statue prohibits "any person who is diseased, maimed, mutilated, or in any way deformed" from exposing himself to public view (Schweik 2009, p. 2). Medical inspectors enforcing immigration codes at Ellis Island made "snapshot diagnoses" of the bodies of immigrants in order to keep out physical and mental 'defectives' (Baynton 2005). Charitable organizations debated the merits of euthanasia for "the most misshapen physically and morally" where "cure was out of the question" (Warner, Queen, and Harper's American Charities and Social Work, qtd in Schweik (2009, p. 49)).

Finally, as disability emerges as biological abnormality, non-normative bodies differ in quality rather than degree from their ablebodied counterparts. Qualitatively different in their physiological makeup, the disabled now create an identifiable population to be surveyed, analyzed, and modified. Beginning in the 1830s, the federal government collected data on the deaf through the U.S. Census. In 1850, it started inquiring about the incidence of physical and mental disability. Barbara Welke explains, "Science, reinforced by statistics from federal and state enumeration of the feebleminded, the deaf, the blind, the epileptic, the physically disabled, etc., and the institutions that housed them, presented the portrait of a nation in peril from the unfit. In a population of just 62.5 million, the U.S. Census Bureau reported in 1895, 1.5 million, '1 out of each 42 persons, or over 2 per cent, were mentally or physically defective'" (Welke 2010, p. 118). Disability as a threat to the health of the species becomes part of the project of a "technology of populations" mapping life expectancies, quality of living, morality rates, population growths, birth rates, and so on. The body presents itself as a means of accessing these populations. Foucault explains:

> Within this set of problems, the "body"—the body of individuals and the body of populations—appears as the bearer of new variables, not merely as between the scarce and the numerous, the submissive and the restive, rich and poor, healthy and sick, strong and weak, but also as between the more or less utilizable, more or less amenable to profitable investment, those with greater or lesser prospects of survival, death, and illness, and with more or less capacity for being usefully trained. The biological traits of a population become relevant factors for economic management, and it becomes necessary to organize around them an apparatus that will ensure not only their subjection but the constant increase in their utility (Foucault 2001, p. 95).

Within this framework, disabled bodies appear as biologically having less prospects for survival, offering fewer opportunities for being utilized and demanding more resources from the population.

How did the body become normalized in the nineteenth century? What made possible these changes? Through what mechanisms did this transformation in the politi-

cal technology of the body take place? I, along with other scholars advocating a Foucauldian framework, such as Shelley Tremain, argue that it was the advent of biopower that created the division between the disabled and normate body in the nineteenth century (Tremain 2015, 2017). Disciplinary normalization, as a "anatomo-politics of the human body" (Foucault 1978, p. 139), is one of its mechanisms. While other scholars have noted the significance of genealogy to Disability Studies, my analysis adds an important conceptual tool through a re-reading of Foucault's *Discipline and Punish* and *The Birth of the Clinic*: the dual process of incorporation. Through this binary mechanism, discipline produces the norms of bodily capacity, while at the same time identifying, hierarchizing, and regulating corporeal deviance as biological abnormality. These two components of incorporation will be described below (A critic might argue that this essay overly relies on Foucault's thought. To this concern, I would make two points. First, because a central concern of this paper is to evaluate the effectiveness of Foucauldian genealogy for the study of disability, a close reading of relevant concepts from his work is necessary. Second, and perhaps more importantly, this essay adds not only to work in Disability Studies, but also Foucault Studies through its identification and clarification of the dual process of incorporation that will be explained below.).

The first incorporation is described in Foucault's *Discipline and Punish*. Here, he presents his "genealogy of the modern 'soul'", which tracks the production of the corporealized individual. The disembodied soul, Foucault tells us, is the product of a "certain technology of power over the body" (Ibid), the way that power has invested bodies and subjugated them by turning them into objects of knowledge. The concrete reality of the soul is "permanently produced" on the everyday bodies of children seated in school desks, patients lying in hospital beds, factory workers on machine lines, and the insane supervised in asylums. Foucault further explains:

> The man described for us, whom we are invited to free, is already in himself the effect of a subjection much more profound than himself. A 'soul' inhabits him and brings him into existence, which is itself a factor in the mastery that power exercises over the body. The soul is the effect and instrument of a political anatomy; the soul is the prison of the body (Ibid, p. 30).

This profound subjection of modern 'man' is the hybridization of the soul and body, or the fixing and superimposition of the subject-function on "somatic singularity". (Foucault 2008, p. 55) As Foucault explains in *The Order of Things*, "[M]odernity begins when the human being begins to exist within his organism, inside the shell of his head, inside the armature of his limbs, and in the whole structure of his physiology" (Foucault 1970, p. 318). The mark of modernity, according to Ed Cohen's reading of Foucault, is that "the attachment of the person to the body supersedes its attachment to the soul" (Cohen 2009, p. 9). Persons do not begin as discrete, individual bodies; disciplinary power constitutes the individual body as its object. David Armstrong supports this reading when he contends that one of Foucault's major contributions is "the insight that individuality was not simply an idea but its concrete realization in the facticity of the body" (Armstrong 1994, p. 22).

This new technology of the body was made possible by a reconfiguration of power relations in the late eighteenth century. Unlike sovereign power, disciplinary power was decentralized, diffuse, and anonymous. Exemplified by Bentham's Panopticon, disciplinary power is a pervasive, ubiquitous corrective for corporeal deviance. Instead of using excessive violence or force to punish offenders, this new normalizing microphysics of power trains, conducts, molds, and seduces bodies' instincts, habits, and thoughts. Foucault writes:

> The human body was entering a machinery of power that explores it, breaks it down and rearranges it. A 'political anatomy', which was also a 'mechanics of power,' was being born, not only so that they may do what one wishes, but also so that they may operate as one wishes, with the techniques, the speed and the

> efficiency that one determines. Thus discipline produces subjected and practiced bodies, 'docile' bodies (Foucault 1977, p. 138).

In prisons, schools, and hospitals, docile bodies were observed, analyzed, and trained—and concomitantly, they were posited as incorporated persons: discrete, selfsame bodies.

As Foucault explains, the individual, or "case", is a result of this coercion of bodies. Disciplinary methods "lowered the threshold of describable individuality" and turned such descriptions into mechanisms of power. Bodies could now be judged, ranked, and classified by their size, color, shape, function, performance, appearance, and so on. "It is the individual as he may be described, judged, measured, compared with others, in his very individuality; and it is also the individual who has to be trained or corrected, classified, normalized, excluded, etc." (Ibid, p. 191) These bodily "cases" will become the basis of the human sciences. As Foucault argues in *The Birth of the Clinic*, clinical medicine and pathological anatomy posit the body as their object of knowledge (Foucault 1973); the individuality of the patient is created through "the process of corporeal objectification" (Armstrong 1994, p. 22). With the birth of the clinic came a medical orientation towards the case. This necessitated the production of a description of the patient's symptoms and relevant history and the findings of an autopsy. Foucault writes, the historical emergence of "the problem of the entry of the individual (and no longer the species) into the field of knowledge... is probably to be found in these 'ignoble' archives, where the modern play of coercion over bodies, gestures and behavior has its beginnings" (Foucault 1977, p. 191). Disciplinary power is constitutive of the embodied individual.

The second incorporation is described in *The Birth of the Clinic*. Here, Foucault describes a similar process to the incorporation of the individual discussed above. However, the individual is not just a subject-function pinned to discrete materiality; it is fastened to a healthy, normate somatic singularity. Just as disciplinary power individualized the body, this new medical gaze incorporates disease. "For us", he writes in the first chapter, "the human body defines, by natural right, the space of origin and of distribution of disease... But this order of the solid, visible body is only one way...in which one spatializes disease. There have been, and will be, other distributions of illness" (Foucault 1973, p. 3). From the standpoint of death, the body gives disease "a land, a mappable territory" (Ibid, p. 149). Additionally, it is only as a corpse that we're able to perceive the body as living—that is, living with a life that has its "own roles and its own laws" (Ibid). Disease is incorporated into the somatic singularity of the individual.

In the eighteenth century, the nosological perspective viewed life as opposed to disease; death was an "absolute beyond which there was neither life nor disease" (Ibid, p. 141). Near the end of the century, Bichat broke with this tradition, proposing that disease was essential for understanding life. Life and disease were no longer conceptually opposed terms and consequently, Foucault argues, death was needed as a third term to gain access to knowledge of life. He writes, "With Bichat knowledge of life finds its origin in the destruction of life and in its extreme opposite; it is at death that disease and life speak their truth" (Ibid, p. 145). It was only from the perspective of death that the doctor could grasp life; pathological anatomy—the study of abnormality after death—"spoke retroactively the truth of disease" (Ibid, p. 158). Death is no longer an atemporal, absolute limit, but is "multiple and dispersed in time" (Ibid, p. 142). Like a disease that spreads gradually, death can be divided into and analyzed as many partial deaths that occur throughout space and time.

Through the medical gaze, life is a struggle against death; because humans die, they are capable of illness. Death, in its inevitable potentiality, appears as the source of all disease. "Deviation in life", Foucault states, "is of the order of life, but of a life that moves towards death" (Ibid, p. 156). According to Foucault, this is the reason for the importance of the concept of degeneration in pathological anatomy. The concept had been around in its negative form, meaning "decline from original status" (Ibid, p. 156), for some time. However, from Bichat on, the term took on a positive content including the perception of death. It was this degeneracy, in contrast to "knowledge of healthy man...

and a definition of the model man" (Ibid, p. 34), that formed the basis of the "medical bipolarity of the normal and the pathological" (Ibid, p. 35). If the subject is defined by the somatic singularity of the body, then the patient cannot be distinguished from the disease. As Foucault writes, "The patient is the disease itself" (Ibid, p. 15).

If we read *The Birth of the Clinic* and *Discipline and Punish* together, there are two attendant processes of incorporation that give birth to the medical model of disability. First, disciplinary power produces the incorporated individual, the concrete realization of the individual in the facticity of the body (Armstrong 1994). Second, the medical gaze localizes disease in the concrete body of the individual. Discipline makes possible the medical gaze—the neutrality, objectivity, and validity that are constitutive of medical knowledge (Foucault 2008, p. 2)—which served the positive role of producing the norm of the healthy, model man, rather than just identifying the sick. As Foucault explains, nineteenth-century medicine focused more on normality than on health. "[I]t formed its own concepts and prescribed its interventions in relation to a standard of functioning and organic structure, and physiological knowledge...was to become established...at the very centre of all medical reflexion". (Foucault 1973, p. 35) Degeneracy enabled life; the pathological bolsters the normal. In Foucault's words, "Consciousness lives because it can be altered, maimed, diverted from its course, paralysed; societies live because there are sick, declining societies and healthy, expanding ones; the race is a living being that one can see degenerating; and civilizations, whose deaths have so often been remarked on, are also, therefore, living beings" (Ibid). The disabled body is the condition of the possibility of the normate.

These two processes of incorporation are significant for the study of disability because, according to Cohen, the placing of human being in the body altered the criteria for personhood. Once individual identity becomes attached to the body, the body becomes what "we must have in order to be a person" (Cohen 2009, p. 10). Now based on the mortal body rather than the immortal soul, modern immanence toppled premodern social hierarchies (Ibid, p. 9). This process, he argues, "helps inaugurate a new political economy of modern personhood: one in which differences among and between people (e.g., race, sex, gender, class, age, etc.) appear as attributes of bodies rather than as the gradations of souls" (Ibid, pp. 9–10). Not only did people with disabilities have bodies that deviated from the norm, but they became abnormal individuals as well. As degeneration, corporeal deviance is seen as a kind of death within life. In the struggle of life and death, bodily variance from white, male, able-bodied norms become a threat against life itself.

Other disability scholars have looked to Foucault's work to find an explanation for the development of the medical model of disability. For example, Michael Oliver references *Madness and Civilization* to explain how medical authority produced the disabled body (Oliver 1990, p. 47). Sharon Snyder and David Mitchell turn to *The Birth of the Clinic* to demonstrate how the body was subject to "predetermined categories of deviance by physicians enabled to act as evaluators of difference" (Snyder and Mitchell 2001, p. 371). Additionally, Shelley Tremain has advocated for a relativist historical account of disability and an antifoundationalist approach to impairment (Tremain 2017, 2015, 2002). Using Foucault's *History of Madness*, Aimi Hamraie explores the historical construction of disability through archeology as an epistemological methodology (Hamraie 2015). While not disagreeing with their accounts, I want to place disciplinary power in conversation with the medical gaze. The addition of *Discipline and Punish* is important for two reasons. First, it highlights the positive nature of power and its role in producing individuals. Specifically, this reading demonstrates the role of discipline in regulating ability, not just disability. Second, paying attention to how disease is localized in the somatic singularity of the individual sheds light on why our culture tends to reduce people with disabilities to their disabilities.

4. Labor and Disability: A Case Study

Labor is one mechanism through which disciplinary power binds the subject function to finite, somatic singularity (Foucault 1970, p. 257). According to Foucault, labor itself is a

kind of dressage, or progressive training ((Foucault 1996, p. 237): "The triple function of work is always present: the productive function, the symbolic function and the training, or disciplinary function. The productive function is near zero for the categories with which I am concerned, whereas the symbolic and disciplinary functions are quite important. But in most instances the three components coexist"). The factory worker appears as an example of the docile body throughout *Discipline and Punish*. Through the repetition of work, bodies acquire capacities, skills, and habits that make them more efficient workers. The normative dimension of discipline seeks homogeneity in bodily form, comportment, and performance and hierarchizes worker performance. Industrialized labor in the nineteenth century produced, according to Robert McRuer, not disabled identity, but rather the emergence of able-bodied identity (McRuer 2008, p. 88). He writes, "[A]ble-bodied identities were... produced in the disciplinary space of the factory" (Ibid, p. 88). Mechanized production assumed uniformity of the labor force, and as a result, disabled bodies were excluded from the workplace (Hughes 2002, p. 61). According to Bill Hughes, they were "excluded from the industrial production on the grounds that their labour power was impaired" (Ibid). The normate body was produced through the exclusion of disabled bodies. The examination of the disciplining of railroad workers at the end of the nineteenth century elucidates the construction of the normate. The railroad "more than any other enterprise, exemplified the growing size and complexity of business operations" in the late nineteenth-century United States (Ducker 1983, p. xi). In nearly all aspects, it created a new type of work experience; its size and complexity was unprecedented; it spread across vast geographical territory; it introduced new principles of work structure and management. The nation's first railroad began construction in 1828. The 13.75 miles of track from Baltimore to Ellicott Mills, Maryland began operating on 22 May 1830. By 1850, nine thousand miles of track had been completed (Licht 1983, pp. 6, 10). By 1870, there were 53,000 miles of operating line. This number increased to 93,000 by 1880 (Ibid, p. 10). At this time, there were 400,0000 men working in the industry, about 2.5% of the nation's workforce (Ibid, p. 33). Most railroad workers were white and native-born, with trackmen comprising the largest percent of the workforce (Ibid, p. 222; Ducker 1983, pp. 4–5).

During the mid-century and into the early 1880s, visible disability was common in the railroad workplace. Trainmen with slight disabilities, like a missing finger, could work. Brakemen, for example, were often recognized by missing fingers or crippled hands. Some employers even considered such injuries as qualifications *for* employment (Licht 1983, p. 183; Williams-Searle 2001, p. 161). Accommodations were made for disabled workers, albeit on an ad hoc basis. Employees disabled on the job were sometimes given less physically demanding work (clerical positions, flagmen, watchmen, etc.) and medical care was provided to the sick (Ducker 1983, p. 45; Licht 1983, p. 202). Santa Fe built a hospital for sick and injured workers. All employees were eligible for aid except those sick with venereal disease, intemperate habit, or an illness contracted before the date of hire (Ducker 1983, p. 46).

However, in the late nineteenth century, as economic and work conditions declined, men with visible disabilities were thrown into direct competition with apparently able-bodied workers for jobs (Williams-Searle 2001, p. 162). Disability came to be seen as a "marker of incompetence, dependency, and even immorality" (Ibid, p. 163). Able-bodied workers and their employers sought to remove disabled workers from the workforce. Non-disabled trainmen reported their disabled co-workers for "dangerous" and "incompetent" behavior. Some railroaders even testified against disabled co-workers in personal injury cases, blaming their lack of skill and judgment for their injuries. As businesses aimed for increased efficiency, they systematically excluded even slightly injured workers from the work force. Managers worried that disabled trainmen would work too slow and would be susceptible to further injury. Moreover, they believed that the sight of disabled workers would make passengers nervous and uncomfortable (Williams-Searle 2001, p. 164).

Foucault's most extensive account of disciplinary normalization takes place in *Discipline and Punish: The Birth of the Prison*, which he describes as a "correlative history of

the modern soul and of a new power to judge" (Foucault 1977, p. 23). In his study of how the prison eclipsed other forms of punishment in the late eighteenth century, he traces the advent of a new political technology of the body and a new microphysics of power. This new technology is the development of disciplinary practices, not only in the prison, but also in hospitals, schools, factories, asylums, and other social institutions. The "disciplines" were new techniques for regulating and subjugating individual bodies. "Disciplinary coercion", Foucault writes, "establishes in the body the constricting link between an increased aptitude and an increased domination" (Ibid, p. 138). Bodies become docile so that they become more useful.

Disciplinary power operates through three "simple instruments": hierarchical observation, normalizing judgment, and examination. Hierarchical observation involves constant visual surveillance. In a workshop or factory, Foucault argues, it begins as supervisors performing inspections. However, as production became more complicated and the number of workers increased, supervision became "more necessary and more difficult" (Ibid, p. 174). Surveillance of minute details of workers' conduct becomes "a decisive economic operator both as an internal part of the production machinery and as a specific mechanism in the disciplinary power" (Ibid). Through such surveillance, discipline became an "integrated system" that was "organized as a multiple, automatic and anonymous power" (Ibid, p. 176). Management structures on the railroads were designed to produce safe and efficient workers (Ducker 1983, p. 30). In addition to the protection of travelers and their property, managers aimed for the "creation of an obedient and efficient labor force" (Ibid, p. 32). The ideal railroad worker was a normate, docile body. To create a panoptic gaze in the workplace, supervisors conducted unscheduled, unannounced inspections of work sites. Rulebooks required employees to survey on each other and to report their colleagues for misconduct or negligence (Licht 1983, p. 122). Some railroads hired detectives to pose as workers who would spy on employees, making the gaze anonymous.

Second, normalizing judgment establishes levels of ideal functioning and punishes the non-conforming. With disciplinary power, punishment is not doled out according to juridical standards of rule-breaking. Rather, "The whole infinite domain of the non-conforming is punishable: the soldier commits an 'offense' whenever he does not reach the level required" (Ibid, pp. 178–79). Intensive, repetitive exercise is used for its corrective effects. In addition to punishment, discipline also functions through a system of rewards. Normalizing judgment ranks skills, classifies aptitudes, and hierarchizes qualities. Through the play of rewards and punishments, it differentiates and distributes individuals to ensure conformity. The repetition of the physical labor required of a railroad worker is a disciplining of the body; work increases the capacity of the body while rendering it more docile and tame (Jackson and Carter 1998, p. 56). Public safety, pressure to reduce costs, geographic range, and diversity of skills required the synchronization of labor. Rulebooks regulated the performance of manual tasks; they set the standard form for doing work and using machinery. Regulations did not provide alternate instructions in cases of bodily difference; the normate body was taken as a standard. Even the activities of workers when they were off duty were regulated. For example, on the Santa Fe line, trainmen and enginemen were required to live within three-quarters of a mile of the roundhouse and were subject to disciplinary action if not found when called. Some railroad companies prohibited gambling, dancing, and prostitution. There were even some attempts to prohibit off duty drinking (Ducker 1983, p. 33).

Finally, the examination is the highly ritualized combination of hierarchical observation and normalizing judgment. As examples, Foucault considers the medical examination, a school exam, and army inspections. The examination objectifies individuals and transforms them into 'cases'. This results in the proliferation of knowledge of the individual and the necessary administrative techniques to support that knowledge, as well as the human sciences. In 1897, The Santa Fe line adopted the Brown system of merits and demerits and by 1900 almost all sixty lines had adopted it as well. The company created a file for each employee in the office of the division of the superintendent. When the employee

committed an offense, a mark, or "brownie", was put on his record. After a number of demerits are collected, a worker may have had to explain his behavior to the superintendent or risk dismissal. Through "heroism, exemplary performance, or months of flawless work" (Ibid, p. 39), employees could be rewarded by having demerits erased. The Brown system provided a mechanism for individual record keeping, monitoring the behavior of employees over time, and encouraging optimal performance.

Discipline produces not only normal, but also abnormal subjects, what Foucault calls the "residue" (Foucault 2008, p. 53). This means that disciplinary systems "come up against those who cannot be classified, those who escape supervision, those who cannot enter the system of distribution, in short, the residual, the irreducible, the unclassifiable, the inassimilable" (Ibid). That is to say, in its operation, disciplinary power produces individuals that are inaccessible to that system. Foucault uses the example of school discipline, which is productive of feeblemindedness and mental defectiveness; "someone who does not learn to read and write can only appear as a problem, as a limit, when the school adopts the disciplinary schema" (Ibid). In a similar manner, disabled trainmen were the residue of the disciplinary rail system. The "mania for efficiency" and scientific management of labor left little room for bodily variation (Williams-Searle 2001, p. 164). Trainmen with disabilities were demoted to low-paying, low-visibility jobs or outright dismissed. Those who stayed in the workplace were confronted with a hostile work environment and shunned by their co-workers (Williams-Searle 2001, p. 166).

Disciplinary society, however, does not permit residue. According to Foucault, supplementary disciplinary systems develop to rein it in. Continuing with his example of feeblemindedness, he states, "Since there are the feeble-minded, that is to say, individuals inaccessible to school discipline, schools for the feeble-minded will be created, and then schools for those who are inaccessible to schools for the feeble-minded" (Ibid, p. 54). Disciplinary power has the "double property" of being "anomizing" and "normalizing" (Ibid). This means that disciplinary systems create and discard their residual individuals, while at the same time inventing new techniques and institutions for continuing the work of the norm.

Disabled trainmen in need of care were reabsorbed into the disciplinary apparatus of medical institutions; residential care homes for the physically disabled were created. In 1890, Dr. F.M. Ingalls established the Railroad Men's Home, a residential care facility in Chicago. The home focused on its rehabilitative function and sought to normalize its residents by bolstering their economic productivity. For example, supporters of the Home argued that rehabilitated trainmen were likely to "get a better position than they had at the time of injury" ("The Brotherhood of Railway Employees' Home", qtd in Williams-Searle (2001, p. 170)). Ingalls described the treatment of one resident, stating that he was "undergoing a delicate and difficult surgical operation, which we hope will transform an entirely useless arm into one which will enable its possessor to earn a good living at any light trade" (Ingalls, qtd in Williams-Searle (2001, p. 170)).

The example of the disciplinary railway system demonstrates the three characteristics that characterize how disability is treated in the nineteenth century as outlined in this essay. First, the bodies of trainmen were subjected to hierarchical observation, normalizing judgment, and examination rather than the violent force of sovereign power. Bodies were not beaten, branded, enslaved, or executed, but normalized. Second, disability became an intra-individual problem; it was a problem with the body of the disabled individual and not with the social conditions that excluded him/her from participation. Finally, with the shift to the medical model of disability, disabled bodies became qualitatively different than non-disabled bodies.

In the nineteenth-century United States, bodies were normalized in appearance and function, giving birth to the normate. Bodies became valued and evaluated according to standards of optimal function within disciplinary institutions. For the men of the rails, this meant the production of the able-bodied worker.

5. Conclusions

In this essay I have argued for a historicist understanding of disability that recognizes the production and contingency of the disability/ability difference. Reinforced by an analysis of disciplinary power and biopower, I have shown how the invalidation of disability and dual process of incorporation—including somatic singularity and illness localization—construct the boundaries between ability and disability that define normate subjectivity. These arguments conceptually contribute to genealogies of ability, while my examination of English poor relief policies and nineteenth-century American railroad workplaces provide concrete and practical case studies for applying this analysis. These brief case studies demonstrated the importance of thinking disability together with class, significance of labor for binding the subject to a singular body, and the nineteenth-century production of disability identity. The historical outlines in this essay are preliminary and I hope readers convinced of their worth will expand these examples in more detail.

The main theoretical contribution of this essay is presenting the importance of Foucauldian genealogy to Disability Studies. While other scholars, as noted above, have made similar arguments, this methodology has not obtained widespread acceptance in the field. I have argued that the significance of a genealogy of ability includes recognition of the historical construction of ability norms, productive nature of power relations, and contingency of the medical model of disability. In short, genealogy reveals the birth of the normate. More specific than but related to promoting a genealogy of ability, I have presented what I have called the dual incorporation of the body. This notion names a twofold process of producing somatic singularity and regulating biological abnormality. Through my re-reading of *The Birth of the Clinic* and *Discipline and Punish*—and situating these often-kept separate texts together—I described the process through which the individual is pinned to a healthy, normate somatic singularity, providing new historical context for the development of the medical model of disability. It is this concept that I hope Disability Studies scholars will explore and develop. In addition to the stated implications for thinking through the medical model, the dual incorporation of the body likely has significant implications for research in Disability and Mad Studies in areas that would benefit from decoupling the individual from the body and problematizing somatic singularity. For example, this concept would be useful for a Disability Studies take on Alice Dreger's research on conjoined twins and her efforts to destabilize the tie between singleton status and personhood (Dreger 2005). Additionally, a disability literate update to Ian Hacking's history of "multiple personality disorder", *Rewriting the Soul* (Hacking 1995) would benefit from this new conceptual tool.

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