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**The Rhetoric of Disability:
A Foucauldian Discourse Analysis**

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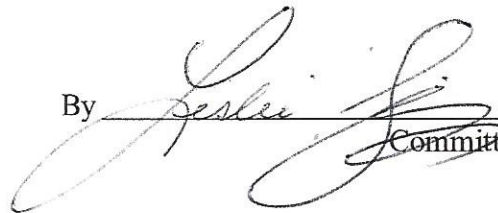
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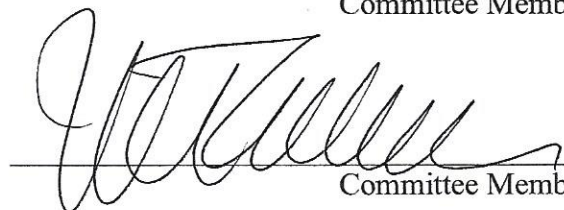
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ABSTRACT OF THESIS

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The institution of disability, as it is perceived in the United States and most of Western civilization, signifies a site of oppression that has been historically neglected if not actively rejected by the hegemonic population of nondisabled people. While disability studies has congregated as a concerted effort of academic inquiry, scholars have largely approached disability from cultural and sociological perspectives and have focused on physical rather than cognitive disabilities. The field of rhetoric, as the study of discourse and its relation to the production and reception of meaning, offers vital perspectives for better understanding the institution of disability and may serve as a framework for first illuminating and then disempowering the discursive structures that have heretofore suggested that people with disabilities are deviant and inferior. This exposition aims to trace how and in what contexts the concept of disability has been formed as a rhetorical object via Foucauldian discourse analysis. The findings of this research elucidate how the disabled person has come to be known as a subject of the domain of disability through discursive knowledge-power relations. Though a rhetorical analysis may not alleviate the physical, intellectual, or emotional obstacles that may occur from the phenomena of disability, this project represents one step toward reshaping the oppressive paradigm of cultural thought regarding disability and the unjust hierarchization of human ability and worth.

*The Rhetoric of Disability:
A Foucauldian Discourse Analysis*

The Rhetoric of Disability: A Foucauldian Discourse Analysis

Significance

The goal of many scholars' academic inquiry has been to illuminate social injustice, political malpractice, and cultural inequity for many diverse sites of oppression, including race, gender, sexuality, and class. The institution of disability, until recent decades, has been historically excluded from this conversation. Disability studies as a distinct field of intellectual exploration has helped to recognize the disability community as a marginalized social group worthy of research and criticism. However, there is considerable ground to cover before completely destigmatizing and recalibrating our culture's perspective of disability and treatment of disabled people. I argue that the field of rhetoric can and should further this discussion, as it is my belief that many of the unjust practices and perspectives surrounding the institution of disability stem from the formation of disability as a rhetorical object, which has subsequently subjugated certain bodies and minds and hierarchized the human population. A rhetorical analysis of the structures that name, organize, and govern differently formed bodies and minds, and thus exercise power over those bodies, is therefore necessary first to understand the knowledge systems that have constructed the oppressive dichotomy of human ability and worth, and then to open up the rhetorical situation in order to accommodate new, inclusive rhetorics.

The advent of disability studies as a legitimized field of academic research reflects a cultural awakening—one that is long overdue, yet still far from completely

shifting the paradigm of cultural thought. The injustices of the institution of disability did not emerge suddenly, however, bringing with it an urgent need and a problem to solve. The term *disability* as a linguistic marker of physical or cognitive difference is not a newly formed designation, but its cultural and social implications have shifted across both time and space. That is to say, disability as a symbol of identity signifies different meanings in different cultures at different moments in history. According to Lennard Davis, one of the earliest and foremost scholars in the field, “For centuries, people with disabilities have been an oppressed and repressed group... [who have been] isolated, incarcerated, observed, written about, operated on, instructed, implanted, regulated, treated, institutionalized, and controlled to a degree probably unequal to that experienced by any other minority group” (xv). However, such treatment of people with disabilities has not always been considered a form of oppression or repression, likely based on the inhumane assumption that a disabled individual is a defective version of a human, rather than a person.

Beyond the scope of the academic study of disability, it is important to note that bodily values have always remained in flux, shifting across cultures and eras. Rosemarie Garland-Thomson traces some of these shifts and found that, “Aristotle, Cicero, Pliny, Augustine, Bacon, and Montaigne account for such disruptions of the seemingly natural order in their interpretive schema... for these fathers of Western thought, the differently formed body is most often evidence of God’s design, divine wrath, or nature’s abundance, but it is always an interpretive occasion” (“From Wonder” 1). Garland-Thomson further exemplifies later instances of changing bodily values, such as sixteenth

century European royalty keeping people with differently formed bodies as pets and Renaissance English stage performances employing actors with cleft palates and missing fingers to function as metaphors of lewd talk and idleness (2). Scientific inquiry then began to dissect and display anatomical anomalies, paving the way for the commodification and pseudo-celebration of differently formed bodies at P.T. Barnum's infamous American Museum and circus. At any given cultural moment, whether the disabled body is celebrated or shamed, it is always regarded as exceptional or separate. As Garland-Thomson concludes, "Even though the discourses of the anomalous body comprise a series of successive reframings within a variety of registers over time, the uneasy human impulse to textualize, to contain, to explain our most unexpected corporeal manifestations to ourselves has remained constant" (2). The differently formed body, now most commonly referred to as the disabled body, while only recently regarded as a subject worthy of academic study and representation, is not a new emergence.

Jay Dolmage, a prominent rhetorician who has made significant contributions to the discussion of disability, argues that technology has catalyzed the need to reconsider bodily values, especially from a rhetorical standpoint. From one perspective, advances in artificial intelligence and machinery have redefined the limits of the human body by creating devices and treatments that can mimic its many functions without altering one's daily life. In this light, perfection of the body is achievable. From another perspective, however, "so many of the technologies that suggest to us that we are perfectible, that intensify our dedication to norms, have been invented specifically because we are not normal" (Dolmage 2). Disability, then, is not new. Technological advancements,

however, have reintroduced the limits and the norms of the human body and how we determine and disseminate their meanings, which I contend is best theorized from a rhetorical perspective.

Before disability studies gained footing in academic circles, people with disabilities began to unite first as a physical minority community, which has been linked to the political victory of the Americans with Disabilities Act (ADA) in 1990. This act, though a step towards equality that guarantees civil rights for people with disabilities, did not necessarily alter the cultural or political landscape. As Davis reports, the unemployment rate for disabled people remains high if not higher than before the act, as it “has no enforcement mechanism or agency, so it relies on individuals bringing lawsuits on their own—a method that for most people with disabilities is not a practical remedy” (xvii). Despite these deficiencies, the ADA did function as the catalyst for directing attention to the legal and civil inequities for this minority community, which has slowly manifested in current academic discussions and socio-political activism. Beyond the ADA, the visibility of the disability social movement has led to widespread change, “including the deinstitutionalization of thousands of people incarcerated in nursing homes and hospitals world-wide... the retrofitting of government offices and public facilities to make them more physically accessible; the redesign of urban landscapes; closed captioning on late-model televisions; and the growing recognition that disabled people constitute a marginalized and disenfranchised constituency” (“Foucault, Governmentality” 2). While disability studies now exists, though limited to special topics

panels at national conferences and one-week sections of course syllabi, the fight for recognition and justice for this minority community has been hard-won.

Discrimination and prejudice against people with disabilities are only a few of the simple explanations for the oppression and marginalization of this community. A more complex explanation for the stigmatization of this community, however, lies in how “disability has been seen as eccentric, therapeutically oriented, out-of-the-mainstream, and certainly not representative of the human condition—not as race, class, or gender seem representative of that condition” (Davis xv). Unlike other minority communities that have been studied and represented in public spheres and academic discussions, disability as a subject of careful analysis has been neglected if not actively rejected. Davis remarks that “while race, for example, has become in the past twenty years a more than acceptable modality from which to theorize in the classroom and in print, a discourse, a critique, and a political struggle, disability has continued to be relegated to hospital hallways, physical therapy tables, and remedial classrooms” (xv). Despite resistance from the academy and from the general public, disability studies has finally gained stature and developed a discursive methodology for studying not just the corporeal disabled body but also the social, political, and cultural representations and constructions of the disabled body and its relation to society. As every human inhabits a body, every human can benefit from the study of the body, including “the ways that the body in its variations is metaphorized, disbursed, promulgated, commodified, cathected, and de-cathected, normalized, abnormalized, formed, and deformed” (Davis xvi). Though Disability studies centers on the experience of people with disabilities, all people may

benefit from the exploration of the human condition. Even further, Ladelle McWhorter argues that “the various labels used to mark out individuals as ‘abnormal’ or ‘handicapped’ are ones that not only *could* be applied to you tomorrow, maybe following a cardiovascular accident or train wreck; in fact one or more of them almost certainly *will* be applied to you at some point in your life if you live very long, and they probably will also be applied to someone you care deeply about” (xv). Disability certainly encompasses genetic conditions, but is unique in its fluidity. Any person may become disabled at any time, which renders the study of this phenomenon urgent and necessary.

As Simi Linton argues, the exigency of recognizing disabled people as an oppressed group warrants a broad-based intellectual inquiry that traces and analyzes the innumerable manifestations of disability in language and culture (539). While disability studies has congregated as a concerted effort of academic research, scholars have largely approached disability from cultural and sociological perspectives and have focused on physical rather than cognitive disabilities. The field of rhetoric, as the study of discourse and its relation to the production and reception of meaning, may offer vital perspectives for better understanding the institution of disability. More specifically, a rhetorical analysis of disability can serve as a framework for first illuminating and then disempowering the discursive structures that have heretofore suggested that people with disabilities are deviant and inferior.

If rhetoric is the tool by which we make meaning and disseminate meaning, it is therefore necessary to analyze rhetorically how concepts have surfaced and determined meaning, connotatively and denotatively. As the forthcoming analysis will explore,

disability, as an institution, is a cultural construct that is shaped not only by a medical description of bodily difference but by a network of fluctuating rhetorical structures and discursive practices. As a result of the current scholarship that approaches disability from sociological and cultural perspectives, many policies and procedures have shifted and continue to shift to create more inclusive, diverse environments and spaces that are physically and cognitively accommodating—from sidewalks and ramps to sensory-sensitive rooms. However, little attention has been given to the rhetorical formation of disability—which has shaped our *understanding* of disability and ultimately influences the relations among disabled and nondisabled people. While I endorse such physical changes to classrooms, workplaces, and public spaces, I believe that a close rhetorical analysis is necessary to promote a more nuanced understanding of the term *disability* as a discursive formation rather than a symbol of deviance and inferiority and to take steps in eradicating its stigma.

As Jay Dolmage contends, “A ‘futuristic’ disability studies will not be about eradication of disability, but about new social structures and relations, made possible by new rhetorics” (2). The academic discussion concerning disability is active and meaningful, but little scholarship exists that primarily attributes the oppression and inequity that exists within the disability community to the way that we understand and discuss disability. It is my primary purpose, then, to approach disability rhetorically by way of Foucauldian discourse analysis. In “The Order of Discourse,” Foucault provides the hypothesis that “in every society the production of discourse is at once controlled, selected, organized, and redistributed by a certain number of procedures whose role is to

ward off its powers and dangers, to gain mastery over its chance events, to evade its ponderous, formidable materiality” (1461). Foucault’s hypothesis holds true within the rhetoric of disability, whose discourse has formed the very term *disability*, designated who is disabled and who is not, and wrangled within its grasp the rights, privileges, dichotomies, and social hierarchies of human ability. This exposition is not intended to designate what bodies or minds are disabled according to the modern definitions of disability; instead, it is intended to disentangle the discursive exercise of power that has unjustly constructed the social institution of disability with Foucauldian discourse analysis as the critical apparatus. By analyzing these rhetorical structures, we may better understand the power of discourse in shaping culture and identities by demonstrating its role in constructing the institution of disability; additionally, this analysis will aim to make way for more inclusive and equitable perspectives of disability by means of inclusive, equitable rhetorics.

Secondly, I argue that a major rift within disability studies is the exclusion of cognitive, or intellectual, disability, which is echoed by the normed constructions of the rhetor and the interlocutor within the field of rhetoric. As Lennard Davis defines it, “Disability studies aims to challenge the received in its most simple form—the body—and in its most complex form—the construction of the body” (xviii). While in some contexts the study of the body encompasses the study of the mind, much of the current scholarship implicates disability as an effect of a differently formed body but not a differently formed mind. At the same time, the field of rhetoric has neglected to consider the constraints of a rhetor or interlocutor with a differently formed mind. In both fields,

intellect has been overlooked or neglected, assumed to be functioning at the same capacity as rhetors without disabilities. As a result, the population of people who cannot participate in conventional discourse have been further marginalized, even by those dedicated to increasing representation of the disability community. If the field of rhetoric re-examines the role of the rhetor for people with intellectual and/or cognitive disabilities whose discourse and meaning-making ability diverges from the normed rhetorical situation, we may begin to accommodate people who have been denied agency and voice.

As the forthcoming analysis will explicate, humanity's historical need to contextualize that which diverges from what is considered normal has affirmed the exceptional body as something that must be understood and contained. It is within this struggle to control the experience of the differently formed body that *disability* has emerged as a word, a concept, and an identity marker which warrants rhetorical analysis. As Foucault argues, "It is not easy to say something new; it is not enough for us to open our eyes, to pay attention, or to be aware, for new objects suddenly to light up and emerge out of the ground" (1439). Disability did not light up and emerge from the ground waiting to be named *disability*. Rather, the institution of disability has emerged "under the positive conditions of a complex group of relations" (1439). In other words, the discursive tropes, largely enacted by the hegemony of nondisabled people, have created what we understand as the institution of disability and designated what bodies and minds fit within its parameters. History exemplifies that the differently formed body does not directly correlate to a static paradigm of physical dimensions. Bodily values are culturally contingent and era-specific, which bolsters the notion that the institution of disability is a

complex web of socially constructed meanings and discursive tropes. A rhetorical analysis of these discursive tropes will not only contribute to the objective of disability studies—to push back against the repression and oppression of people with disabilities—but will also demonstrate the meaning-making power of discourse in organizing our social and cultural landscape.

Survey of Scholarship

To understand the complexities of the social institution of disability and its implications for the field of rhetoric, it is necessary first to understand the lexical roots of the term *disability* in the concept of normalcy. Lennard Davis, a pioneer of disability studies, contends in "Constructing Normalcy: The Bell Curve, the Novel, and the Invention of the Disabled Body in the Nineteenth Century" that "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" (3). Constructing and enforcing normalcy, according to Davis, is learned and passed down through positive representations of normal characters and negative representations of non-normal characters in media. The term *normal*, however, meaning to conform or to remain standard or regular, did not enter European languages until 1855 and stems from the social constructions surrounding industrialization and material production (3). Applying the norm to human bodies resulted from French statistician Adolph Quetelet's application of astronomy's "law of error" to the measuring of human dimensions, which spiraled into an image of the average man and enabled a hierarchy of physical and moral attributes (4). What is most concerning about the etymology of *normalcy* and its inscription in our language is its ties to eugenics. Imagining a normal or average human body subsequently labels any non-conforming body as a deviance, which eugenicists would argue is undesirable and should be prevented, cured, or disposed of. Davis's primary contention is that culture's responsibility is not necessarily to solve the problems of disability but to reconfigure

what is considered normal and what is deviant and to understand how our labeling of these categories is flawed.

Rosemarie Garland-Thomson agrees that we must reconfigure the meaning of and our perceptions of bodies and identity and that we must start by "reframing 'disability' as another culture-bound, physically justified difference to consider along with race, gender, class, ethnicity, and sexuality" ("Disability, Identity" 5). Much like these other sites of oppression, disability as a cultural construct is formed and perpetuated by social forces that designate certain bodies as deviant. Even further, Garland-Thomson argues that the fluidity of disability, meaning anyone can become disabled at any time, is "[more] threatening to those who identify themselves as normates than such seemingly more stable marginal identities as femaleness, blackness, or nondominant ethnic identities" (14). Garland-Thomson's coined term "normate" is the social positioning in which bodies that are generally accepted as standard—free from any stigmatized identity markers—can exercise power and authority over deviant minority groups. However, Garland-Thomson finds that "if one attempts to define the normate position by peeling away all the marked traits within the social order at this historical moment, what emerges is a very narrowly defined profile that describes only a minority of actual people" (8). Essentially, the normate is a fantasy image of perfect health, beauty, and functioning and is impossible to achieve.

The intersectionality of disability as an identity marker with other sites of oppression has led to much scholarship focused on this specific overlap. One particular lens is that of Crip theory, pioneered by Robert McRuer, which reclaims the term *cripple*

and aims to incorporate disability as a fluid element of identity that can intersect with other diverse groups rather than an isolated label. In "Compulsory Able-Bodiedness and Queer/Disabled Existence," McRuer draws parallels specifically between marginalized sexuality and disability, arguing that "able-bodiedness, even more than heterosexuality, still largely masquerades as a nonidentity, as the natural order of things" (1). Crip theory as a focused academic study of overlapping marginalized identities draws important parallels between ability and sexuality, but, according to Chris Bell, the intersectionality of disability and other stigmatized identities is still largely underrepresented. In "Introducing White Disability Studies: A Modest Proposal," Bell criticizes many of the seminal works published by disability studies scholars, including Lennard Davis and Simi Linton, and argues that in the current moment, disability studies prioritizes the white experience. Though many sites of oppression intersect with the disability experience, Bell argues that "Disability Studies claims to examine the experiences of a vast number of disabled people, yet the form that representation takes is, far too often, a white one" (278).

Despite the internal debates within the field, disability studies has rooted itself within the academic community. Simi Linton, an early activist of the movement, aggregates the linguistic conventions of disability within language in "Reassigning Meaning" and ultimately finds that the term *disability* reveals an oppressive network of social, political, and cultural structures rather than a denotative marker of physical or mental impairment. This network surfaces in the naming of and description of people with disabilities. Most notable are the ways in which various terminology is used by

disabled people and non-disabled people. Phrases such as *physically challenged* and "handicapable," according to Linton, represent the intention to speak politely of people with disabilities. However, such polite words effectively infantilize disabled people and imply that a disabled person's value is contingent on the validation of a nondisabled person. Other terms treat disability with less feigned politeness, such as describing a person as *afflicted with*, *suffering from*, or *victim of*. Like the latter phrases of *physically challenged* or "handicapable," these descriptors are not necessarily malicious or intentionally condescending. Even so, Linton claims that these linguistic structures "[attribute] life, power, and intention to the condition and [disempower] the person with the disability, rendering him or her helpless and passive" (169). In both groupings, it is revealed that these common discursive tropes neither blatantly condemn people with disabilities, nor label them as sinful or immoral as past civilizations have. Nevertheless, these descriptors do construct a hierarchy, which keeps disabled people linguistically dependent on a hegemonic class of non-disabled people in order to define themselves. Other terms, such as *cripple*, *gimp*, or *freak*, are currently undergoing a form of reclamation as people with disabilities have begun to use them with ownership in order to transgress the terms' negative connotations. Even further, the linguistic structure of *disability* can only exist in opposition to *ability*, which Linton extends to the absolute categories of normal and abnormal, as each of which depends on the other for meaning and stability (168). It is not enough, however, to deconstruct the morphology of disability and point out the connotation of the prefix "dis-" as meaning separate and deviant; instead of choosing a new name for disability, it is necessary to reassign its

meaning. For Linton, this process requires the promotion of disability studies as a legitimate field of academic inquiry with the goal of defining disability as a culturally bound institution rather than a descriptor of impairment or biological difference.

Furthermore, Linton asserts in “What is Disability Studies?” that disability studies must be regarded differently than disability services. Disability studies, as a focused inquiry of the social structures and linguistic conventions of disability, “is studying the social, cultural, political phenomenon of disability as a construct, not the implementation of services for people with disabilities” (526). While individual interventions and access to accommodations certainly influence and are influenced by the study of the phenomenon of disability, disability studies as a liberal-arts based inquiry must direct its energy toward “[weaving] disabled people back into the fabric of society, thread by thread, theory by theory,” by means of examining primarily the social structures that have thus far rendered them separate and deviant.

One of the current debates regarding exactly how to approach Linton’s proposed task circulates around the various conceptual models—or perspectives—of disability, which include the medical, moral, charity, economic, and social models. The social model places the moral responsibility on society to provide accommodations and to remove the burdens that have historically excluded people with disabilities. It has also been the most controversial. Originating in the United Kingdom, it has been praised for countering the medical model of disability, which hinges on the need to cure the physical impairment rather than the cultural barriers. Additionally, the social model makes the distinction between disability—the structural and public social exclusion—and

impairment—the individual and private physical limitation (Shakespeare 198). However, many disability studies scholars have equally criticized the social model for its oversimplification and generalization of the disabled experience. Tom Shakespeare, sociologist, disability studies scholar, and person with a disability, argues in "The Social Model of Disability" that though the social model is a practical tool for absolving people with disabilities of many of the burdens of the disabled experience, it is simultaneously an exclusionary system of thought and action. Besides noting the problematic oversimplification of the social barriers of disability, Shakespeare further argues that the authors of the social model make up a small group of white heterosexual men, most of whom had physical impairments. In effect, the social model assumes a narrow view of disability and does not account for cognitive disabilities or the intersectionality of the disabled experience (200). Despite this debate, the social model has done much for reconfiguring the ways in which we understand and discuss disability in the public sphere.

While these important voices in the disability studies movement have solidified the burgeoning field within academia, these studies have been conducted largely through sociological lenses and cultural perspectives. Disability studies, as a distinct field, has defined the parameters of the oppressive social forces of the institution of disability and decidedly stated that we can no longer accept them. Disability Studies can benefit, however, from the field of rhetoric in meaningful and important ways. In "The Roles of Rhetoric in Constructions and Reconstructions of Disability," Kenneth Lindblom and Patricia Dunn argue that as rhetoricians, "we know better than to be satisfied with the

naming of categories, that is, philosophical statements of ‘being’ ... we must move from acknowledgement of social constructions to action that informs a meaningful, public reconstruction of what counts as ‘normal’” (169). Rhetoricians have important tasks as scholars, teachers, and public intellectuals not only to produce rhetorical analyses of the institution of disability but also to include such scholarship in course curriculum and ultimately to engage in public spaces and discourse.

In *Disability Rhetoric*, Jay Dolmage situates the ancient field of rhetoric within the framework of disability studies in order to reconfigure the role of the human body in discourse. For Dolmage, “Rhetoric needs disability studies as a reminder to pay critical and careful attention to the body [and] disability studies needs rhetoric to better understand and negotiate the ways that discourse represents and impacts the experience of disability” (3). Until this moment in the field of rhetoric, the body has largely been regarded as either a distraction to discourse or as an aide in conveying meaning, not a legitimate form of communication in and of itself. Dolmage regards the body as the vehicle through which all communication is generated, filtered, and delivered; in other words, rhetoric is always embodied. Specifically, Dolmage works to locate the body within rhetorical history, beginning with Periclean Athens after the Ten Years’ War and the Greek god Hephaestus whose feet were deformed. While soldiers returned from war with wounded bodies and the city lay in ruins, festivals were held to celebrate disabled Hephaestus as a symbol of both wartime service and creative industrialization to rebuild the city. Bodily values have since undergone several cultural shifts. Dolmage looks ahead to the future of the body as an impetus for pushing the boundaries of rhetoric, which in

more recent history has ignored the body due to “a fear of imperfection, a fear about the boundaries around our own bodies, and a fear of the strange bodies of Others” (5). The importance of the body for the study of rhetoric is refined by Tobin Siebers’s theory of complex embodiment, as laid out in *Disability Theory*.

Sieber’s intervention in the large arena of theory, specifically regarding the structuralist view of language as representation, helps to unite rhetoric and disability studies by magnifying the bodily experience, not just the social institution of disability. According to Siebers, “Because linguistic structuralism tends to view language as the agent and never the object of representation, the body, whether abled or disabled, figures as a language effect rather than as a causal agent, excluding embodiment from the representational process almost entirely” (2). Many of the theorists who have contributed to disability studies have hyper-focused on the social institutions and forms of oppression that comprise disability and, consequently, have deemed the reality of the disabled bodily experience as immaterial. The theory of complex embodiment bridges the gap between the bodily experience of being disabled and the social ideologies of disability. For Siebers, this theory “understands disability as an epistemology that rejects the temptation to value the body as anything other than what it was and that embraces what the body has become and will become relative to the demands on it, whether environmental, representational, or corporeal” (27). Acknowledging the realities of the disabled body and studying its potential function as a rhetorical vehicle, as Jay Dolmage does, while also situating the body within the cultural framework of disability, as Tobin Siebers does, allows for a more precise and representative rhetorical analysis of disability.

The field of rhetoric has illuminated gaps in disability studies perspectives by serving as a framework for studying the body as a vehicle for discourse. While the body certainly should be rhetorically analyzed, the current conversation has further separated physical disability from mental or cognitive disability. As rhetoric opens up new avenues of thought for disability studies, it has simultaneously problematized its own field by drawing attention to the normed, non-inclusive construction of the rhetor. In another seminal work, *Embodied Rhetorics: Disability in Language and Culture*, James Wilson and Cynthia Lewiecki-Wilson question the rhetorical canons as they assume a non-disabled audience and author and build on normed constructions of delivery, invention, gesture, movement, and being (Yergeau). *Embodied Rhetorics* functions as a canonical reference work in the field of disability studies, especially regarding its intersection with rhetoric, but also reveals one of its major shortcomings. In Julie Vedder's review of the book, she remarks:

None of the essays, for instance, address mental disability. This lacuna marks the ways in which Disability Studies, and disability activist work more generally, too often grounds itself in a shared sense of intelligence as a strategy for undermining stereotypes about disability. If, despite a disability, I'm smart and articulate, then discrimination against me economically, politically, or socially is irresponsible and reprehensible. By effectively reproducing the mind/body split, disability activism and theory undermine the possibility of fighting for those with mental disabilities.

(145)

As Jay Dolmage argues, disability studies needs rhetoric. However, rhetoric as a discipline reaches an impasse when faced with the reality of cognitive disabilities. If meaning is produced and interpreted through language, then rhetoric has excluded a portion of the human population from participating in the exchange of meaning, which precludes people with cognitive disabilities from exercising agency. In the effort to unite rhetoric and disability studies, scholarship has further marginalized people with cognitive disabilities.

Melanie Yergeau, one of the foremost rhetoricians discussing disability, has helped to draw attention to the lack of representation for cognitive disabilities. In “Clinically Significant Disturbance: On Theorists Who Theorize Theory of Mind,” Yergeau discusses in an autoethnographic format the issues of the theory of mind, or ToM, as it pertains to rhetoric and to Yergeau’s own experience as an English faculty member with autism. In short, ToM posits that autistic people are considered to have an impaired theory of mind, and that they “do not understand that other people have their own unique mental states, lives, and experiences, [and] do not understand that other people know, want, feel, or believe things.” Furthermore, ToM, which has been accepted as empirical fact in psychology and cognitive studies, implies that autism signifies incommunicability, which excludes people with autism from functioning as either a rhetor or interlocutor. Yergeau expands this notion of the non-rhetor:

I am bombarded by representations of autistic people as non-rhetors—as non-rhetors who cannot emote (goodbye *pathos*), as non-rhetors who cannot recognize the mental states nor visualize the needs of the people

around them (goodbye *ethos*), as non-rhetors whose logics are so mechanistic and rigid that their only comparable non-rhetor analogues are robots and chimpanzees (goodbye, *logos*). As a rhetorician, I am supposed to understand autism as a limit case, one that signifies everything that rhetoric is not. I am supposed to understand that autism is the antithesis of narrative. As a rhetorician, I am supposed to understand that autism prevents me from being a rhetorician.

Yergeau's scholarship helps to bridge the gap between rhetoric and disability studies and its disregard of mental, cognitive, and intellectual/developmental disabilities. Despite the oppressive forces that deem her a non-rhetor, she has opened up the dialogue for people with mental disabilities and forged a pathway for representation through scholarship. However, such avenues are not accessible for people with severe intellectual disabilities who cannot take part in the academic conversation or function as a rhetor through conventional means.

"Rethinking Rhetoric through Mental Disabilities" by Cynthia Lewiecki-Wilson addresses the criticism she faces for precluding scholarship on cognitive disabilities in her earlier work *Embodied Rhetorics*. To open the discussion, Lewiecki-Wilson questions how people with mental disabilities, encompassing mental illness, psychiatric disabilities, and severe intellectual disability, can exercise rhetorical agency and, even further, questions if and how a revised understanding of "rhetoricity" could improve the lives of people with disabilities (157). These questions build on the work of Brenda Jo Brueggeman, who primarily analyzes deafness and rhetoric. In *Lend Me Your Ear*,

Brueggeman admits the difficulties of disentangling deafness and rhetoric, which also makes it difficult “to separate the rhetorical tradition, the theory and practice of rhetoric for some 2,500 years now, from the ‘problems’ that deafness poses for a cultural imperative to speak and speak well” (Brueggemann 11). Brueggeman’s scholarship informs Lewiecki-Wilson’s analysis by pointing out the problem of the will to speech in rhetoric, which affects both deafness in Brueggeman’s analysis and mental disabilities that inhibit the ability to understand or to produce speech as in Lewiecki-Wilson’s analysis. For the latter, the rhetorical tradition and its emphasis on speaking well puts “emphasis on the individual rhetor who produces speech/writing, which in turn confirms the existence of a fixed, core self, imagined to be located in the mind” (Lewiecki-Wilson 157). Adhering to this rhetorical tradition reduces the humanness of people with mental disabilities who cannot function as an orthodox rhetor.

For Lewiecki-Wilson, granting “rhetoricity” to people with mental disabilities may not be through independence, productivity, or self-advocacy, as in many cases the reality of disability makes these unattainable paths for reaching equality. Instead, she argues, we should reevaluate “rhetoricity” by studying facilitated communication as rhetorical agency. Facilitated communication, or “mediated rhetoricity,” calls on Krista Ratcliffe’s notion of rhetorical listening, which involves “the active process of interpretation on the part of the audience, involving commitment and care to similarities and differences, to other cultural logics, and to ethically responsible action” (161). For people with mental disabilities who do not speak through facilitated communication, rhetorical listening can take the form of close attention to a disabled person’s bodily

movements, sounds, interests, and disinterests (161). Most importantly, “mediated rhetoricity” requires a caring advocate who observes closely the nonverbal performances of the disabled person’s everyday life and then “carefully and ethically co-constructs narratives and arguments from the perspective of the disabled person for the purpose of enhancing his or her daily life” (162). Lewiecki-Wilson’s article represents the awareness of the limits of rhetoric and addresses the need to reconfigure the role of speech in discourse.

Disability studies has made strides in breaking down the abled/disabled binary and is slowly destigmatizing disability and eradicating the notion of a monolithic “normal.” However, current scholarship has examined disability primarily from cultural and sociological perspectives. While rhetoric has intervened and offered rhetorical studies of the body and embodied communication, little scholarship exists that regards the institution of disability as a purely rhetorical formation. Scholars have considered disability from rhetorical viewpoints but have not critically examined disability itself as a discursive formation. Furthermore, the fields of disability studies and rhetoric alike can benefit from a reevaluation of voice and agency of people with cognitive disabilities, which currently marginalizes rhetors whose discourse and meaning-making abilities diverge from the normed rhetorical situation.

Introduction

Near the turn of the nineteenth century, Friedrich Nietzsche interrupted traditional rhetorical studies with a theoretical perspective of language as unnatural, daring so far as to label language a system of metaphors comprised of truth and lies. For Nietzsche, truth is “a movable host of metaphors, metonymies, and anthropomorphisms: in short, a sum of human relations which have been poetically and rhetorically intensified, transferred, and embellished, and which, after long usage, seem to a people to be fixed, canonical, and binding” (“On Truth” 1174). These truths, also referred to as illusions, are merely linguistic figurations of what we perceive to be reality, rather than a reflection of reality. Patricia Bizzell and Bruce Herzberg summarize Nietzsche’s notion of truth as “a social arrangement necessitated by the powerful tendency to tell lies... [and lies are] clearly an act of discourse, a misrepresentation of actual circumstances” (1169). What discourse has formed to be what we perceive as truths, according to Nietzsche, are in fact lies, “metaphors that have become worn out and have been drained of sensuous force” (1174). The institution of disability in our current culture, with its beliefs, practices, and prejudices, epitomizes the crux of Nietzsche’s argument. Furthermore, Nietzsche posits, “There is obviously no unrhetorical ‘naturalness’ of language to which one could appeal; language itself is the result of purely rhetorical arts... *language is rhetoric*, because it desires to convey only a *doxa* [opinion], not an *episteme* [knowledge]” (“Ancient Rhetoric” 21). Rhetoric creates and determines the meaning of a concept, which according to much of postmodern rhetoric, largely influenced by Nietzsche, is always a socially constructed commentary on reality, influenced by rhetors’ own constraints.

As rhetoric constructs meaning, determines meaning, and negotiates meaning, it is engaged in the formation of concepts, the process by which the term *disability* has emerged linguistically as a definitive parameter of physical or cognitive functioning. This formation of concepts, according to Nietzsche, does not occur from simply correlating a unique thing with its predetermined unique name. Instead, a word forms a concept “insofar as it simultaneously has to fit countless more or less similar cases ... which are never equal and thus altogether unequal” (“On Truth” 1174). In sum, words become concepts by way of aggregating unlike things. Nietzsche illustrates the process of forming concepts with the naming of the leaf:

Just as it is certain that one leaf is never totally the same as another, so it is certain that the concept ‘leaf’ is formed by arbitrarily discarding these individual differences and by forgetting the distinguishing aspects... [which implies] that, in addition to the leaves, there exists in nature the ‘leaf’: the original model according to which all the leaves were perhaps woven, sketched, measured, colored, curled, and painted. (1174)

Though every leaf, as a physical object rather than a concept in this instance, is unique and original, rhetoric allows for any physical object that has “leaf-like” qualities to be deemed a leaf. The word *leaf*, apart from its homonyms, denotes an appendage of a plant or tree and signifies a generally agreed upon set of characteristics and parameters, without question. While such formation of concepts, as it pertains to physical objects such as leaves, does not generally signify injustice, the formation of concepts as it pertains to humanity leads to problematic outcomes.

Disability, as a word turned concept, is engaged in a similar formation as *leaf*, in that it signifies a generally agreed upon set of characteristics and parameters of human ability. According to the consensus of many disability studies scholars, the institution of disability is not only a site of oppression because of physical barriers in nature, though those barriers are certainly one component, but also because the cultural formation of the disabled person depicts certain humans as deviant, defective, burdensome, and unwanted. While I do not deny the many physical obstacles for people with disabilities, which are real and valid, I argue that this cultural construction of disability has been formed and perpetuated by the rhetorical formation of concepts, which have constructed a flawed, unjust meaning of disability (Nietzsche refers to the formation of *concepts*, while Foucault refers to the formation of *objects*). To illustrate Nietzsche's notion of the "will to power" as an underlying motive for human discourse, Bizzell and Herzberg explain that "gross displays of power, the recurrent attempts of individuals and groups to subjugate others, are only the most obvious manifestations [in addition to art, which is] the desire to gain control over chaotic experience" (1170). Rhetoric, which exercises itself in innumerable discursive art forms, aims to gain power over its audience and has been weaponized as a powerful tool in constructing the dichotomy of human ability and its subsequent hierarchy of human life.

Nietzsche's discussion of truth as a "rhetorical construction arising from the creative use of language to make an effective social arrangement" is extended and expanded by Michel Foucault's theory of discourse analysis, which will serve as the critical apparatus of this exposition (1169). According to Bizzell and Herzberg,

Foucauldian discourse analysis “describes the relationship between language and knowledge; the functions of disciplines, institutions, and other discourse communities; the ways that particular statements come to have truth value; the constraints on the production of discourse about objects of knowledge; the effects of discursive practices on social action; and the uses of discourse to exercise power” (1433). In short, rhetoric—or, in Foucauldian terms, discourse—functions in part as a meaning-making currency that negotiates identities and arranges social hierarchies. For the purposes of this exposition, I argue that discourse has functioned in categorizing and arbitrarily naming certain bodies as disabled and has subsequently stigmatized and marginalized those bodies. However, Bizzell and Herzberg clarify that this ideology would “not deny the existence of phenomena but to say that what we know of them is a function of the needs or desires of society and institutions and of available methods (which may be different in different communities) of coming to know something” (1433). Foucauldian discourse analysis would not deny the existence of physical or cognitive conditions housed within the dichotomy of disability. Instead, it would argue that the *meaning* of disability and its cultural connotations have been constructed through discourse, largely by the hegemonic population of nondisabled people.

To link the subjugation of people with disabilities to the discursive structures and practices that have strengthened and perpetuated this network of oppression, it is necessary first to trace Foucault’s influence on understanding the relations between power and knowledge. Regarding social change in general, Foucault’s scholarship has prompted reconsiderations of social systems that have long been considered obvious,

concrete, natural, and essential with regard to the historical conditions in which social systems were formed. Scholars have already begun to synthesize Foucault's commentary on historical and epistemological formations within the current institution of disability with the intention to scrutinize its practices and ideas including rehabilitation, genetic counseling, special education, and accommodation ("Foucault, Governmentality" 3). Foucault's influence has provided valuable insight for breaking down the once-held perspectives that disability (as an institution not a phenomenon) is fixed and inevitable. Though the sociological study of disability in general is a young field of inquiry, Foucault's theories of relations between knowledge and power have surfaced as clear and practical critical apparatuses. However, the notion of disability as purely a rhetorical formation has not been considered as critically. A Foucauldian analysis of the rhetoric of disability is necessary to bridge the gap in current scholarship. Shelly Tremain insists, however, that any Foucauldian analysis of disability be rooted in the notion of power.

Furthermore, Tremain asserts that Foucault's conception of power, especially as it relates to knowledge, comes as a response to many of the questions that political philosophers have long wrestled with—from Aristotle to Locke and Rousseau. These questions include: "What are the foundations of legitimate rule? What is the nature of sovereignty? What is the most just form of government? On what grounds can rights be based?" (4). The basis of these questions assumes that rights are primal and natural, which, as most Foucauldian scholars would agree, contradicts one of Foucault's most basic hypotheses: that individuals do not possess power or inherent rights. Rather than accepting the universality of intrinsic power and human rights, "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” (4). While this exposition will not discuss legal rights and services for the disability community, though they do warrant their own studies, the notion of power as an exercised entity that organizes social groups is critical to developing a theoretical framework for analyzing the rhetoric of disability. Regarding the political questions Foucault found so problematic, the more pertinent task should be examining *how* and *by what means* power is exercised, to which a Foucauldian analysis would answer, “Power functions best when it is exercised through productive constraints, that is, when it *enables* subjects to act *in order* to constrain them” (4). Power has functioned in this way by forming the institution of disability, which has deemed certain bodies disabled and thus indoctrinated a population with a set of beliefs and practices. It should be noted, however, that though power can result in oppression, as it has functioned in the institution of disability, power itself is not inherently oppressive.

Especially pertinent to my purposes are Foucault’s theories of “biopower” and the conception of the subject. Biopower, a technology of power, first emerged in late eighteenth-century Europe. Within this time frame, the first demographers began to statistically measure the phenomena of birth to death ratios, reproduction rates, and fertility, all of which became objects of knowledge for biopower and prompted the effort to control the population (4). In Tremain’s terms, “Bio-power takes as its object life itself, the life of the human qua living being, that is, the life of the human insofar as it is a living being” (4). As biopower emerged in this specific context and enacted new practices concerning medicine, hygiene, education, and charities, medical officials and those who

held positions of authority began to regulate and control the population and encourage certain norms. It is within this network of norms and regulation that power was exercised, thus enabling subjects to behave in certain ways. Biopower has extended from eighteenth-century Europe into modernity, as evidenced by the contemporary institution of disability. John Rajchman defines the current conception of policies and procedures implemented to regulate and control the disabled population as the “‘great complex idea of normality’ [which] has become the means through which to identify subjects and to make them identify themselves in order to make them governable” (qtd. in Tremain 6). As was in eighteenth-century Europe, the modern conception of disability is predicated on the notion of a normal body and a normal mind, which has organized and exerted social control over a portion of the human population.

The subject, a byproduct of biopower and power at large, is also critical to the foundation of the rhetoric of disability. For Foucault, there are three modes of objectification in which human beings may become subjects, two of which directly relate to the institution of disability and its complex relations with knowledge and power. In the second mode, the “dividing practices” as Foucault calls it, the subject is both divided inside himself or herself and divided from others, such as in Foucault’s examples of the mentally ill and the sane, the healthy and the sick, or the criminals and the non-criminals. At the same time, in the third mode, a person may transform himself or herself into a subject by recognizing and accepting one’s own identity within the knowledge-power relations of social institutions (“Subject and Power” 778). In both cases, the notion of the subject is housed within the question of power, as Foucault contends that “while the

human subject is placed in relations of production and of signification, he is equally placed in power relations which are very complex” (778). The subject informs the institution of disability in that the disabled person is both divided from non-disabled subjects by exterior forces—*is subjugated*—and may self-identify as a disabled person—*makes subject to*. The disabled subject has been formed by the power exercised within the institution of disability, which both affects and is affected by knowledge and the formation of objects.

Foucault’s notions of biopower and the subject culminate to form a theoretical framework for the rhetoric of disability—a discourse that has both *emerged from* the phenomenon of disability and *formed* the institution of disability. The rhetorical formation of objects has called into existence the disabled subject and fabricated a system for governing the disabled subject. Tremain summarizes this system:

These (and a host of other) practices, procedures, and policies have created, classified, codified, managed, and controlled social anomalies through which some people have been divided from others and *objectivized* as (for instance) physically impaired, insane, handicapped, mentally ill, retarded, and deaf. Foucault argued that, in recent times, practices of division, classification, and ordering around a norm have become the primary means by which to individualize people, who come to be understood scientifically, and who even come to understand themselves in this mode. (5-6)

While Tremain and other scholars have acknowledged these practices and classifications as oppressive forms of exercised power, a rhetorical analysis of those practices and classifications as components of the formation of disability as an object has not yet been produced. This exposition will examine the specific formation of disability as an object, as it has emerged *through* and *from* the Foucauldian notions of power and subjugation. Though not inherently oppressive, the ways in which power and subjugation have influenced the discursive tropes of the institution of disability have resulted in the oppression of people with disabilities. Recognizing the knowledge-power relations of these tropes will loosen the bounds of subjugation, which will benefit both those who make subject to and who are subjugated.

Methodology

This project will study the ways in which disability is measured, discussed, and controlled within various rhetorical situations. Specifically, I will consider the rhetorical structures of disability and their discursive tropes as they surface as artifacts in the English language within Western contemporary civilization, as the meaning and reception of disability differs across various cultural landscapes and eras. Additionally, I will frame these artifacts within the rhetorical structures that contribute to generating their meaning—specifically biopower and subjugation. The linguistic, paralinguistic, and material artifacts of disability and its schools of thought will be aggregated according to Foucault’s theory of the formation of objects. I will employ interchangeably both identity-first language (“disabled person”) and person-first language (“person with a disability”) in order to show the diversity and individual uniqueness of the disability experience, as well as to accommodate the varied preferences among members of the disability community.

Organization

The objectives of this project will be aggregated according to Foucauldian discourse analysis via Foucault's theory of the formation of objects as discussed in *The Archaeology of Knowledge*, including the surfaces of emergence, authorities of delimitation, and grids of specification. For each of these planes, I will identify and explain its primary features and then analyze how and in what contexts these planes have contributed to forming the institution of disability. First, I will map the surfaces of emergence of disability by examining three rhetorical situations—the corporeal body, rhetorical space, and cognition—in which disability has emerged as the primary marker of deviance through the exercise of power and the pursuit and perpetuation of normalcy as an ideal. Next, I will analyze the authorities of delimitation, namely medical officials and the newly-formed disability community, who govern and organize the institution of disability by arranging the parameters and definitive characteristics of the institution of disability. I will disentangle the controversy of identity-first language and people-first language as it has manifested as a significant rhetorical artifact put in place by the authorities of delimitation. Then, I will analyze the grids of specification, in which the various forms and degrees of disability are classified and hierarchized. Lastly, I will provide a brief analysis of enunciative modalities and its implications for cognitive disability as a suggestion for further research regarding facilitated communication and retheorizing rhetorical agency.

Surfaces of Emergence

According to Foucault, in order to demystify what has ruled the existence of objects of discourse, “First we must map the first *surfaces* of their *emergence*: show where these individual differences, which, according to the degrees of rationalization, conceptual codes, and types of theory... may emerge, and then be designated and analyzed” (*Archaeology* 1437). To discuss disability, it is thus necessary to trace the ideological and material conditions—surfaces—from which disability has been formed as a concept. By reviewing the contexts in which the phenomenon of the differently formed body and mind has been deemed *disabled*, we may then see how the differently formed body and mind have been subjugated through the exercise of power. Foucault makes the important qualification that “these surfaces of emergence are not the same for different societies, at different periods, and in different forms of discourse” (1437). Bodily values, standards of beauty, and expectations of corporeal functioning are not static paradigms for all cultures and all geographic locations, yet the understanding of disability as a *differently formed* body or mind is nearly universal. The degree to which a disabled person’s impairment is considered deviant or inferior, however, varies widely and is contingent upon the surfaces of emergence. Within Foucault’s example of the nineteenth-century conception of madness as an object of discourse, the likely surfaces of emergence included “the family, the immediate social group, the work situation, the religious community (which are all normative, which are all susceptible to deviation, which all have a margin of tolerance and a threshold beyond which exclusion is demanded” (1437). For the institution of disability, the surfaces of emergence shift alongside time and

location. For this exposition, I consider the surfaces from which disability emerges in our current cultural landscape. Like the surfaces for Foucault's example of madness, these surfaces—the corporeal body, environmental materiality, and cognition—are all normative, susceptible to deviation, and have only a margin of tolerance. From these three surfaces, disability emerges as a deviation or exclusion from the idealized position of normalcy.

As Lennard Davis contends, the notion of the “norm” in Western civilization and language can be traced to a nineteenth-century French statistician who applied an astronomical system of measuring to human dimensions, which morphed into an idealized image of moral standing. While outliers and deviant behavior and appearance have existed in all cultures at all times, the notion of “the norm” did not enter European languages until this specific historical moment. Rosemarie Garland-Thomson's notion of the *normate*—the idealized subject position from which one may exercise power and authority over other minority groups—situates the idea of normalcy as an active process, rather than a static identification. Jay Dolmage echoes this sentiment, as he regards the norm as both a position that is desired and the vehicle through which culture attempts to achieve the position. More simply, the norm “acts as a noun designating culture's desire for homogeneity, and it also acts like a verb, in that this agenda is enforced... norms also ensure their own systemic enforcement” (21). The notion of normalcy, as both a desired subject position and the institutional and individual actions that move toward a desired norm, directly informs the surfaces of emergence that have rhetorically formed disability as an object.

Much of the scholarship circulating within disability studies debates the importance of critiquing the social structures and cultural representations of the institution of disability, which arguably dismisses or negates the materiality of the disability experience and the physical barriers present in nature. From a rhetorical viewpoint, however, objects are formed by the very relation of their materiality and social presence—one does not exist without the other. The rhetorical study of disability as an institution must consider both the material conditions and ideological conditions under which disabled people have been subjugated. It is from these surfaces that disability emerges and “finds a way of limiting its domain, of defining what it is talking about, of giving it the status of an object—and therefore of making it manifest, nameable, and describable” (*Archaeology* 1437).

The disabled corporeal body, as has been discussed, was the first designated violation of normalcy and continues in modernity. Shelly Tremain summarizes the conditions under which the disabled body was first defined, described, and named:

The objectification of the body in eighteenth-century clinical discourse was one pole around which bio-power coalesced. As feminist historian Barbara Duden notes, in that historical context the modern body was created as the effect and object of medical examination, which could be used, abused, transformed, and subjugated. The doctor’s patient had come to be treated in a way that had at one time been conceivable only with cadavers. This new clinical discourse about “the body” created and caused to emerge new objects of knowledge and information and introduced new,

inescapable rituals into daily life, all of which became indispensable to the self-understandings, perceptions, and epistemologies of the participants in the new discourse. (“On the Government” 618)

The institution of disability, as it is now conceived in Western culture, does not exist simply from the medical *recognition* of a differently formed body, but from the *designation* of the differently formed body as a deviation from normalcy. As Tremain explains, the ability to study the body—leading to objectification of the body—created new objects of knowledge and reified a dedication to ideal health, functioning, and appearance. Medical examination of the body, and the subsequent dissemination of medical discourse, forms the primary surface of emergence of disability: the corporeal body. It is from the plane of the corporeal body that bodily norms are constructed and sought after, which consequently exercises power over bodies that do not look like or function like the norm. Garland-Thomson, who largely focuses on feminist disability studies, calls this construction the “normate,” or “the corporeal incarnation of culture's collective, unmarked, normative characteristics” (“Integrating Disability” 10). With regard to disabled women, Garland-Thomson calls on Foucault’s notion of discipline in which bodies with any stigmatizing identity markers tied to ability, gender, race, ethnicity, or sexuality are subjected by societal pressure to assimilate to the norm, primarily through discourses of appearance and medicine (10). Whether from the discourse of a medical professional—usually with the mindset of solving the problem of the bodily impairment—or from societal pressure to adapt to an ideal of appearance or functioning, disabled bodies are designated as dysfunctional and inferior.

Consequently, disability emerges from the surface of environmental materiality, in which the disabled body's deviance is illuminated and perpetuated by material objects or a lack of material objects in everyday events. Roxanne Mountford calls the communicability from the presence or absence of objects "rhetorical space," which she defines as "the geography of a communicative event, and, like all landscapes, may include both the cultural and material arrangement, whether intended or fortuitous, of space" (42). Rhetoricians are often concerned with the intellectual circumstances that inform discursive events, namely the credibility of the speaker, the logic and rationale of his or her message, the appeal to the audience's emotions and personal constraints. The physical arrangement of the rhetorical situation, however, is not often observed as critically. Mountford argues that "the material—a dimension too little theorized by rhetoricians—often has unforeseen influence over a communicative event that cannot always be explained by cultural or creative intent" (42). This assertion holds true for the reality of environmental materiality when it encounters the differently formed body, whether within the clash of a disabled body and an opposing material circumstance or the absence of a material circumstance to accommodate the disabled body. The most obvious and prevalent manifestations of this surface of emergence are public spaces and transportation, educational spaces and classrooms, and places of business and retail. For members of the dominant group, those considered not to have corporeal disabilities, access to these spaces and the ability to thrive within them is not especially difficult. If a person is able to climb stairs without assistance, the lack of an elevator is not problematic. If a student can see and hear at the same capacity as an instructor, it is not

necessary to provide supplemental teaching materials. If a patron does not need assistance handling or purchasing an item at a store, employers would not be required to consider motor skills when designing store layouts. Yet, because the normate is a fictional ideal of perfect health, beauty, and functioning, many people do require alternative or assistive technologies in daily life. Rhetorical space may affirm these needs by equipping sidewalks with wheelchair-accessible ramps or widening building entryways to accommodate wheelchairs, for example. Contrarily, rhetorical space may further stigmatize the needs of disabled people by neglecting to incorporate or offer such accommodations, which is yet another form of exercised power and subjugation of the disability community.

Foucault affirms that the relations between the surfaces of emergence, the authorities of delimitation, and the grids of specification are not intrinsic to the object. Objects are given meaning by the convergence of these planes but are not reflective of a natural state. In Foucault's words, "They do not define its internal constitution, but what enables it to appear, to juxtapose itself with other objects, to situate itself in relation to them, to define its difference, its irreducibility, and even perhaps its heterogeneity, in short, to be placed in a field of exteriority" (*Archaeology* 1439). Physical space as a surface of emergence contributes to this definition of the formation of objects by situating the disabled body outside of the accepted and anticipated patron, student, or member of the public. The disabled body is not independently *disabled*; it is only *disabled* in relation to *non-disabled*. As the social model protests, the disabled body is only truly disabled when a person with an impairment collides with a situation in which his or her

impairment causes difficulty to oneself or to others, such as in physical spaces where an impairment is not accommodated. In this scenario, the norm of the non-disabled is enforced through the environment and its material conditions—rhetorical space—which subjugates any body that cannot conform. Mountford continues with the notion that “spaces have heuristic power over their inhabitants and spectators by forcing them to change both their behavior (walls cause us to turn right or left; skyscrapers draw the eye up) and, sometimes, their view of themselves” (50). From this surface, physical space subjugates people with disabilities by shaping thought; the inability to access a space, or to perform in the expected capacity in a space, communicates to disabled visitors that any deviant body is unwelcome, unwanted, and inferior. Physical spaces not only shape how people with disabilities may view themselves—*are subjugated*—but may also prompt non-disabled people to view disabled people as a burden that places unnecessary responsibility on business owners and city planners—*make subject to*. These consequences and features are not internal to the phenomenon of disability, as Foucault implies, but are generated from the object’s discursive relations.

The third surface from which disability emerges is the cerebral plane: cognition. In some contexts, and for some rhetors, the disabled body includes the disabled mind. However, a major rift within disability studies is the consequential segregation of the body and mind and the further stigmatization of cognitive and/or intellectual disability. The social model, for example, advocates for the election or appointment of disabled people to positions of authority for the sake of visibility and representation. However, such goals and priorities effectively marginalize people whose impairments affect speech

or decision making. The disability movement prioritizes the disabled body but pays little regard to the disabled mind.

This discontinuity in disability advocacy is reinforced by rhetoricians' dedication to effective communication; it is from this cerebral surface that disability emerges as a divergence from the ideal of meaningful, effective discourse. Even if effective discourse is generated by a non-disabled mind, it is thought to be delivered ideally from a non-disabled body. Jay Dolmage notes, "[Plato wrote and] Socrates said, in the *Phaedrus*, that 'any discourse ought to be constructed like a living creature, with its own body, as it were; it must not lack either head or feet; it must have a middle and extremities so composed as to suit each other and the whole work'" (qtd. in *Disability Rhetoric* 24). Classically, good communication is only possible if it is generated, filtered, and delivered by a normal body and a normal mind. Neo-classically, such ideals and subsequent discrimination persist. Dolmage continues:

The bodily ideal is the foundational metaphor for proper speech and writing... the message we take away from 'the seat of civilization' is that the speaker's body and his words must conform to a limited set of norms. Ideal bodies produce ideal communication, and rhetoric polices nonideal bodies, or else betrays them. In the more narrow, normative classical tradition, those without the ability to speak and those without the ability to "control" their bodies have been omitted from considerations of rhetorical capacity. The mean becomes codified as a normative position, and thus we

get a picture of what bodies are allowed to be, to do, to look like, to express. (25)

The field of rhetoric urges rhetors and interlocutors alike to assess the rhetorical situation—to listen closely, to respond appropriately, to speak authoritatively. Good rhetors produce ideal communication by considering the context of an utterance and entering into discourse appropriately and effectively. Rhetors with physical impairments may uphold the ideals of discursive practices, despite Plato's insistence of a properly formed body, as long as his or her mind and intellectual capacity bears resemblance to the cognitive norm. However, rhetors with cognitive impairments deviate from cerebral normalcy, which thus excludes them from rhetorical capacity and denies them agency. If discourse is a primary vehicle by which individuals exercise power, as the field of rhetoric suggests, those with an impairment that affects the ability to produce and interpret discourse will remain subjugated so long as they are excluded from participating in the normed rhetorical situation.

Authorities of Delimitation

The second plane of Foucault's formation of objects is the authorities of delimitation, which comprises the authoritative groups that legally and socially govern the population. For the example of madness, the authorities of delimitation were primarily the medical profession, the penal code, the law, religious authority, and literary and art criticism. The medical profession, however, was predominant in naming and defining this object, as Foucault explains, "Medicine (as an institution possessing its own rules, as a group of individuals constituting the medical profession, as a body of knowledge and practice, as an authority recognized by public opinion, the law, and government) became the major authority in society that delimited, designated, named, and established madness as an object" (1437). Disability as an institution has been governed—legally and socially—similarly to the nineteenth-century concept of madness. The clearest and most succinct evidence of this medical governing stems from the medical model of disability, which has been countered by the social model and, most recently, the minority model. To map the relevance of these models for the rhetoric of disability, I will examine the most pertinent and pressing rhetorical artifact that has emerged from these authorities of delimitation: the controversial discursive tropes of people-first language and its opposing identity-first language.

The Center for Disease Control and Prevention (CDC)—the nation's authoritative, federally-supported health protection agency—issued a public poster entitled "Communicating With and About People with Disabilities" that instructs the public to use people-first language, which, as the poster informs, "is used to speak

appropriately and respectfully about an individual with a disability [and] ...emphasizes the person first, not the disability.” Some examples included on the poster offer the suggestions of “person with epilepsy” rather than “an epileptic”; “person who is blind” rather than “the blind”; “person who is hard of hearing” rather than “hearing impaired” or “suffers a hearing loss.” Other examples offer already existing and more readily accepted phrases, such as “person with a physical disability” instead of the demeaning terms “crippled,” “lame,” “deformed,” “invalid,” “spastic.” While it is generally agreed that pejorative terminology such as “crippled” or “deformed” is hostile and politically incorrect, the larger narrative of identity-first language versus person-first language is not unanimous and reflects the enduring tension between the competing authoritative models of disability, which stem from biopower and subjugation.

The Center for Disease Control and Prevention is not the only authoritative group that regulates and governs the descriptors of people with disabilities. The recent article “Person-First and Identity-first Language: Developing Psychologists’ Cultural Competence Using Disability Language,” clearly affirms that the American Psychological Association, a scientific and professional organization that represents the field of psychology, advocates for person-first language alongside the CDC. However, authors Dana Dunn and Erin Andrews qualify that psychologists should be receptive to identity-first language on a case-by-case basis in order to accommodate the desires of the disability community and to promote inclusion and understanding. Dunn and Andrews affirm the necessity of rhetorical sensitivity and the power of discourse in the medical profession, as they admit that “the words psychologists choose to use can shape their

thoughts and behaviors toward disabled persons in research and clinical settings, as well as in everyday life” (256). Though the APA’s entrance into the discussion of disability reflects the hard-won victory of visibility and awareness for the disability community, it simultaneously reflects the enduring presence of an authority of delimitation that exercises power over a population by defining and policing the appropriate manner of speaking about that population.

Person-first language, supported and implemented by most medical professionals but rejected by many disability studies scholars and activists, was first championed by social psychologist Beatrice A. Wright, who specialized in rehabilitation psychology. For Wright, the use of “person with a disability” rather than “disabled person” prevents the equation of a person with his or her impairment and prioritizes a person’s humanity, rather than relegating him or her to a group of people whose lives and experiences may not be unilateral. Dunn and Andrews support Wright’s work, which ultimately led to the field’s acceptance of person-first language on the grounds that “one individual’s life with a given disability can differ markedly from that of another person with the same disability ... [and] no one with a disability should be referred to in monolithic terms, because doing so effectively objectifies the person by focusing only on the impairment” (258). For valid reasons, the use of person-first language offers a humane response to the identity-first discursive tropes that initially emerged from the medical model of disability, which has historically oppressed the disability community. However, the intention and reception of these tropes has not remained static.

Though enacted by a medical professional, the notion of person-first language builds upon the principles and ideas of the social model of disability—a conceptual model and school of thought originating in Britain that argues that the barriers of disability lie in culture, not in the disabled body. Unlike the medical model of disability, the social model was pioneered by a group of people with disabilities, though it has been controversial for the disability community. Primarily, the social model situates disability as a characteristic of a person that makes up a larger identity, rather than the primary defining characteristic of an individual. Furthermore, it rejects disability as a deficit or a medical problem that must be healed or cured. While the social model was initially met with support and success as a counter to the medical model that defined disability as a biological failure or deficit, it has not sustained itself as a universally accepted conceptual model. As Tom Shakespeare argues, “The social model is a blunt instrument for explaining and combating the social exclusion that disabled people face, and the complexity of our needs [but] ... politically, the social model has generated a form of identity politics which has become inward looking and separatist” (202-203). The social model has succeeded in helping to reframe the larger cultural narrative of the obstacles of disability, but the model’s simplistic approach of shifting responsibility to culture itself has not been wholly effective. The subsequent manifestation of person-first language has endured similar turbulence, which brings to light the complex relations among the authorities of delimitation of disability.

While the medical profession first established the medical model of disability, which set into motion the concept of disability as an urgent problem to heal or cure and

subsequently exercised power over the population, the social model and its supporters later emerged as another potential authority of delimitation that has similarly exercised power over its population. However, the lack of unification under the social model—either by academic scholars or by laymen activists—complicates the institution of disability as a rhetorical formation. As Brenda Jo Brueggemann claims, identity-first language echoes the spirit of claiming and valuing disability, which allows the disabled person to choose his or her preferred identification terminology, rather than family members, employers, medical professionals, or other authorities deciding for the disabled person (“Disability Culture”).

Dunn and Andrews acknowledge that “those who advocate for an identity-first approach argue that the person-first approach subtly implies that there is something inherently negative about disability and that use of constructions such as ‘with a disability’ or ‘with diabetes’ unnecessarily dissociates the disability from the person” (257). While person-first language prioritizes a person’s humanity and lived experience over a physical or cognitive impairment, identity-first language embraces the reality of living with a physical and cognitive impairment and places it at the forefront of the disability experience if an individual chooses to refer to himself or herself as a disabled person. The reclaiming of identity-first language has grown primarily from the most recent conceptual model: the minority model. While the medical model deems disability as a defect in need of treatment, and the social model wholly shifts responsibility of the obstacles of disability on the hegemonic nondisabled population, the minority model situates disability as a variety of difference and diversity alongside other diverse social

groups. The major goal of the minority model is to combat “ableism,” which is the large-scale preference for non-disabled people in conjunction with daily microaggressions that target people with disabilities (Yuker). Identity-first language is one of the minority model’s primary methods of pushing back against ableism in that it rejects a dominant group, such as the medical or psychological profession, from naming and defining the disability experience. As Dunn and Andrews summarize, “The minority model viewpoint is a disability activist counterresponse to the historical oppression and marginalization of disabled people, which can lead to internalization of inferiority and self-deprecation” (259). Identity-first language, then, is not simply a reordering of words but a reclamation of identity from a dominant, governing group—in this case, from medical professionals. The role of discourse in this particular cultural artifact displays the implications of language use in organizing social groups, a process in which power is exercised.

In dissecting the existence of objects of discourse, Foucault clarifies that the surfaces of emergence, the authorities of delimitation, and the grids of specification do not provide objects. Discourse is not a conveyor of preexisting meaning but rather a facilitator in generating meaning. The formation of objects does offer several planes from which objects may appear, but Foucault asks, “What relations exist between them? Why this enumeration rather than the other? What defined and closed group does one imagine one is circumscribing in this way? And how can one speak of a ‘system of formation’ if one knows only a series of heterogeneous determinations, lacking attributable links and relations?” (*Archaeology* 1438). Within the context of disability, the emergence of disability as an object did not occur from a medical professional recognizing or

discovering a disabled body or mind, as the disabled body or mind as we now perceive it did not exist until the positive conditions of these planes converged. Foucauldian discourse analysis asserts that the formation of objects depends on the relations between these planes, which disallows any authority of delimitation from being considered wholly responsible for the institution we now refer to as disability. It is within the complex relations among the surfaces of emergence, its various authorities of delimitations, and grids of specification that disability has been formed as an object.

While the authorities of delimitation are not the sole figures in the formation of the institution of disability, they are integral in tracing the exercise of power over, and the subjugation of, people with disabilities. The role of the medical profession in governing people with disabilities is clear in its subjugation of the disability community, as it often functions as a legal authority in making medical decisions, providing medical services, and instructing how and in what contexts to refer to members of the disability community. This authority objectivizes the subject, aligning with Foucault's "dividing practices," in which the subject is divided inside himself and divided from others. However, the subjects of this medical governing have emerged as another authority of delimitation and have subsequently engaged in their own subjugation. The minority model, the most succinct representation of this school of thought, is predicated on these principles:

Disability represents *difference*, a neutral term for a continuum of being, not *deviance*, because there is no commonly agreed upon definition for *normal*. Identity-first language is also linked to disability culture, which

promotes connection, camaraderie, and shared purpose among the diverse range of people with disabilities; it entails pride in being associated with the largest minority group in the United States, as well as motivation to positively and constructively address their own social, civil, political, and economic needs. (Dunn and Andrews 259)

As this manifesto of the minority model attests, the identity of disability is undergoing a revolution as a source of pride and positive social construction. Such identification illustrates Foucault's third mode of subjugation: "the way a human being turns himself into a subject" ("Subject and Power" 778). In this mode, people may subject themselves by identifying as subjects of a certain domain. The minority model and its reclamation of identity-first language illustrate how individuals may come to know themselves as subjects of the domain of disability; within this mode, however, the subjects have emerged as the authority of delimitation in their own subjugation. By consciously choosing the linguistic construction of "disabled person" over "person with a disability," the subjects of the domain of disability may exercise power while further instilling the formation of disability as an object.

It is important to distinguish the authority of disability studies scholars from the authority of the disability community. People with disabilities who are not also disability studies scholars may not have the same opportunities to exercise power as those who have access to publishing and speaking engagements. These voices, whom I consider alongside disability studies scholars as an authority of delimitation, are valid and vital to studying the rhetoric of disability. Amy Sequenzia, a non-verbal autistic author,

contributes to Ollibean.com, a website well-known in the disability community as a resource for raising children with disabilities. In her discussion of person-first language and its relation to ableism, she argues:

If you are not Disabled and you are demanding the use of Person First Language (PFL), you are being ableist. If you are Disabled and you are demanding that other Disabled people use Person First Language, you are being ableist. If you are Disabled and want to use Person First Language when referring to yourself, I will respect that. I will also respect your right to demand that other people use Person First Language when referring to you. [But] ... I want to debunk the notion that by using PFL society treats us better. If anything, it helps with the stigmatization of Disabled people. Instead of “seeing” us, society ignores us, we become “voiceless” and “invisible.”

In accord with many disability studies scholars, Sequenzia rejects the notion that person-first language prioritizes the humanity of a person over a disability. In actuality, this ordering only renders a disabled person’s existence more palatable for a non-disabled person by nulling the components of a person’s body or mind that make up his or her identity. Even further, suggesting that society at large should subscribe to a single semantic structure ignores uniqueness and individuality by dismissing the desires and preferences of the individual disabled person. Continued support of person-first language, in Sequenzia’s words, is ableist because the disabled community has “already said that respecting us means listening to our preferences, instead of demanding that everyone uses

a language that we reject. You make it all about you, your preferences, your choices.”

Though many who support person-first language do so from a place of goodwill, with the intention to validate a person’s humanity rather than only see an impairment, continuing to prescribe person-first language reinstates the hegemonic authority of delimitation that governs this minority group—and *makes subject to*. However, *the subjugated*, who have emerged from disability studies and from the disability community as an authority of delimitation, acknowledge the complex scenario that Sequenzia defends: it depends on the rhetor. If an individual prefers to be called a “person with a disability” rather than a “disabled person,” his or her wishes should be carried out by other individuals with or without disabilities, regardless of the disability community’s general preference for identity-first language.

The dilemma of identity-first versus person-first language as an effect of disability’s authorities of delimitation exemplifies the role of language in forming objects of discourse, which then shapes identities and arranges social hierarchies. Though Dunn and Andrews represent the medical profession as an authority of delimitation that has contributed to the subjugation of the disability community by prescribing person-first language, they make an important qualification: “Word choice, labels and the like, whether written or spoken, become a challenge because it matters *who* is doing the representing, *who* is being represented, and with *whom* exchange is occurring. Moreover, are people with disabilities involved in the writing or speaking activities?” (260-261). Every rhetorical situation demands the awareness of, and sensitivity to, its interpretive occasion, which precludes a universal prescriptive grammar of referring to people with

disabilities. A rhetor's constraints must be considered alongside an audience's constraints in order to disempower the discursive tropes that have unjustly subjugated the disability community. However, when considering the reality of cognitive and intellectual disabilities, which organize disability along Foucault's grids of specification, the rhetorical situation is further complicated.

Grids of Specification

The third and final condition for existence that forms objects of discourse are the grids of specification, which Foucault describes as “the systems according to which the different ‘kinds of madness’ are divided, contrasted, related, regrouped, classified, derived from one another as objects of psychiatric discourse” (1437). Within this same example of madness, these grids of differentiation were the soul, the body, the life and history of individuals, and the interplay of neuropsychological correlations. For the institution of disability, the grids of specification are varied and nuanced, both in their physical or cognitive embodiments and in their discursive descriptions. From a larger schematic view, all impairments fall within the framework of disability if they symbolize any sort of difference or deviance from the idealized norm of human functioning, whether corporeal or cognitive. However, the terminology imposed by medical officials, the general public, and people with disabilities alike designate and differentiate both the kinds of disability and their degrees of severity. The terms *impairments* and *disabilities* are uttered most frequently within disability studies and in the general public; however, the more explicit grids of specification of the institution reveal a complex network of conditions, syndromes, disorders, illnesses, and injuries. An illness or injury connotes a temporary impairment that altered a once “normal” body or mind that may still be healed or cured by medical intervention. Contrarily, a condition, syndrome, or disorder implies a fixed state of deviant being that develops over time, is genetically predisposed, or manifests as a result of biological variation. Medical officials function as the primary authority of delimitation that designates these grids of specification, either in identifying

a new biological anomaly through research or in diagnosing an individual with a preexisting impairment. Though these grids continue to expand and shrink simultaneously, as new anomalies surface while medical treatments and devices are produced to treat or accommodate those anomalies, the various grids generally fall within two camps: corporeal and cognitive.

While the specific kinds of disability and their levels of severity are unique and worthy of analysis, I will focus on the great divide between physical disabilities and mental disabilities. As discussed earlier in this analysis, the larger narrative of the disability studies movement, academically and socially, is to fight for recognition of the disability community as an oppressed group and to weave disabled people back into society. Consequently, however, this narrative has further marginalized cognitively disabled people whose impairments prevent them from participating in discourse alongside physically disabled activists and researchers. The field of rhetoric echoes the stigmatization of cognitively disabled people by prioritizing ideal communication that may occur only within a normed rhetorical situation. There has been, however, significant traction in the name of “Neurodiveristy,” in that people with autism, ADHD, or similar neurological conditions are recognized as natural variations of the human condition (Robison). While conditions such as these certainly fall along the continuum of disability and its subsequent subjugation, I maintain that issues of agency and subjugation are more complicated and less represented for cognitive disabilities that affect the *understanding* of discourse in addition to the *production* and *dissemination* of discourse. Licia Carlson, author of “Docile Bodies, Docile Minds: Foucauldian Reflections on

Mental Retardation,” is one of few scholars to consider critically Foucault’s notion of biopower and subjugation with regard to severe cognitive disability (While I prefer and employ the term “severe cognitive disability” for my own analysis, I will employ “mental retardation” when referencing Carlson’s scholarship.)

Severe cognitive disability houses many syndromes and conditions—as broad as learning disabilities and developmental delays and as specific as Down syndrome, all of which vary in their own degrees of severity. Carlson traces the history of the development of the concept of mental retardation and argues that “multiple institutions, practices, and discourses constituted mental retardation as an object of knowledge” (135). The overarching goal of this exposition has been to situate disability—as a broad institution—as a purely rhetorical object in and of itself. Carlson’s study of mental retardation as its own separate object of knowledge displays the reliability of Foucault’s grids of specification as one plane from which objects are formed in conjunction with surfaces of emergence and authorities of delimitation. At the same time, the necessity of isolating mental retardation as a distinct classification and grid of specification, separate from corporeal disabilities, bolsters the segregation of the mind and body within both disability studies and within rhetoric.

Carlson calls upon a historical moment and material artifact—surfaces—from which the concept of mental retardation emerged: the creation of live-in institutions for the “feble-minded” and the creation of IQ tests (136). Institutions and IQ tests together created an organizational structure for assessing, diagnosing, and governing people with severe cognitive disability (who were at this time in the nineteenth century referred to as

“feeble-minded” or “idiots”). As a result of institutions and IQ testing, the medical authority of delimitation developed new theories for understanding this new object of knowledge, which Carlson summarizes as the *quantitative* definition of disease, which countered the previous *qualitative* definition. The understanding of mental retardation shifted in this way:

The belief in the curability, or at least improvability of “most idiots,” is grounded in a conception of idiocy as a quantitative, not a qualitative difference: a question of *degree* or *intensity*, not *kind*. “Idiots” were considered to be human beings “like the rest of us”; the “idiot” was simply at a lower level of development (be it physical, intellectual, or moral). Alongside this quantitative picture, however, we find the depiction of “idiots” as *qualitatively* different, that is, as a separate kind. “Idiots” are viewed as animal-like, subhuman, or of a different race altogether. Generally, the most severe cases of idiocy were used to illustrate these qualitative differences. They were often described as human only in form, empty shells of humanity. (138-139)

As Carlson explains, in this moment the degree to which an individual was able to rationalize or to communicate reasonable thoughts directly influenced his or her level of deviance and, thus, his or her level of humanity. The organizational systems of institutions and IQ tests helped to systematically categorize the various kinds of disability—the grids of specification—which has further marginalized certain populations of the disability community.

The diagnosis of and placement of disabled people who were “feble-minded” in medical institutions are yet another form of exercised power over a population that deviates from the norm—in this case, the cognitive or cerebral norm. Within these institutions, staff aimed to educate and rehabilitate people in order to become productive members of society, unless their disability was so *qualitatively* different that they were unable to change or improve. Carlson calls upon Foucault’s notion of discipline and punishment, in that “while the ‘feble-minded’ were objects of various techniques and practices (for example, documentation, examinations, punishments), they were also called upon to take part in the workings of this disciplinary apparatus: they were taught to be productive so that they could work *within* the institution” (144). In this light, individuals were subjugated and, if their cognitive impairment allowed, turned themselves into subjects by becoming productive members of the domain. Whether an individual was considered *quantitatively* different (a lower functioning level of cognition) or *qualitatively* different (a separate kind of functioning outside of human cognition altogether), people with cognitive disabilities emerged as a grid of specification along the continuum of disability and became subjects who both came to act in certain prescribed ways and were acted upon by medical officials (149).

The historical conditions of institutions and IQ tests are relevant for mapping this grid of specification for disability, especially regarding how it has emerged as an object of knowledge in front of the medical gaze. I am most concerned, however, with the contemporary conception of cognitive disability, especially regarding its implications for the field of rhetoric. Foucault argues that psychopathology, the systematized discipline

surrounding the emergence of madness as an object, was and is constantly in motion, subject to new discoveries and subsequent corrections of previous thought. although its system of formation remains stable. However, the clarification must be made that “it is not the objects that remain constant, nor the domain that they form; it is not even their point of emergence or their mode of characterization; but the relation between the surfaces on which they appear, on which they can be delimited, on which they can be analyzed and specified” (*Archaeology* 1440). Political, economic, and social conditions (surfaces of emergence) directly affect the voices who may speak of objects (authorities of delimitation) and define how, who, and in what contexts those objects exist and are differentiated (grids of specification). The *relations* among these planes are the constant generators of rhetorically formed objects. Within the context of disability, the phenomena of genetic anomalies, biological differences, and acquired illnesses or injuries are perpetually changing. They are not constant, but the relations among the planes that converge to form their discursive existence are. Thus, we must draw our focus to the planes that inform the discussion of objects, rather than the objects themselves. Considering the historical conditions in which objects of knowledge first appeared is necessary, but Foucauldian discourse analysis is less concerned with lexical and semantic structures, and the materiality in which they initially appeared, than it is with the designation of those structures in specific and systematized formations. When we perform such analysis, “one sees the loosening of the embrace, apparently so tight, of words and things, and the emergence of a group of rules proper to discursive practice. These rules define not the dumb existence of a reality, nor the canonical use of a

vocabulary, but the ordering of objects” (1441). As this exposition has aimed to present, this *ordering* of objects as disabled or non-disabled, rather than the plain *recognition* of the phenomena of corporeal or cognitive difference, is what has formed the present conception of disability.

Additionally, Foucault makes the important qualification that “what we are concerned with here is not to neutralize discourse ... but on the contrary to maintain it in its consistency, to make it emerge in its own complexity” (1440). Discursive formations, like the notion of power, are not inherently oppressive. The oppression of people with disabilities is not a direct result of the *existence* of discourse but of the *use* of discourse to subjugate certain people so that they may come to know themselves as separate and deviant. As discussed in the authorities of delimitation section, the recent dilemma of identity-first versus person-first language displays the power of discourse in shaping identities, which illustrates Foucault’s goal of analysis to view discourse itself as a practice. For disability, members of this community have recently begun to take part in that discourse, often in the form of reclamation of the institution’s discursive tropes or in legal discourse that has altered the environmental materiality in order to accommodate differently formed bodies. One of the victories of the disability studies movement and activism has resulted in the deinstitutionalization of sites similar to those Licia Carlson discusses in addition to the shifts away from terms such as “mentally retarded,” “idiocy,” and “feble-minded.” Despite these successes, the reality for individuals with severe cognitive disability has remained largely unchanged, if not further marginalized. Those with cognitive impairments that prevent them from taking part in discourse have been

neglected, if not rejected, largely due to the priority of “normal” discourse and communication.

Enunciative Modalities

Current scientific research regarding facilitated communication for individuals with cognitive disabilities has received much attention but not without philosophical scrutiny. Facilitated communication may take many different forms, as it suits the individual person's unique impairment and level of severity, but it is premised on physical and/or emotional support provided by a second party in order to aid an individual to communicate, perhaps through typing, holding a disabled person's hands, or pointing to pictures. Douglas Biklen reports that facilitated communication has been especially helpful for individuals with autism or other impairments that affect the ability to perform motor tasks. When data was recorded, individuals were noted to have expressed "rational," sophisticated thoughts with the aid of facilitated communication (Erevelles 46). However, the notion of facilitated communication as authentic discourse has been controversial, as critics have scrutinized the scientific objectivity of these expressed thoughts on the grounds that if an autistic individual cannot communicate consistently without facilitated communication in various situations, then the validity and reliability of facilitated communication should be questioned. In other words, the role of the author in producing these alternative modes of discourse is unclear. With these considerations in mind, Nirmala Erevelles poses important questions that may inform further research: "Are people who have been identified as cognitively disabled competent (or incompetent) to represent themselves? Is it possible that these people can have observable physiological, cognitive, or behavioral disabilities, but also exhibit behavior and thinking that could be termed 'normal,' that is, rational?" (47)

Erevelles situates the controversy of facilitated communication as the debate between the humanist subject (which is predicated on pre-existing notions of Self, Truth, Reason) and the poststructuralist subject (who comes into being through language). As demonstrated in this analysis, I argue for the poststructuralist subject, especially considering my position that disability as an object (and the subsequent formation of the subject) has been formed by a network of ideologies and materialities. If we consider the poststructuralist subject as Foucault does, in that “subjectivity is not an originary force, not an originator of speech act and ideas, but rather is the constituted effect of knowledge regimes (discourses),” then the integrity of facilitated communication may be considered as a valid and authentic form of communication, regardless of whether a rhetor communicates independently or with the aid of another party (Erevelles 48). Furthermore, I regard Erevelles’s questions within Foucault’s framework in *The Archaeology of Knowledge*. Though the surfaces of emergence, authorities of delimitation, and grids of specification are critical to analyzing the formation of objects, the enunciative modalities (in the chapter following “The Formation of Objects” in *The Archaeology of Knowledge*) should be considered for further analysis regarding severe cognitive disability and rhetoric.

While studying objects of discourse necessitates the study of contextual information that gives rise to those objects, the enunciative modalities of discourse, which are concerned with the speaker and his or her qualifications, the institutional sites from which the speaker produces discourse, and the speaker’s subject position and relation to the object, should also be considered. Foucault’s notion of enunciative

modalities—the relations regarding the authenticity and authority of the speaking subject—offer a framework that rhetoricians may use to enter the discussion regarding facilitated communication for people with cognitive disabilities. Foucault’s definition of enunciative modalities centers on the medical official as the speaking subject, arguing that “medical statements cannot come from anybody; their value, efficacy, even their therapeutic powers, and, generally speaking, their existence as medical statements cannot be dissociated from the statutorily defined person who has the right to make them, and to claim for them the power to overcome death and suffering” (1442). Though in this sense the subject refers to a medical authority of delimitation, we may apply these same principles to the authority and authenticity of the cognitively disabled person as a speaking subject—considering subjects are formed both by those who *make subject to* and those who *are subjugated*. If subjects are formed through knowledge-power relations, it is possible for a subject who does not produce conventional utterances to exercise agency (and, thus, power) through the vehicle of facilitated communication. This is only possible by a retheorizing of agency, which will require new considerations of the rhetorical situation—namely the *ethos* of a rhetor and/or interlocutor. With continued scholarship, I believe that rhetoricians may open up the normed rhetorical situation to accommodate diverse forms of communication and may consider them as valid and as worthy of analysis as conventional rhetorical situations. If we consider facilitated communication in tandem with Foucault’s enunciative modalities (who is speaking, the institutional sites from which discourse is produced, and the speaker’s relational position to the object), we may begin to retheorize agency and the exercise of power for

individuals with cognitive disabilities. This will ultimately make way for more inclusive, equitable discourse and, thus, more inclusive, equitable relations among humanity.

Conclusion

Discourse is not a reflection or a translation of a phenomenon. Rather, it gives meaning to an observable phenomenon. In Foucault's words, "Discourse is not the majestically unfolding manifestation of a thinking, knowing, speaking subject, but, on the contrary, a totality, in which the dispersion of the subject and his discontinuity with himself may be determined" (*Archaeology* 1444). The subject is formed as an effect of dispersed language and material conditions, rather than a pre-existing entity that simply must then be named and categorized. As this exposition has aimed to elucidate, we have come to know the disabled person as a subject of the domain of disability, which has come into being through discursive knowledge-power relations. My scholarly purpose for this project has been to display the meaning-making power of discourse, which may manifest in the weaponization of knowledge and power to unjust ends. My personal goal, however, has been to serve as an advocate for those whose voices have been silenced.

Despite my analytical positioning of disability as a rhetorical formation, to argue that a disabled person's reality is no different than a nondisabled person's reality is futile; impairments—corporeal or cognitive—are often physically painful and emotionally arduous, regardless of their rhetorical nature. One may argue that a discourse analysis does little to alter or improve a disabled person's daily life. This project may mean very little for an individual who is unable to read or interpret its arguments. It is true that academic study does not alleviate pain or tangibly improve quality of life. Even so, I contend that when we study the rhetorical nature of knowing and being, we begin to understand more deeply our shared humanity and to protest more ardently the injustices

that afflict us all, or those we care about, in some capacity. When we illuminate areas of our cultural fabric that have been neglected if not actively shunned, and represent and support the people who are members of these communities, we create opportunities for civil discussion and engagement. Regardless of ideology or occupation, it is the civic duty of all humanity to speak out against oppression. If we are to take such action, we must first engage in discussion. I find Bill Hughes phrases it best:

Nondisabled people require disabled people in order to live in the minimum security of that curious and liminal ontological space that is called “the human condition.” For many people, the frailty of that condition is troublesome. For many people, impairment represents the tragedy that they hope they will never have to face. Disabilism and ageism amount to the failure to recognize and to celebrate the frailties of existence to which we are all subject. Few of us will escape impairment. The failure on the part of nondisabled people to recognize impairment in themselves, and to recognize this way of being-in-the-world as one of the privileges of life itself, is one of the tragedies of modern culture that needs to be bemoaned. (89)

As both a rhetorician and a disability advocate and ally, I argue that if we are to move toward a more just, equitable society, we must understand our roles as meaning-makers and the consequences of our thoughts, words, and actions—our discourse. It is not enough, however, to recognize social injustice and to acknowledge that it has been rhetorically formed; we must call upon our shared humanity and reconstitute our cultural

idol of normalcy, reassign the meaning of disability, and make way for new, diverse rhetorics. While disability studies has opened up and validated the discussion of disability as academic inquiry, additional scholarship is needed that critically evaluates the intersection of rhetoric and disability in order to further these goals.

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