

Literary and Cultural Disability Studies: An Exploration
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Lecture – 38
Governmentality and Disability Studies A Special Connection

Let us start with governmentality. I call this lecture ‘Governmentality and Disability Studies: a special connection’. For further analysis and understanding I strongly recommend Shelley Tremain's book ‘Foucault and the Government of Disability’. It sort of gives you great samples of analysis that one can use in the twenty first century to understand how Foucault's understanding of power and governmentality is applicable across Disability Studies thinking.

Using Shelly Tremain's edited book as a launch pad let me share some of my thoughts that have been brewing in my head recently, about how one can think about Disability Studies with a view of governmentality in mind. To begin that let me take a framework such as ‘social model of disability’. What the social model of disability? In my previous course you might come across this idea.

For those who are not familiar I would strongly recommend listening to those lectures, but broadly speaking, social model of thinking is based on the view that it is the ill organized social arrangement that causes disability. For example, if my learning environment did not facilitate for me to have Braille notes in front of me, then I will be put to great difficulties to make my lectures sound coherent. So, an ill-organized social system on account of discrimination, marginalization and even discrimination, societies can disable impaired people. Blindness can be a medical category but it can become heavy weight on me by way of disability if inclusion dynamics does not come into picture.

So, that is the social model; it broadly goes with the Marxist perspective on infrastructure developments and when economic, cultural building blocks are in place then it might lead to emancipation. There is nothing inherently wrong with social model, but think about Foucault's governmentality, say disciplinary power in view here.

See in Foucault's thought disciplinary power works in different ways; one, it is a kind of a cellular force. I mean cells, individualization. I am an individual, you are an individual and they are individuals. Suppose we have that perspective in mind and in and my individuality is determined by productivity. Social model which is very popular in Britain is based on the idea that if disabled people are given or enabled to be productive they will be as good as others. So, they can be given gadgets and gizmos, maybe they can be given paid assistance (in Britain they give disability living allowance) and authority to pay to carers who are paid assistance and the agency is given to the disabled person and so on. In a sense, social model is driven by the idea of a productive individual. An individual is a fuller person if that person - especially disabled person - can be fully integrated via the notion of productivity.

A teacher if she can function as a teacher fully, a doctor if he could perform fully as a doctor, then the social model mission is said to be complete. But real life circumstances work differently. They are not isolated individuals all the time; they are not cellular. For example, there are lots of power dynamics between a particular disabled person benefiting from a social model.

For example, a person like me who is a teacher; my productivity is influenced by the kind of technology that I use. My self-esteem is driven by how I relate to the caregiver. If I am in a productivity situation maybe there are plenty of competing notions and contradictory views about care and productivity going on between me and my caregiver. Secondly, in a productivity driven regime inclusion need not always happen because I have a gizmo that will enable me to write research papers properly. Maybe my colleagues still are given to the idea this 'guy is very good but let us not include him for dinner, cultural extravaganza, partying and friendship and even going to a cinema and anything is based on friendships and he is a boring type to include because I have to hold him in by hand and take him' and so on.

So, if that were the perspective then I will be left alone and not included. Think about another scenario: maybe they are including me but not fully. When somebody wants to look inclusive they might include a person from a perceived low-caste black or disabled a transgender person and a white and so on in a conference table. Is it true inclusion? No! inclusion here is based on appearance; it is not true inclusion. So, likewise, because inclusion based on productivity is

complete because perceived differences do not look persistent or do not emerge, it does not mean there is a lot of power going on. And disabled people are not a monolithic entity. There is this gender dynamic of disabled men by way of their the functioning of patriarchy in differing ways, they have some privileges which disabled women do not really enjoy and there are some hierarchies by way of power dynamics among disabled people themselves. All these things go under the carpet when social model is not seen with a critical lens in favour of power and governmentality. That is where Foucauldian thinking comes really handy for an emancipatory Disability Studies project.

Well it is one thing to do disability studies just for knowledge sake or just to sound different and just to say something novel. But it is entirely different to do it with ethics, as an ethical commitment for inclusion. A sensitivity to power dynamics will make us better learners of disability studies and beyond. So, that is one framework.

Let me do one more when it comes to power. Let me think about subjectivity now. How Foucault's notion of subjectivity is very helpful in his thinking. What are the things that contribute to DS (Disability Studies) subjectivity? Well, as I told you in the early lecture, subjectivity is that which is not something locked inside the skin. It is not a force, it is not an entity that is something that is actively made up of. It is actively in the making. It is a productive force. It is myself being part of the context that is constantly in the making. So, in that sense Foucauldian notion of subjectivity can help us to help DS and DS in turn help Foucauldian notion of subjectivity to fine-tune itself. Let us see how.

Well, I borrow from one of the essays on nominalism in Shelley Tremain's book. Foucault is talking about the notion of 'implantation of perversion'. What is it he talking about? I told you in the beginning that he was homosexual. So, he was interested in history of sexuality; he was 'mad'. So, when it came to the history of madness he said that regimentation led to more violence against people with mental impairment or madness. In the pre-modern period in Foucault's analysis mad people were considered ecstatic; maybe they were in touch with the divine; maybe they are possessed by a demon and so on. So, this was considered normal to be in touch with the divine or to be in touch with the devil and so on. It was considered a way of life.

But from Renaissance onwards people with deviant behaviour were considered out of reason. So, the binary started coming - reason and unreason. What do we do with people who are into unreason or are unreasonable? For example, in a classroom for somebody to not be quiet and say something which was not expected. You simply remove them from the classroom. 'Out of sight, out of mind', that kind of phenomena came.

So, from 19th century onwards with the advancement of medicine with some development in place about brain sciences, madness or deviant behaviour or behaviour of unreason was considered to be some problem created by a maladaptive brain. Entire madness was located in the brain that is gone disarray. So, now he goes on to this do this kind of effects that knowledge produces on people in their respective lives and even his in his book on history of sexuality he could see how homosexuality was created to normalize heterosexuality and so on. So, some kind of perversion was implanted in the creation of knowledge at every point in time in modern history to create the normal and to name of the normal, (this is called nominalism, ie. to assign a name to the normal) through implanting perversions elsewhere on homosexual, on the mad and so on. Now think about disability; somebody may say, 'well you cannot hear therefore classroom is not for you; you cannot see therefore colour is not for you; you are mad and you are imbalanced in emotion and therefore computer science is not for you; you look short and therefore modeling is not for you; there is a scar in your face and therefore you cannot be in a reception desk', and so on. They implant these impairments which look neutral, say 'hearing impairment, blindness, short stature' etc. They can use all the politically correct terms but implant it on you so that they can neutrally and in scientific language make you withdraw; this is implantation of impairment. That is, some kind of naming or indexing; 'you are hearing impaired and therefore you do not belong here', that kind of nomenclatures which look neutral like say 'mental illness', 'schizophrenia' and so on. They looked neutral because they came with jargon, they came with some clinical research findings, statistics and so on. But the nomenclatures look normal and neutral and therefore we need to obey. We need to obey and withdraw so as to be punished from being able to go into assumed roles that you wanted to do.

So, what is the argument here? To be in this world, to be oneself, to be comfortable in one's own flesh, in one's own body, mind and soul, one needs to be vigilant about what is neutrally said to

oneself. So, disabled activists and even common people know too well that what kind of attribute makes them withdraw, what kind of attribute makes them advance and what kind of attribute is for their flourishing.

So, an awareness of subjectivity that is beyond oneself is something disability stands to benefit, and Disability Studies can also give new insights about subjectivity formation outside oneself using this kind of framework, and one of them is nominalism which I have borrowed from Shelley Tremain's book.

Well in what other way does DS have an interesting connect with governmentality? Well one can talk about disability care. Governmentality is all about self-governing at whole and one of the ways in which people relate to each other is care; for example, parents care for children, friends care for each other, teacher care for their students and students care for their alma mater and doctors care for patients and so on. So, and therefore some kind of inter-subjectivity and some kind of interdependence happens in care. But Foucauldian analysis applied only for subject formation. Well it is all about self-governing but it is also about circulation of the idea of self-governing. So, that is where Foucauldian governmentality is useful when we think about care. How? Let me give an example.

Suppose one has a disabled friend, say hearing impaired, and that person needs some support. Maybe to take classroom notes one of the things is to give some technology support. Even if it is there, maybe some more support is required. But it is entirely possible that because of affect (that is emotion, different kinds of emotion that we carry about each other) that deaf person suffers negative projection on the part of their classmates. For example in everyday situation we all handle (whether disabled or not) negative projections on each other; just by looking at me a student of mine may feel, 'oh this person looks like a very good person' or on the other hand some other person may feel, 'oh my god! this man should be a devil'. Maybe he or she was thinking about maybe a neighbour uncle who was terrible with that person. So, we have different projections and projective identifications with people. Usually people with disabilities expect two opposite side of emotions, one is 'oh my god I should hold him so tight because he cannot walk, maybe he will fall there. So, he is absolutely dependent on me'. In the other extreme there,

is 'oh my god she is genius, above normal. I should bow and admire and pay my homage of respect and salute for that person'. This seemingly opposite projections both are false emotions but those emotions can drive a caring relationship and that caring relationship need not collapse because of this opposite emotion; it can just keep going on.

So, on the one hand there is this affect and emotions which are multiple: love, desire projections, negative and positive anger; in Indian tradition there are nine rasas or sentiments like *kroda*, *shringar*, *veera* and so on. We will come to that later in another lecture. So, now these emotions can influence a caring relationship.

About normative consideration. We are governed by norms; a man should do this, a woman should do this, one should not be cared like this, maybe an elderly person does not have to be given a helping hand to watch cricket - all he needs is maybe some devotional songs just play for him. There are different normative considerations that drive our desires and our ambitions.

Our moral ideas about who should live, who should not live, who should get a lion's share of the cake and lots of things that can again determine interdependence and inter-subjectivity that form because of the caring relationship. And there are different normative considerations in different care formations, for example mother and disabled child relationship. Mother may consider it is her duty to give herself wholly for the child without any form of self-compassion. She might burn herself like a candle and then give herself for the sake of the child (which is actually not correct). Such normality considerations can influence caring relationships and subjectivities that form.

About role expectations. Well, in care giving and disability it is very interesting because role reversals can happen in disability care diads. For example a man who is expected otherwise (by way of social norms) to be in the driving seat may take a back seat. And this may not always be straightforward as it sounds. Because role reversals can create tensions, both positive and negative, among a care diad. So, what am I saying? Well, this is not when seeing power equations at micro level. There may be many many considerations going on including competing emotions, effectiveness, normality considerations, role expectations and so on in a caring

relationship and because it is emotion, because it is normative consideration, one need not exclude them beyond power.

And remember, in Foucauldian terms power is not negative; it is a kind of circulation of role playing, interplay and relationships that people make possible. And finally let us talk about in terms of disability theory. It is also about ethics of inclusion. As I said earlier, Disability Studies is not about just knowledge creation; it is a critique of knowledge itself.

Remember, Foucauldian composite term power/knowledge. Because it is not saying power is equal to knowledge and knowledge is equal to power. It is about how power in its circulation at macro level. That is, if you go to an English medium school then it has some kind of influence about how you make your public persona via English, as opposed to how if you go to a Tamil or Telugu medium and how you make your persona available in public space via those languages. At the micro level human dynamics like the ones discussed above how they influence. Similarly when applied in a disability studies point of view, knowledge cannot be seen on its own terms; it has to be seen in access terms; it has to be seen in how inter-subjectively it is available; it has to be seen through structures via which they are available; it has to be seen through standpoint.

Let me explain. Access. Literacy is as important as literary. For example, the way a knowledge is available in Braille, the way knowledge is available in print, the way knowledge is available in different other sources, they affect the way that knowledge is circulated. For example, knowledge available through touch means and maybe audio recording etc. They take time, they are not available in plenty, they involve scribe, reader, audiobooks and special means by which they are accessed. These influence how knowledge is available to certain people. You cannot say, 'I will not give you a Braille copy but I would expect you to perform in the same way as others'. So, when it comes to inclusion ethics Foucauldian governmentality is immensely useful to know; how a knowledge is made, how it influences the power that a disabled and non-disabled fit in, how they make it to certain fields of knowledge, how they move around and so on.

Concluding remarks. In these two lectures I introduced Foucault's idea of governmentality and then the way it can absorb something from Disability Studies and give something in return. But the larger picture is this: governmentality works through the circulation of power and power is made up of how much and in what terms knowledge makes itself and circulates among people. Disability studies as a knowledge on embodiment, as a knowledge on standpoint with different bodies, it helps us to understand how corporeality, how body and mind circulate governmentality differently. So, by way of disciplinary power or biopower, when we combine both we can be extra cautious about disciplinary power, about how inherent notions and ideas about how we present ourselves and how we learn certain things, and biopower macro knowledge's like statistical knowledge about one's health insurance life courses and chances. One can be self-reflexive about it and not be obsessively attached to one particular ideology. That is the supreme lesson available when we think about governmentality and Disability Studies together. Thank you.