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Philosophy and the Apparatus of Disability

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Abstract and Keywords

Mainstream philosophers take for granted that disability is a prediscursive, transcultural, and transhistorical disadvantage, an objective human defect or characteristic that ought to be prevented, corrected, eliminated, or cured. That these assumptions are contestable, that it might be the case that disability is a historically and culturally specific, contingent social phenomenon, a complex apparatus of power, rather than a natural attribute or property that certain people possess, is not considered, let alone seriously entertained. This chapter draws on the insights of Michel Foucault to advance a historicist and relativist conception of disability as an apparatus (dispositif) of power and identify mechanisms of power within philosophy that produce the underrepresentation of disabled philosophers in the profession and the marginalization of philosophy of disability in the discipline.

Keywords: disability, Michel Foucault, apparatus, historicist, relativist, underrepresentation of disabled philosophers

A Naturalized Narrative

Throughout the last decades of the twentieth century, discussions about disability became increasingly prevalent in mainstream philosophy, especially with the resurgence of work on social justice from the publication of John Rawls's *A Theory of Justice* (1971) forward and the emergence and expansion of the subfields of cognitive science and bioethics. Despite the apparent variety of the questions that mainstream philosophers have asked about disability, however, the cluster of motivational assumptions that underpins almost all their inquiries takes for granted the metaphysical status and epistemological character of the category of disability and designation itself, casting them as self-evident and thus philosophically uninteresting. On the terms of this cluster of assumptions, disability is a prediscursive, transcultural, and transhistorical disadvantage, an objective human defect or characteristic that ought to be prevented, corrected, eliminated, or cured. That these assumptions are contestable, that it might be the case that disability is a historically and culturally specific and contingent social phenomenon, a complex apparatus of power, rather than a natural attribute or property that certain people possess, is not considered, let alone seriously entertained. Indeed, many feminist philosophers uncritically accept the aforementioned assumptions about what disability is and what we know about it. Even some philosophers of disability do not rigorously question the metaphysical and epistemological status of disability, but rather advance ethical and political positions that largely assume the self-evidence of that status.

The bias in philosophy that the inequalities that accrue to disabled people are self-evidently natural and inevitable has yielded the belief that these disadvantages are most appropriately addressed in the domains of medicine, the life sciences, and related fields rather than in philosophy departments. Thus, the assumption that critical analysis of the status of disability is not appropriate subject matter for philosophical inquiry has shaped philosophy departments, influencing hiring practices and decisions, course curricula, the composition of conference lineups, professional networks, and editorial boards, the contents of edited collections, and so on. In other words, the assumption that disability is a philosophically uninteresting human characteristic and the underrepresentation of disabled philosophers within the profession are inseparably embedded in the institutional infrastructure of the discipline, mutually constitutive and mutually reinforcing.

Insofar as philosophers have conceived the social inequalities that accrue to disabled people as the inevitable consequences of a self-evident physiological, or natural, human characteristic, they have presupposed certain assumptions about the relation between biology and society—that is, between nature and nurture—that I aim to undermine.

Dorothy E. Roberts (2016) has distinguished heuristically between two approaches to the question of the relation between biology and society: “the old biosocial science” and “the new biosocial science.” As Roberts explains it, the old biosocial science posits that biological differences produce social inequality, whereas the new biosocial science posits that social inequality produces biological differences. The biological determinism of the old biosocial science, she notes, is achieved in several ways: first, the old biosocial science approach separates nature from nurture in order to locate the origins of social inequalities in inherent traits rather than imposed societal structures; second, the old biosocial science postulates that social inequalities are reproduced in the bodies, especially the wombs, of socially disadvantaged people rather than reinvented through unjust ideologies and institutions; third, the old bioscience identifies problems that stem from social inequality as derived from the threats that oppressed people's biology itself poses to society rather than from structural barriers and state violence imposed upon oppressed people; and fourth, the old bioscience endeavors to intervene and fix perceived biological deficits in the bodies of oppressed people rather than end the structural violence that dehumanizes them and maintains an unjust social order.

Roberts explains that, by contrast, the new biosocial science posits that every single biological element, every single biological process in the human body, every human cell, and everything that happens to a human cell is affected by society. All of life, Roberts remarks, is at once biological and social. There is, in short, no natural body. Genes do not determine anything. Moreover, our brains are plastic, with the ability to be modified by social experience. Both epigenetics and social neuroscience, Roberts points out, show that biology is not a separate entity that interacts with the environment; rather, biology is constituted by these interactions (2016; see also Roberts 1998, 2012; Prinz 2012; Gilman and Thomas 2016). With Roberts, various authors have argued, furthermore, that critical analyses of biosocial science must consider how claims about the social construction of biological phenomena are produced, in what contexts they are mobilized, and for what political purposes. Victoria Pitts-Taylor argues (2010, 635), for example, that if we are to take the plasticity of the brain seriously, we must think critically about the historicity of this ontology and the political and economic forces that have produced the historical and epistemological conditions of possibility for its uptake. As Andy Clark (1998) puts it, the plastic brain is a situated brain, culturally, biologically, and socially.

Michel Foucault's insights can be used to denaturalize and de-biologize disability. Many of Foucault's insights upon which I have drawn for this purpose were introduced and refined in his discussions of abnormality, madness, deviance, and other discursive objects that intellectuals and nonintellectuals alike commonly associate with disability. Indeed, my argument has extended these discussions and is most aptly characterized as a feminist philosophical inquiry into what Foucault referred to as the "problematization" of phenomena in the present. Foucault's studies of abnormality, madness, and deviance (among other things) were not intended to provide normative responses to these phenomena, but rather were designed to show how these phenomena emerged *as* problems to which solutions came to be sought. Likewise, my philosophy of disability does not offer an explicitly normative feminist proposal or response to the phenomena of disability, nor does it provide a (normative) feminist critique of a given normative response to the phenomena of disability. Such a given proposal, response, or critique would allege to show that there is a certain definitive solution to the “problem” of disability.

The feminist philosophical inquiry into the problematization of disability that I have developed was designed in large part to indicate how a certain historically and culturally specific regime of power has produced certain acts, practices, subjectivities, bodies, relations, and so on as a problem for the present, as well as to indicate the role that philosophy has played and continues to play in the elaboration of this problem. I followed Foucault’s suggestion that inquiry into the problematization of a given state of affairs attempts to uncover how the different solutions to a problem have been constructed, as well as how these different solutions resulted from the problematization of that given state of affairs in the first place. Thus, I have aimed to show how a certain regime of power has produced impairment as both the prediscursive—that is, natural and universal—antecedent of culturally variant forms of disability and a problem for this regime of power to which the regime offers solutions. In other words, one of my aims has been to indicate how a certain apparatus of power has brought impairment—the naturally disadvantageous foundation of disability—into being as that kind of thing.

The Apparatus of Disability

Foucault’s innovative conception of apparatus (*dispositif*), technique of genealogy, analyses of biopower, and prescient claims about liberalism and neoliberalism (among others) can be used to investigate the ways that the tradition, discipline, and profession of philosophy have contributed to both the problematization and apparatus of disability, as well as to the naturalization of the allegedly objective antecedent of disability—namely, impairment. In “The Confession of the Flesh,” Foucault (1980, 194) defined an apparatus (*dispositif*) as a thoroughly heterogeneous and interconnected ensemble of discourses, institutions, architectural forms, regulatory decisions, laws, scientific statements, administrative measures, and philosophical, moral, and philanthropic propositions that responds to an “urgent need” in a certain historical moment. In other words, an apparatus is a historically specific and dispersed system of power that produces and configures practices toward certain strategic and political ends.

To understand disability as an apparatus is to conceive of it as a far-reaching and systemic matrix of power that contributes to, is inseparable from, and reinforces other apparatuses of historical force relations. On this understanding, disability is not a metaphysical substrate, a natural, biological category, or a characteristic that only certain individuals embody or possess, but rather is a historically contingent network of force relations in which everyone is implicated and entangled and in relation to which everyone occupies a position. That is, to be disabled or nondisabled is to occupy a certain subject position within the productive constraints of the apparatus of disability. In the terms of this understanding of disability, there are no “people with disabilities” and “able-bodied people,” but rather there are “disabled people” and “nondisabled people.” Just as people are variously racialized through strategies and mechanisms of the apparatus of race but do not “have” races and, furthermore, just as people are variously sexed through strategies and mechanisms of the apparatus of sex but no one “has” a sex, so, too, people are variously disabled or not disabled through the operations of the apparatus of disability but no one “has” a disability. In the terms of the feminist philosophy of disability that I have advanced, to refer to someone as “a person with a disability” is to commit a category mistake. That females and people of color (which are by no means mutually exclusive social groups) have been perceived in the recent histories of Western and Northern nations as the bearers of sex and race, respectively, does not mean that males are not also sexed in accordance with the apparatus of sex, nor that white people are not racialized in the terms of the apparatus of race. Equally, the fact that one is not subjected as a disabled person does not indicate that one occupies a space apart from the apparatus of disability.

Key classificatory schemes and distinctions made in disability theory—such as the distinctions between visible disabilities and invisible disabilities, mental disabilities versus psychological disabilities, physical disability versus cognitive disability, physical impairments as opposed to sensory impairments, severe disabilities versus moderate or mild disabilities, high functioning and low functioning—are, themselves, strategies of these relations of power; that is, these distinctions and designations are performative artifacts of the apparatus of disability that naturalize this state of affairs, reinstituting disability as a personal attribute or individual characteristic. That disabled people reify these (and other) historically contingent products of the apparatus of disability and incorporate them into their sets of beliefs, theories, values, and practices in a host of ways, interpreting them as the substratum or ground of putatively natural or even socially constructed identities, should be recognized as a strategic mechanism of the "polymorphism" (as Foucault referred to it) of (neo)liberalism; that is, the continuous capacity of a liberal regime of force relations to respond to critique by molding the subjectivities of individuals in particular ways. When disability is situated within the domain of force relations, that is, when disability is construed as an apparatus of power, its collaboration with other apparatuses of force relations—such as settler colonialism and heteronormativity—can be more readily identified and investigated.

The conception of disability as an apparatus is premised on an understanding of the relation between power and causation that runs counter to current and emerging work in philosophy of disability and disability studies. For this conception of disability does not rely on some variation of the assumption that impairment and disability could be taken up as politically neutral and value-neutral objects of inquiry were it not for disabling practices and policies of exclusion that the ideological requirements of power place on them. This assumption is fundamental to a dominant sociopolitical conception of disability—namely, the British social model of disability—according to which impairment is a politically neutral human characteristic on which disability (construed as social oppression) is imposed. With the conception of disability as an apparatus, by contrast, no domain of impairment or disability exists apart from relations of power. Impairment and disability can never be freed from power, nor, furthermore, can there be a phenomenology that articulates these supposedly prediscursive domains. Power relations are not external to impairment and disability and their nexus in the apparatus of disability, but rather are integral to this relationship, constituting the knowledge and objects that these historical artifacts affect, as well as the artifacts themselves. As Foucault explained,

> Relations of power are not in a position of exteriority with respect to other types of relationships (economic processes, knowledge relationships, sexual relations), but are immanent in the latter; they are the immediate effects of the divisions, inequalities, and disequilibriums which occur in the latter, and conversely they are the internal conditions of these differentiations; relations of power are not in superstructural positions, with a role of prohibition or accompaniment; they have a directly productive role, wherever they come into play. (1978, 94)

Since there is no exteriority between techniques of knowledge and strategies of power, and insofar as knowledge–power relations are constitutive of the objects that they affect, one of my aims is to identify and examine discussions within philosophy around which historically specific responses to disability, produced in accordance with the requirements of the apparatus of disability, have coalesced; that is, I aim to identify and examine "especially dense transfer point[s] for relations of power" (Foucault 1978, 98) within philosophy that the apparatus of disability has produced, thereby contributing to its expansion and to the constitution of its naturalized elements, of which impairment is only one. Within the discipline of philosophy, the subfields of bioethics and cognitive science are most easily recognizable as domains within which the constitutive effects of the apparatus of disability are produced; however, such sites of power can be identified across and throughout the discipline.

Philosophers of disability ought to ask: How has the combination of (1) philosophical discourses that reinforce the apparatus of disability and (2) discursive practices within professional philosophy that consistently ignore disability enabled (3) resistance to the apparatus of disability within the discipline and profession of philosophy themselves? That is, how has this combination of discourses made possible the formation of a "reverse" or "counter" discourse on disability—namely, philosophy of disability? As Foucault wrote, "Discourse can be both an instrument and an effect of power, but also a hindrance, a stumbling block, a point of resistance and a starting point for an opposing strategy. Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it" (1978, 101). Where there is power, there are resistances; yet these resistances, too, contribute to the elaboration of the very objects to which they are directed as resistance. Thus, the historical conditions of possibility for resistance to the apparatus of disability are also historical conditions of possibility for its expansion and consolidation.

Historicizing and Relativizing the Apparatus of Disability

Given the nonfoundationalist conception of impairment and disability that I have elaborated and continue to hold, it should come as no surprise that the philosophy of disability that I advance is both relativist and historicist. I define *relativism* as the philosophical doctrine according to which different societies and cultures create different beliefs and values under different historical conditions. I define *historicism* as the philosophical doctrine according to which beliefs and values emerge as a consequence of historical events and circumstances (see Prinz 2007, 215, 234–235).

An interlocutor might point out that the aforementioned definition of relativism refers to a form of it—namely, descriptive relativism—that is uncontroversial among philosophers: most philosophers grant that different cultures have different beliefs and practices. Such an interlocutor might in turn argue that I need an additional argument if I wish to advance a stronger relativism whereby different cultures have different beliefs and practices that have equal claims epistemologically and ethically. Let me point out, therefore, that although philosophers generally agree that descriptive relativism is true with respect to science, religion, and values—that is, every culture has its own beliefs about these things—most of them implicitly presuppose a kind of universalism about certain categories taken to be fundamental, especially categories that they believe are based in biology, categories such as life and death, health and disability, and pleasure and pain. In short, not even descriptive relativism is an obvious thesis.

Nevertheless, the relativism of my position does not require the sort of epistemological or ethical appeal upon which the interlocutor insists. For the relativism of the philosophy of disability that I have advanced is established and substantiated by and through its historicism; that is, the historicism of my philosophy of disability should be conceived as both theoretically prior and antecedent in practice to its relativism, which is, therefore, a derivative of the historicism. Insofar as I argue for the historicist and artifactual character of disability, I establish its relativist character. Claims about the historical transformation of concepts and practices need not necessarily imply their improvement and progress. By both definition and design, the relativist and historicist feminist philosophy of disability that I elaborate offers a new approach to the questions and concerns about disability that philosophers of disability and disability theorists raise, an approach that is dynamic and historically and contextually sensitive to an extent that other philosophies of disability are not.

My choices of relativism and Foucault’s historicism as vehicles through which to articulate a feminist philosophy of disability will be unpopular, if not dismissed, in many circles within philosophy. Indeed, Foucault himself explicitly denied that his work was relativist (see Foucault 1982, 212). Although he offered no explanation for this denial, the fact that, in the same context, Foucault also denied that his work relies on skepticism suggests that he may have assumed that a relativist approach required that he refuse even historicist claims to truth, a refusal that he did not make. Nevertheless, many philosophers trained in Anglo-American philosophy continue to refer to Foucault’s work as relativist as means to discount its philosophical significance and complexity. As David Wong (2006), who has written extensively about relativism, points out, most philosophical discussions of relativism in Anglo-American philosophy are designed to make relativism an easy target for derision and condemnation, seldom revealing what motivates people who are attracted to it as a philosophical approach. Such discussions, Wong notes, usually come early in standard introductory textbooks in order “to get relativism out of the way so that the ‘serious’ philosophy can start” (xi). The strategy, he explains, is almost always negative or purports to show some incoherence in relativist argumentation. Rarely do philosophers who are critical of relativism attempt to formulate a version of it that is “nuanced and plausibly motivated” (xi). Despite Foucault’s own denial that his claims were relativist, I nevertheless associate both his refusal to universalize and his historical approach with a form of relativism to develop a historicist and relativist feminist philosophy of disability that is nuanced and plausible, politically informed and provoked. In my view, the historicism at the heart of Foucault’s claims establishes them as relativist or, at least, makes them amenable to a relativist approach.

That Foucault used historical approaches to the phenomena that he investigated, rather than purportedly ahistorical conceptual analysis, deductive reasoning, and logical argumentation, is another reason why many, if not most, mainstream "analytic" philosophers dismiss or at least disregard his work. Jesse Prinz (himself a relativist), who draws on the work of Friedrich Nietzsche to recommend a genealogical method for philosophical inquiry, is a notable exception to this rule in mainstream analytic philosophy. Prinz asserts that the important lessons to derive from Nietzsche's genealogical approach to morality are that each of the values that we currently cherish has a history, that these histories may not be favorable, and, furthermore, that these histories may not suggest our progression toward ideas that are truer or more beneficial. Our disregard for the historicity of our values, Prinz writes, gives us a "false sense of security" in them: "We take our moral outlook to be unimpeachable" (2007, 217). In other contexts, Prinz has drawn on Nietzsche's genealogical method and the sentimentalism of David Hume to develop a historicist and relativist approach to morality that takes account of historical contingency and cultural variation in ways that, and to an extent that, normative ethical theories do not. Prinz's aim is to show that the genealogical method can be effectively used to inquire into the genesis of human values. A genealogical investigation of human values, Prinz explains, confirms that moral convictions are products of social history and accident, rather than derived from intuition, revelation, or deductive reasoning from normative principles. Philosophers who investigate where moral beliefs and values originate are usually said to commit the "genetic fallacy," according to which the origins of morality are irrelevant; however, Prinz (217, 235) argues that genealogy—as a method to investigate origins—can enable us to discern when a given value originated in circumstances that are ignoble and therefore is especially suitable for reassessment. Genealogy, he states, "is an under-utilized tool for moral critique" (243).

Biopower and Normalization

In his lecture of January 7, 1976, at the Collège de France, Foucault introduced an analysis of power that contrasted with accepted understandings of it that he referred to as "juridico-discursive" conceptions of power. In the terms of juridical conceptions, he pointed out, the individual possesses power (as one would possess a commodity) in the form of inherent, inalienable rights, the transfer or surrender of which (through a juridical act or a contract) constitutes a sovereign. Foucault argued to the contrary that power is not something that is exchanged, given, or taken back but rather is exercised and exists only in action. In addition, Foucault disputed the assumption of juridical conceptions according to which power is fundamentally repressive. Though consensus and violence are the instruments or results of power, he remarked, they do not amount to its essential nature (2003, 13). As he put it, "The exercise of power can produce as much acceptance as may be wished for: it can pile up the dead and shelter itself behind whatever threats it can imagine. In itself the exercise of power is not violence; nor is it a consent, which, implicitly, is renewable" (1982, 220). For Foucault, the question that political philosophy should ask about power is this: How—that is, by what means—is it exercised (217)? Indeed, one of the most original features of Foucault's analysis is the idea that power functions best when it is exercised through productive constraints. Furthermore, he argued that the continued preoccupation with juridical conceptions of power in modern political philosophy has obscured the productive capacity and subtle machinations of a form of power that began to coalesce at the end of the eighteenth century, namely, *biopower*. In the January 11 lecture of his 1977–78 course at the Collège de France (subsequently published in English as *Security, Territory, Population: Lectures at Collège de France, 1977–1978*), Foucault described biopower as "the set of mechanisms through which the basic biological features of the human species became the object of a political strategy, of a general strategy of power, or, in other words, how, starting from the eighteenth century, modern [W]estern societies took on board the fundamental biological fact that human beings are a species" (2007, 1). The apparatus of disability has been integral, indeed vital, to the strategies of this relatively recent form of power.

From the eighteenth century forward, biopower, by taking as its object "life itself," has worked toward increasingly efficient and economical management of the problems that variables of sex (and other phenomena) pose for the political economy of populations and individuals. Biopower, Foucault wrote, is "what brought life and its mechanisms into the realm of explicit calculations and made knowledge-power an agent of transformation of human life" (1978, 143). Life—its enhancement, amplification, quality, duration, continuance, and renewal—has become an urgent economic and political concern that government policy and practice address to wrest management and control of it. Biopower's management of life has entailed the inauguration of a novel set of strategic measurements, including the ratio of births to deaths, the rate of fertility in the population, and the rate of reproduction, as well as a body of statistical knowledge and administrative cataloging of states of health and perceived threats to it.

The consolidation of the modern concept of "normal" legitimized and occurred in tandem with the new statistical knowledge and other techniques of population management that stemmed from biopower. As François Ewald (1991, 138) explains, the norm enabled biopower, "which aims to produce, develop, and order social strength," to steadily do the work that juridical modes of governance, characterized by forcible seizure, abduction, or repression, had done in the past. The norm accomplished this expansion by enabling discipline to develop from a simple set of constraints into a mechanism and by transforming the negative restraints of the juridical into the more positive controls of normalization (141). From the eighteenth century on, the function of technologies of normalization has been to isolate so-called anomalies in the population, which can be normalized through the therapeutic and corrective strategies of other, associated technologies. Technologies of normalization are not merely benign or even benevolent responses to these anomalies in the social body. On the contrary, technologies of normalization are instrumental to the systematic creation, identification, classification, and control of such anomalies; that is, they systematically contribute to the constitution of the perception of anomalies (such as impairment) and operate as mechanisms through which some subjects can be divided from others. Foucault introduced the term *dividing practices* to refer to modes of manipulation that combine a scientific discourse with practices of segregation and social exclusion to categorize, classify, distribute, and manipulate subjects who are initially drawn from a rather undifferentiated mass of people. Through these practices, subjects become objectivized as (for instance) mad or sane, sick or healthy, criminal or law abiding (1982, 208). Through these practices of division, classification, and ordering, furthermore, subjects become tied to an identity and come to understand themselves scientifically.

In the final chapter of *The History of Sexuality*, volume 1, provocatively titled “The Right of Death and Power over Life,” Foucault explained the historical shift away from the juridical exercise of power to regulatory control and the coercion of normalization:

> [A] consequence of this development of bio-power was the growing importance assumed by the action of the norm, at the expense of the juridical system of the law. Law cannot help but be armed, and its arm, par excellence, is death; to those who transgress it, it replies, at least as a last resort, with the absolute menace. The law always refers to the sword. But a power whose task is to take charge of life needs continuous regulatory and corrective mechanisms. It is no longer a matter of bringing death into play in the field of sovereignty, but of distributing the living in the domain of value and utility. Such a power has to qualify, measure, appraise, and hierarchize, rather than display itself in its murderous splendor; it does not have to draw the line that separate the enemies of the sovereign from his obedient subjects; it effects distributions around the norm. I do not mean to say that the law fades into the background or that the institutions of justice tend to disappear, but rather that the law operates more and more as a norm, and that the juridical institution is increasingly incorporated into a continuum of apparatuses (medical, administrative, and so on) whose functions are for the most part regulatory. A normalizing society is the historical outcome of a technology of power centered on life. (1978, 144)

Foucault regarded normalization as a central—if not the central—mechanism of biopower’s management of life, the life of both the individual and the species. Biopower can thus be defined as a historically specific combination of normalization and population management conducted through vast networks of production and social control. Beginning in the eighteenth century, Foucault noted, the power of the normal has combined with other powers such as the law and tradition, imposing new limits on them. The normal, he explained, was established as a principle of coercion through the introduction of standardized education, the organization of national medical professions and hospital systems that could circulate general norms of health, and the standardization of industrial processes and products and manufacturing techniques. Normalization thus became one of the great instruments of power at the close of the classical age; that is, the power that the norm harnessed has been shaped through the disciplines that began to emerge at this historical moment (Foucault 1977, 184). For, from the end of the eighteenth century, the indicators of social status, privilege, and group affiliation have been increasingly supplemented, if not replaced, by a range of degrees of normality that simultaneously indicate membership in a homogeneous social body (a population) and serve to distinguish subjects from each other, to classify them, and to rank them in a host of hierarchies.

In *Discipline and Punish: The Birth of the Prison*, Foucault (1977) noted that normalization initially emerged in eighteenth-century military schools, orphanages, and boarding schools as an effective form of punishment, “a perpetual penalty,” a persistent disciplining. In Foucault’s terms, discipline is neither an institution nor an apparatus but rather a type of power and a modality for its exercise, comprising a whole set of instruments, techniques, procedures, levels of application, and targets. Discipline is an “anatomy” of power, a technology of power that may be assumed by (1) particular institutions—such as schools or hospitals—in order to achieve a certain end, or (2) authorities that use it as a means to reinforce and reorganize their established means of power, or (3) apparatuses that use it as their mode of functioning, or (4) state apparatuses whose primary function is to assure that discipline reigns over society in general, namely, the police (215–216). As a technology that has facilitated the expansion of biopower, disciplinary normalization aims to make the body more efficient and calculated in its acts, movements, gestures, and expression, to produce a body that is “docile,” that is, a body that can be subjected, used, transformed, and improved. Modern discipline can be summed up thus: it enables subjects to act in order to constrain them.

Disciplinary “punishment”—that is, normalization—has brought into play five distinct normalizing operations. First, individual actions are referred to a totality that is simultaneously a field of comparison, a space of differentiation, and a rule to be followed. Second, individuals are in turn differentiated from each other in relation to this rule that functions as a minimal threshold, as an average, or as an optimal outcome toward which individuals must move. Third, the natures, grades and levels, and abilities of individuals are hierarchized and quantified. Fourth, these quantifying and hierarchizing measures introduce the constraint of a conformity that must be achieved. Fifth, the limit of difference, the far side of “the abnormal” that will define difference per se in relation to all other specific differences, is codified and enforced by penalty (correction, segregation, and so on). The five elemental modes of normalization are thus comparison, differentiation, hierarchy, homogeneity, and exclusion. The punitive impulse that regulates normalization compares, differentiates, hierarchizes, and excludes individuals in order to homogenize a population that, by virtue of its homogeneity, can be more effectively utilized and modified. In short, the disciplinary power of the norm relies on coercion, rather than open repression or violence. Hence, Foucault pointed out, the centrality of normalization to a form of power (biopower) that aims to exert a more positive influence on life, undertaking to administer it, to multiply it, and to impose on it a system of regulations and precise inspection (1977, 182–184; see also Knobe 2017).

In his January 25, 1978, lecture at the Collège de France, Foucault described disciplinary power in this way:

> Discipline, of course, analyses and breaks down; it breaks down individuals, place, time, movements, actions, and operations. It breaks them down into components such that they can be seen, on the one hand, and modified, on the other. It is this famous interdisciplinary analytical-practical grid that tries to establish the minimal elements of perception and the elements sufficient for modification. Second, discipline classifies the components thus identified according to definite objectives. What are the best actions for achieving a particular result: What is the best movement for loading one's rifle, what is the best position to take? What workers are best suited for a particular task? What children are capable of obtaining a particular result? Third, discipline establishes optimal sequences or co-ordinations: How can actions be linked together? How can soldiers be deployed for a maneuver? How can schoolchildren be distributed hierarchically within classifications? Fourth, discipline fixes the processes of progressive training (*dressage*) and permanent control, and finally, on the basis of this, it establishes the division between those considered unsuitable or incapable and the others. That is to say, on this basis it divides the normal from the abnormal. (2007, 56–57)

Foucault, in his writing on punishment and his subsequent writing on the history of sexuality, described how knowledges produced about the "normal" case become vehicles for the exercise of disciplinary force relations that target certain people. The etymology of the term *normal* offers clues to the relation between this form of power and the notion of normality. Ian Hacking (1990) notes that the first meaning of *normal* that current English dictionaries provide is something like "usual, regular, common, typical." This usage, according to the *Oxford English Dictionary*, became current after 1840, with the first citation of "normal, or typical" appearing in 1828. Hacking remarks that the modern sense of the word *normal* was not, however, furnished by education or cloistered study but rather by the study of life (1990, 161–162). In an illuminating discussion, Hacking explains that the word *normal* became indispensable because it provided a way to be objective about human beings, especially given the inseparability of the notion of normal from its opposite, namely, the pathological. The word *normal*, he writes, "uses a power as old as Aristotle to bridge the fact/value distinction, whispering in your ear that what is normal is also all right" (160). The word *normal* bears the stamp of the nineteenth century just as the concept of human nature is the hallmark of the Enlightenment, says Hacking. Whereas in the past we sought to discover what human nature is, we now concern ourselves with investigations that will tell us what is normal (161). He points out that although the normal stands "indifferently for what is typical, the unenthusiastic objective average, it also stands for what has been, good health, and what shall be, our chosen destiny." "That," he contends, "is why the benign and sterile-sounding word 'normal' has become one of the most powerful ideological tools of the twentieth century” (169). It is especially noteworthy for my argument that, as Hacking explains, the modern usage of the word *normal* evolved in a medical context (165).

In the late 1700s, there was a significant reconfiguration of the concept of the pathological and its relation to the normal. Disease came to be regarded as an attribute of individual organs, rather than as a characteristic of the entire body. Pathology, likewise, was reconfigured, becoming the study of unhealthy organs, rather than the study of sick or diseased bodies. Unhealthy organs could be investigated, in part, by the chemistry of fluids, such as urine or mucus, that actual living beings secreted. The concept of the normal came into being as the inverse of this concept of pathology: a given state of affairs or process of the body was normal if it was not associated with a pathological organ. In other words, the normal was secondary to, derivative of, and defined by the pathological.

F. J. V. Broussais’s principle—that life is a matter of excitation of tissue and disease is “irritation” of the tissue of a given organ—inverted this relation of entailment between the pathological and the normal (Hacking 1990, 82). The pathological became defined as deviation from the normal, and all variation became characterized as variation from the normal state. Pathology was no longer conceived as different in kind from the normal but rather as continuous with it (164). This new understanding of the normal and the pathological that emerged in the late 1700s is one, but only one, component of what I refer to as “the diagnostic style of reasoning,” a style of reasoning that has enabled the consolidation and expansion of biopower. Given the importance of statistical knowledge to the operations of biopower, it is not surprising that Broussais—to whom Auguste Comte, for one, attributes our modern understanding of the normal—was connected to the first use of statistical data to evaluate medical treatment (Hacking 1990, 81).

The category of normal is generally assumed to identify an objective, static, universal, and ahistorical internal disposition or character or state of a given human being. As I have indicated, Foucault endeavored to show that the notion of the normal is a historical artifact that emerged through and facilitates the operations of a historically specific regime of power—namely, biopower. Following Foucault, Hacking (1990) and other philosophers and theorists have worked to demonstrate how the coercive and contingent character of the normal operates, in specific contexts, in incremental and other ways (for example, McWhorter 1999). These discussions about the historical and cultural contingency of the concept of the normal and its embeddedness in apparatuses of power are vital to my argument about the historical specificity of disability; for once we recognize that the category of the normal is historically and culturally specific, rather than ahistorical and universal, it becomes easier to show that the idea of disability—and its antecedent, impairment—too is a historically and culturally specific invention of force relations. If the category of the normal is a historical artifact, then any phenomenon whose identity—including objects and practices that make up the identity—is established and distinguished on the basis of its departure from and relation to that category must also be a historical artifact.

Bioethics as a Local Center of the Apparatus

Mainstream bioethicists generally assume that their task is to apply the universalizing and ahistorical principles of deontology, utilitarianism, or virtue ethics to situations that arise in biomedical contexts; that is, they presuppose that medical encounters provide opportunities for the expression and application of extant values such as autonomy, well-being, and liberty (see Beauchamp and Childress, 2012). I have assumed Foucault’s insight that power is productive in order to show that the very articulation and practice of these values through (for instance) the use of technologies and the decision-making procedures that surround them effectively generates and configures the values (see also Hall 2015, 169; 2016). A neoliberal governmentality—in support of which the apparatus of disability and other apparatuses of (for instance) racialized and gendered force relations have coalesced—undergirds the academic field of bioethics and has motivated its emergence and expansion, including the incessant production within certain areas of the field of questions and concerns about impairment and the refinement of positions that rationalize its prevention and elimination.

Foucault (2008) argued that the phenomena that, from the eighteenth century onward, begin to appear as problems that require management emerged as such and developed their urgency within the framework of liberal governmentality. Foucault defined governmentalities—that is, rationalities of government—as systems of thinking about the practice of government that have the capacity to rationalize some form of this activity to both the people who practice it and the people upon whom it is practiced, where this capacity entails to render both thinkable and applicable or acceptable. Consider Foucault’s remarks about the three major forms that technologies of government take in their development and history: first a given technology of government takes the form of a dream or utopia; then the dream of the technology of government develops into actual practices or rules to be used in real institutions; finally, the practices and rules of the technology of government become consolidated in the form of an academic discipline (Foucault 1988, 145–162; see also Hall 2015, 166–169; 2016).

My argument is that the academic discipline of bioethics is an institutionalized vehicle for the biopolitics of our time; that is, bioethics is a technology of government that provides intellectual resources designed to facilitate the “strengthening” (read: fitness) of a certain population and the elimination of others. I submit, furthermore, that the implicit and explicit governmental tenor of bioethical inquiries and discussions contributes substantially to the hostile environment that disabled philosophers confront in philosophy. As a product of biopower, bioethics, I contend, implicates the discipline and profession of philosophy in the apparatus of disability and the subordination of disabled people in ways that, and to a degree that, no other subfield of the discipline does, although cognitive science and cognate fields continue to gain considerable ground in this regard.

Bioethics is generally regarded as the most suitable (if not the only) domain in philosophy for critical considerations of disability. My argument is, however, that bioethics actually operates as an area of philosophy whose guiding assumptions and discursive practices are significant obstacles to (1) acknowledgment that the questions—metaphysical, epistemological, political, and ethical—that the apparatus of disability raises are genuinely philosophical and (2) recognition that disabled philosophers who investigate these questions are bona fide philosophers. Indeed, bioethicists serve as gatekeepers, guarding the discipline from the incursion of critical philosophical work on disability and shielding the profession from infiltration by disabled philosophers. Exceptions to this exclusion are of course admissible and even serve to legitimize both the subfield of bioethics and the discipline in general, typifying the polymorphism of the (neo)liberal governmentality from which the subfield of bioethics has emerged and enabling philosophy to proceed under the guise of political neutrality, objectivity, and disinterest. The charge according to which critics of genetic technologies, physician-assisted suicide, and euthanasia employ "slippery-slope reasoning" is a striking case in point. Many bioethicists, some of whom have substantial influence on public policy, argue that the philosophers and theorists of disability (and disabled activists) who criticize these practices engage in fallacious argumentation by using "slippery-slope reasoning" to advance their claims; thus, their positions ought not to be taken seriously (for instance, see Schüklenk et al. 2011).

Jocelyn Downie and Susan Sherwin (1996, 316) distinguish between two kinds of slippery-slope arguments that critics of assisted suicide and euthanasia make: logical slippery-slope arguments and psychological slippery-slope arguments. Downie and Sherwin explain logical slippery-slope arguments in this way,

> If we allow assisted suicide and euthanasia, we will not be able to draw any meaningful distinction between acceptable and unacceptable killings, and, hence, we will *inevitably* slide toward the bottom of the slope (i.e., toward allowing involuntary euthanasia and thus the killing of demented patients, mentally handicapped humans, indigent human, and any other group deemed to be "unfit" for continued existence). (emphasis in original)

Downie and Sherwin claim that there is a simple response to this sort of slippery-slope argument; namely, that if there is a morally significant difference between evaluation of life at the top of the slope and evaluation of life at the bottom of the slope, then the necessary materials to erect a barrier on the slope are available; or, if there are good reasons why practices at the top of the slope should be allowed that are not available at the bottom of the slope, then descent down the slope is not logically necessary (317). The second type of slippery-slope argument—psychological slippery slopes—poses more difficulty, Downie and Sherwin write. Psychological slippery slopes, they explain (quoting ethicist James Rachel), take this form: "Once certain practises are accepted, people *shall in fact* go on to accept other practices as well. This is simply a claim about what people will do, and not a claim about what they are logically committed to" (Rachels 1975, 65, in Downie and Sherwin 1996, 317; emphasis in Rachels). Downie and Sherwin write that the question of whether people will accept involuntary euthanasia if they previously accepted voluntary assisted suicide and euthanasia is an empirical one, requiring investigation that has not been conducted. They remark, furthermore, that "There are many reasons to doubt the validity of the Nazi experience as an appropriate test, since the death camps were created under a totalitarian regime with little concern for individual autonomy" (Downie and Sherwin 1996, 317).

My argument is that the critiques of assisted suicide, euthanasia, and prenatal and other genetic technologies that bioethicists associate with slippery-slope reasoning astutely identify the incremental normalization of modern force relations that operates through the inculcation and utilization of a relatively recent kind of subjectivity; that is, I contend that the charge of slippery-slope reasoning that (many) bioethicists direct at critics of genetic technologies and physician-assisted suicide results from the failure of these bioethicists to recognize that the critiques address the nature and operations of force relations under neoliberal governmentality, including the production of neoliberal subjects whose management and modification of biological life is taken as fundamental to self-hood and responsible citizenship (see Pitts-Taylor 2010).

Let me underscore and elaborate these assertions. I maintain that (1) these critiques cohere with a sophisticated and compelling account of the productive character of modern force relations; (2) these critiques cohere with the conception of disability as an apparatus of force relations that I have articulated throughout this chapter; and (3) the arguments with respect to autonomy, choice, and informed consent that mainstream and feminist bioethicists advance to undermine these critiques are themselves products of and implicated in this apparatus of disability, operating in the service of neoliberal governmentality (see also Kolářová 2015; Hall 2016; Tremain 2006, 2008, 2010).

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