The Normalizing Society and Disabilities

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As part of the theory section of the First International Conference on Disability Studies, I thought it would be a good idea to explore a few of Foucault's ideas that seem to underlie a great deal of research in what I would call, the 'politically-oriented' research disciplines in our universities today such as race studies, gender and sexuality studies, native studies, and of course disability studies among countless others. Specifically, this paper will explore the work of Dr. Ann Waldschmidt, a German disability theorist and activist, in relation to Foucault's "normalizing society". In doing so, this chapter will aim to do three things: (1) to place the normalizing society within its historical context, (2) describe what norms are and how they function in the normalizing society, and (3) reflect on Dr. Waldschmidt's work regarding biopolitics, genetic counselling, and disabilities.

The decision to focus on Dr. Waldschmidt's work is twofold. Firstly, she has developed some interesting theoretical concepts in relation to the switch-point between the disciplinary and normalizing society. Secondly, she offers us a reflection on her earlier work, which I think is both interesting and formative in relation to understanding the aforementioned historical event. Although Dr. Waldschmidt's work takes German disability discourse as its object, and thus resists different legislation and political discourse than we would (here in Canada), I believe that her analysis is relevant in many ways. I would encourage those of you who are interested in these ideas to make connections with your work here in North America.

The Disciplinary Society, the Normalizing Society, and Norms

The concept of a "normalizing society" was first explored in Foucault's *"Society Must be Defended"* and subsequently in the first volume of *The History of Sexuality,* though the concept of norms can be said to permeate the entirety of Foucault's *opus*. Already in Foucault's first important work (and graduate thesis) the *History of Madness,* Canguilhem notices that he was able to "tear open the envelope within which a technique of normalization presented itself as a knowledge/*déchirer l'enveloppe sous laquelle une technique de normalisation se présentait comme un savoir*".[1] What he meant here is that certain knowledges, such as medicine and psychiatry, though they may present themselves as neutral, they do in fact contribute to political or social normalization processes. We can see this happen in his works on several institutions such as the asylum, the hospital, the prison, the school and the military (and their accompanying knowledges). These institutions were primarily objects of reflection for Foucault in his early career, and were analyzed as disciplinary institutions; though he never lost sight of the knowledge that made them possible. While these institutions still exist today (in the normalizing society), their functions depend on a different type of power, and thus make use of norms in different ways.

In short, the disciplinary society is "a regulated, anatomical, hierarchical society whose time is carefully distributed, its spaces partitioned, characterized by obedience and surveillance"; whereas "[a] normalizing society is the historical outcome of a technology of power centered on life", and the regulation of its processes.[2] The crux of the difference between the two is that in the former power is exercised though a

[1]Georges Canguilhem, "Sur l'*Histoire de la folie* en tant qu'événement", quoted in Jean-François Braunstein (ed.), *Canguilhem. Histoire des sciences et politique du vivant* (Paris: PUF, 2007), p. 14.
[2]Michel Foucault, *The History of Sexuality. Volume 1* (Vintage: NY, 1990), p. 144.

'micro-physics' of the body, while in the latter power is exercised primarily through norms (statistical) of populations' life markers (as their target). In the former discipline is applied to the body to "mould" it to a determined end (a type of student, a type of worker, a type of prisoner), while in the latter the objective is the regulation of populations (life processes) towards an increase in the health of a population as a whole. The important thing to note is that the term "the normalizing society" is a rough historical periodization based on the dominant mode of power present in today's political discourse. It is not the case that these represent universal or exhaustive descriptions of power at any given historical period or even the present. To say that one dominates is not to say that the other disappears; the transition between these dominant modes of power develops in interesting ways. The periodization is based on which mode of power 'permeates' the discourse; however, other modes of power do not entirely disappear.

As Foucault reminds us, "there is one element that will circulate between the disciplinary and the regulatory, which will also be applied to body and population alike […] The element that circulates between the two is the norm" which "can be applied to both the body one wishes to discipline and a population one wishes to regularize."[3] In fact, when Foucault says that "[t]he normalizing society is a society in which the norm of discipline and the norm of regulation intersect along an orthogonal articulation"[4], he seems to suggest that the normalizing society is not a transition, but a historical emergence from and beyond disciplinary technologies of power. In other words, discipline and regulation are mutual but not exclusive. In fact they coexist; we can imagine them as 'backwards compatible'.

[3]Michel Foucault, *"Society Must be Defended"* (Picador: NY, 2003), p. 253.
[4]*Idem*

The question remains: 'What kind of norms are we talking about here?' Dr. Waldschmidt makes the claim "that there are now two types of norms that guide human action: *normative norms* and *normalistic norms".*[5] Firstly, there are norms that correspond to normativity: "Normative norms orient people to external rules that they must follow or to which they must conform." [6] Most importantly these are explicit, and fixed. They are expressed through control mechanisms which "ensure conformity with social norms; deviation and disobedience are subject to penalties and sanctions."[7] The clearest examples of these, of course, are laws (which dominate the disciplinary society). Using an apt metaphor, Foucault tells us that "[t]he law always refers to the sword", in other words discipline; "[b]ut a power whose task is to take charge of life needs continuous regulatory and corrective mechanisms."[8] It is precisely this need that is filled by the normalistic norm. "Normalistic norms, in contrast to normativity, are less static and less oriented to stability; they are based on change and dynamics."[9] Examples of these would be percentiles in psychological testing, economic growth statistics in regional development studies, risk assessments in finance, insurance, or health. Evidenced in these examples, "[s]ince normalistic norms are supported by statistics, these norms exist only in highly data-oriented societies."[10] This is a bold statement, but I think it is supported by critico-historical investigations into the emergence of the social/human sciences. Regardless, these co-existent types of norms help us understand

[5]Ann Waldschmidt, "Who is Normal? Who is Deviant? 'Normality' and 'Risk' in Genetic Diagnostics and Counseling" in Shelley Tremain (Ed.) *Foucault and the Government of Disability* (Ann Arbor: Michigan UP, 2008) p. 193.
[6]*Idem*
[7]*Idem*
[8]Foucault, *History of Sexuality,* p. 144.
[9]Waldschmidt, "Who is Normal? Who is Deviant?", p. 194.
[10]*Idem*

the complex interplay between anatomico-disciplinary norms and regulatory norms within the normalizing society. We must look more closely at this emergence, or more precisely, at what it is exactly that changed.

Human Development, Statistics, and Risk

The technology of population statistics and the concepts of risk are centrally important to both the normalizing society in the 21st century, and to Waldschmidt's analysis of human genetic counselling. Before we get to this, we have to be pretty clear about what we mean when we talk about life entering the field of politics. Certainly, as Foucault reminds us, before the nineteenth century we did think about population in certain rudimentary ways. Military generals certainly were concerned about troop numbers and sustenance, or the sovereign worried about his standing army. In general this could be considered thinking about population, and the population as object of political control. However, there are three dynamics, or three aspects that emerge from the entry of life into the "realm of explicit calculations" in the nineteenth century that are not present in these examples. These aspects arise precisely as result of the emergence of biopower, which comes to permeate the logic of governance in the west.

The three aspects of this entry of life into the 'realm of explicit calculation' are: Firstly, we see the emergence of certain concerns, such as public health [*hygiène publique*], the condition of habitats, or epidemics; secondly, we see the emergence of specific knowledge that deal with these issues, such as demography or epidemiology; and lastly, the emergence of apparatuses [*dispositifs*] of power like social medicine

and childcare.[11] We can already see a major problem here, one that Foucault recognized quite early in his career; that on this second point, the emergence of specific knowledges, though they may appear neutral, are part of this general technology of governance. It will be essential in the normalizing society to rely on specialized knowledge in order to regulate 'naturalized' social issues (like epidemics/ illness/disability for example). I think it's useful to quote Foucault at length here:

> "The discourse of disciplines is about a rule: not a judicial rule derived from sovereignty, but a discourse about a natural rule, or in other words a norm. Disciplines will define not a code of law, but a code of normalization, and they will necessarily refer to a theoretical horizon that is not the edifice of law, but the field of the human sciences. And the jurisprudence of these disciplines will be that of a clinical knowledge."[12]

As McWhorter puts it, "Newton and Leibniz invented calculus in the late seventeenth century. Before the beginning of the nineteenth, that invention had been put to use to create the science of statistics, which made it possible to study various developmental trajectories and 'norm' them."[13] From the 19th century a great many human or social sciences come to make use of statistics to establish norms within their disciplines; the most notable by far are medicine/psychiatry, sociology and criminology. As Hacking reminds us, "Durkheim's innovation was to found his argument on the sheer regularity and stability of quantitative social facts about statistics and crime."[14] It is certainly interesting that "one name for statistics, especially in France, has been

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[11]Michel Foucault, "The Confession of the Flesh" in Colin Gordon (ed.) *Power/Knowledge; Selected Interviews and Other Writings, 1972-1977* (New York: Pantheon, 1980), p. 226.
[12]Foucault, *"Society Must be Defended",* p. 38.
[13]Ladelle McWhorter, "Sex, Race, Biopower: A Foucauldian Genealogy," *Hypathia* 19, No. 3 (2004), p. 38.
[14]Ian Hacking. "How Should we do the History of Statistics?", in Graham Burchell, Colin Gordon, and Peter Miller (eds.), *The Foucault Effect; Studies in Governmentality* (Chicago: Chicago UP, 1991), p. 182.

'moral science': the science of deviancy, of criminals, court convictions, suicides, prostitution, divorce", and the like.[15] In other words, the human sciences were quick to make use of statistical concepts to formulate analyses that problematize certain behavioural trends within a population. While the development of statistical methods related to epidemics in medicine was taking hold, the social sciences were carving out their own turf: a science of deviancy and of the 'social ills' of the time. This gives rise to a dangerous political problem; namely, that with the entry of life into the realm of explicit calculation, the human sciences were brought squarely within the apparatuses of governance — *the* essential tool for its exercise in fact. Legal scholarship ceases to be the dominant discourse for the production of norms. Again from Hacking:

> "It is no accident that Durkheim conceived that he was providing a general theory to distinguish normal from pathological states of society. In the same final decade of the nineteenth century, Karl Pearson, a founding father of biometrics, eugenics and Anglo-American statistical theory, called the Gaussian distribution the normal curve."[16]

The normal curve becomes the major tool for a scientific definition of normality in the social and human sciences. It comes to redefine the norms of social life and the governance of marginal populations. Essentially, we can say of statistics that "it may think of itself as providing only information, but it is itself part of the technology of power in a modern state".[17] Clinical knowledge armed with statistics, becomes the producer of norms *par excellence*; as we see in Foucault's quote above — ("not a judicial rule derived from sovereignty, but a discourse about a natural rule").

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[15] *Idem*
[16] *Ibid.*, p. 183.
[17] *Ibid.*, p. 181.

The proliferation of biopower within the social/human sciences takes many forms, some examples are: medicine's role in public health [*hygiène publique*] in the 18th century and social medicine in the 19th century (Foucault), the development of a science of sexuality in the 19th century (*scientia sexualis* vs. *ars erotica)*, psychiatry's discourse on delinquency which underpinned the science of criminology (turn of the 20th), or in 21st century bio-psychology, to be more specific, the development of a mapping of abnormality directly onto the brain, and the emerging 'screen and intervene' rubric (this in Rose).[18] The later example, from psychology, is quite similar to Waldschmidt's account of medicine in genetic counseling, though I will not do a comparative reading here, given the lack of space. It remains that the concept of normality, as it emerged in 19th century social science, is central to the experience of disability in the west.

As Waldschmidt understands, one of Canguilhem's greatest theoretical insights was to discover that "[w]hen we define ourselves as normal, we also simultaneously define who should be considered as abnormal in comparison to us. In other words, both freedom and normality have their drawbacks, their social 'costs,' and their victims."[19] The definition of normality, based on clinical knowledge, has a truth function in today's technologically advanced information society; it legitimates the rules of exclusion on which we base our values about life. Norms of health become social norms of life. What this means is that clinical visions of 'able bodies and minds' become normative, and alternatives are not alternatives at all, but clear deviances or abnormalities. What is not the norm must be corrected towards the norm. This is essentially the logic of the medical model, i.e. disability

[18]Nikolas Rose, "'Screen and Intervene': Governing Risky Brains", *History of the Human Sciences,* Vol. 23, No.1 (2010), 79-105.
[19]Waldschmidt, "Who is Normal? Who is Deviant?", p. 192.

as an abnormality in need of fixing; at the very least, it is seen as *a problem* well within medical expertise and practice. One of the challenges for disability theory is to look critically at the practices and discourses of those social/human sciences which establish the norms of life. It is no longer a matter of mere inclusion or community integration, but of letting marginalized voices equal weight in the definition of societal norms. This does not entail a rejection of science — an anti-medicine or anti-psychiatry — but the acceptance that living *is* a normative activity. Health, ability, and the worthiness of life are not established by clinical observations, but emerge in the confrontation with difficulties in living. As Canguilhem would have it, "[h]ealth is creative — call it normative — in that it is capable of surviving catastrophe and establishing a new order."[20]

Historico-critical investigations undertaken by Canguilhem, Foucault, Hacking, McWhorter and Rose show us that the concept of normality is intricately linked to the development of the social/human sciences. These investigations enhance the "contestability" of clinical norms, "thus helping make possible other presents and other futures."[21] It is on this point that we can see how Waldschmidt's case fits into the more general problems of disability theory (something she is well aware of). As we shall see, Waldschmidt believes the case of pre-natal genetic screening in Germany shows how the concept of normality has come to dominate the apparatuses of normalization in the west. As a specific case in a much larger problem, it may help us understand how "the apparatuses of normalization that are applied in human genetics diagnostics and counseling highlight in a special way the impact

[20]Georges Canguilhem, *A Vital Rationalist; Selected Writings,* François Delaporte (ed.) (NY: Zone Books, 2000) p. 355.
[21]Nikolas Rose, "Life, Reason and History: Reading Canguilhem Today", *Economy and Society,* Vol. 27, No. 2&3 (1998), p. 165.

that normality has already gained on our daily lives."[22] Thus, if we agree, its insights can be applied to other phenomena that occupy our social and academic projects. I will now discuss Waldschmidt's analysis, followed by a general conclusion about Disability Theory in the normalizing society.

Risk, Normality, and Genetic Counseling

As Waldschmidt recognizes, "[t]here is an important difference between normality and risk: whereas normality is based on quantitative data and the calculation of the average, risk implies a further operation, namely, probabilistic measurements."[23] Risk is a probabilistic projection of a future event. It involves the prediction of a future 'evil' that can or should be controlled. In this way risk, in the human sciences, problematizes and moralizes decision patterns. For example, one problem that Waldschmidt raises — *vis-à-vis* the traditional feminist movement — is that the issue of selective genetics has not yet entered the abortion debates; though this issue had been recognized in the '80s by some feminist disability thinkers. Namely, "[t]hey claim that selective abortion is in fact directed against an unborn child which was actually wanted in the first place.[24] The genetic quality assessment of the fetus turns a heartily welcomed pregnancy into an undesirable one."[25] That is to say, where the traditional pro-choice debate concentrated on the right to abort unwanted pregnancy, it didn't address the issue of clinical knowledge problematizing (and terminating) wanted pregnancies.

[22]Waldschmidt, "Who is Normal? Who is Deviant?", p. 192.
[23]*Ibid.,* p. 197.
[24]She takes this from Theresia Degener' and Swantje Köbsell's research.
[25]Anne Waldschmidt, "Normalcy, Bio-Politics and Disability: Some Remarks on the German Disability Discourse", *Disability Studies Quarterly,* Vol. 26, No. 2 (2006), No pagination. Open Source: ‹http://dsq-sds.org/article/view/694/871›

The reversal is interesting, because it emphasizes that the "clinical risk" projects a future evil that makes use of the expectation or want for a "normal" pregnancy and child.

Expectation here is produced both at the individual and social levels. "At the clinical level, as well as at the actuarial level, risk socializes events"; that is, "one can see clearly that the given misery afflicts not one individual alone; it afflicts a mass of people at the same time".[26] That is to say, thinking at the level of the life of populations or the health of mankind as a species produces norms that proliferate in social discourse. On the other hand, it individualizes because the 'data' and the choice comes down to the mother's body. It individualizes in terms of the actual medical practices and physical tests/procedures, but also in terms of her expectations of life, of child rearing, aspirations and the like. It is this complex interplay that animates the decision making process: the interplay between normalistic norms (of pregnancy, health, what makes life worthwhile) and perceptions of risk (i.e. the presence of undesirable deviation).

Given that these norms are produced by clinical knowledge, it has a certain authority in today's society. The belief that these knowledges are objective and neutral, that their practitioners are objective and neutral, and that the information they produced is personalized, objective and neutral leaves little room for ambiguity. "They receive standards against which they can determine and objectivize their own personal risk" [27]; this in terms of "where one stands in relation to others: in the middle, in a transitional zone, at the negative or positive pole. Of course, one is also expected to draw a (proper) conclusion

[26]Waldschmidt, "Who is Normal? Who is Deviant?", p. 197.
[27]*Ibid.,* p. 204.

from this piece of information."[28] Surely the nature, type, and content of this information are important factors. Waldschmidt proposes that "on the basis of clinical and statistical data, clients of genetic diagnostics are offered a number of different 'landscapes' with which to choose a normalistic location." She points to three such "landscapes"; namely, the "family tree", the "age curve", and the "triplet test".[29]

This first landscape "applies universal laws of heredity to individual cases" and past events "are extrapolated into the future".[30] This landscape is well known to all of us, because it is ubiquitous to medicine in general — thinking here of the question 'do you have a family history of —'. Though, in the case of genetic counseling the data is used for a probabilistic calculation. This comes in the form of a percentage statement such as "your son has a 25 percent chance of contracting the disorder".[31] This is important for genetic counseling since this type of information sometimes "leads to the use of prenatal diagnostics"[32] — a foot in the door so to speak.

The second landscape, the age curve, "is used to statistically interpret a given pregnant woman's relationship to her fetus."[33] This landscape is based on the assumption that there is a link between a woman's age and the presence of disorders at birth (this is not a contestation of this correlation). In Germany, since 1985, there has been a threshold of 35 that justifies genetic tests and counseling. At this threshold the genetic risk for Down syndrome is 1:370, which is roughly .3%. Basically, as age goes up and genetic risk factors are identified by

[28] *Ibid.,* p. 198.
[29] *Ibid.,* p. 204.
[30] *Ibid.,* p. 199.
[31] *Idem*
[32] *Idem*
[33] *Idem*

the family tree and age curve, the client must weigh the risks of a disorder against the risk of an amniocentesis causing a miscarriage.[34]

The third landscape is the triplet test. This test is interesting because, as Waldschmidt points out, it was probably developed to escape the "35 years old" threshold and generalize risk assessments to younger women.[35] Specifically this is a hormone test that measures the level of a certain fetal metabolic product and two hormones. This data is then correlated with age and pregnancy duration and, with the help of a computer program, a risk statistic is calculated.[36] It is important to note that this test does not actually confirm the presence of a genetic "defect"; however, a "positive" result can lead to other, more invasive, examinations (such as amniocentesis).[37]

All three of these landscapes taken together make up the space within which expectant mothers find their normalistic location. Risk assessments come into play, in the first two cases, before impregnation and all three can be used in conjunction to asses risk during pregnancy. In the first case, it may lead to the decision not to conceive, and in the latter, if an elevated risk is identified, it will most likely lead to further examinations to determine with certainty if a "defect" is present. If one is found, the client must then make the decision of continuing or terminating the pregnancy. As she reminds us "[u]ltimately, orientation to probability calculations does not eliminate the basic problems linked with selective human genetics."[38] This represents a significant challenge for disability theory *vis-à-vis* ever increasing genetic screening and manipulation technologies.

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[34] *Ibid.,* p. 201.
[35] *Idem*
[36] *Idem*
[37] *Ibid.,* p. 202.
[38] *Ibid.,* p. 205.

Given the socio-historical dimensions of eugenics in the 20th century, post-1945 medical practice does "not *officially* employ the concept of normality"[39]: "In the past, experts could give direct advice; in the days of neoliberal government, however, they may only help clients to identify their own position in the broad terrain of normality and deviation."[40] This makes a lot of sense, but only if we understand that her claim is not that genetic counselors today are 'closet Nazis'; it is not about the practitioners' intentions.[41] It is a eugenics that derives from this change from legal to clinical norm producing discourse, and in the participation of the population itself in the production of norms. In other words, any *human genetic practice* that bases itself on statistical data to identify norms will *always already* apply or lead to a selective eugenics in practice. The argument is this: it would be wrong to have genetic counseling that identifies risk and applies a static rule (e.g. abort or not). This would be the eugenics of pre-1945. Additionally, it is unacceptable for a genetic counselor to use explicit normative statements, such as 'based on the tests you ought to abort', as this would be a case of using their 'authority' to carry out a selective eugenics project (it remains much too explicit). However, if the woman is made to choose herself, based on objective clinical data, the situation becomes much more complex (what Waldschmidt tries to show). This situation suggests that in today's neoliberal way of thinking "the concept of self-determination [...] is increasingly being instrumentalized as a social weapon."[42] By employing both individual and social normalization strategies, in conjunction with the problematic use of risk and

[39] *Ibid.,* p. 196 (*my emphasis*).
[40] *Ibid.,* p. 198.
[41] Waldschmidt, "Normalcy, Bio-Politics and Disability", no pagination.
[42] Degener, T., & Köbsell, S. (1992). "Hauptsache, es ist gesund!", quoted in Anne Waldschmidt, "Normalcy, Bio-Politics and Disability: Some Remarks on the German Disability Discourse", *Disability Studies Quarterly,* Vol. 26, No. 2 (2006).

probability, there is little question as to what 'choice' is expected of the mother. The concept of choice gives rise to what we could call eugenics without a head, with a much more flexible and dispersed method of 'selection'. The situation encountered by the mother is not one dominated by disciplinary power; the clinical relationship depends on self-regulating mechanisms that operate through discourses of personal choice and normality. What this case shows is that at the switch point between a predominantly disciplinary society and a normalizing society new problems for disability theory emerge.

Conclusions

In 1996, Waldschmidt makes this statement:

> "It is conceivable that disabled people may soon be considered as 'waste products' or 'accidents' in a genetically screened, technically engineered reproductive process that is designed to prevent sickness and suffering (...). Genetic therapy would be the only assistance offered to them. They would no longer receive any financial or social support. There would be cuts in social security and rehabilitation systems. The living conditions of the disabled would deteriorate (...). Before long, disabled people themselves could be held accountable for their fate and left to cope with life on their own. After all, they would only be people who should never have been allowed to be born anyway. In the long term, they would have no essential right to existence any more in an age of applied human genetic engineering (…). They would all face the dilemma of being alive but irrelevant factors according to the technocratic logic of the year 2000. The disabled would become the human 'garbage' of a future society."[43]

This is quite the gloomy prediction. Thankfully, this has never materialized. As we can see in her later works, though the human reproductive cycle has been thoroughly medicalized, it has not led to a complete

[43]Waldschmidt, "Normalcy, Bio-Politics and Disability", no pagination.

deterioration of the experience of disability. In many ways, and as result of engaged and sustained effort by disability activists, the situation has improved. Waldschmidt writes, "[a]t present, one can witness a so-called "paradigm shift" in disability policies. Great efforts are being undertaken to increase general acceptance of disabled people, to make participation and self-determination possible for them and to build up an inclusive society."[44] However, as we can see in the case of human genetic counseling, the problem of eugenics does not entirely disappear. Much to the contrary the questions of life in the 21st century — dominated by complex biotechnologies, bio-economy/bio-capital (insurance, organs/tissues, cost analysis of continuing life), and the socio-political intrumentalization of scientific knowledge (as in the example of genetic counselling) — presents an important problem for disability theory in the normalizing society. This is evident in other types of interventions which are also emerging elsewhere in the form of psychiatric or psychological screening in schools (for ADHD for example), or assessments of criminal risk (re-offense or violence) etc... In more general terms, she recognizes that "German disability rights activists […] have not yet fully recognized that we live in a normalization society and not under authoritarian rule."[45] This is a recommendation we could all benefit from. I think this is an important statement because it reminds us that there is neither universal truth to our condition, nor an immutable liberation "movement", but *a constant battle or conflict whose battlefield shifts through time*. Yesterday's battle is not today's; we have to remain vigilant.

The war metaphor is not an appeal to 'militant' activism, but points to a fundamental dynamic of power. We can no longer understand our condition by "the old theory […] of the seventeenth century [which]

[44] *Idem*
[45] *Idem*

is articulated around power as a primal right that is surrendered" under a judicial/contractual framework, where an overstep results in "oppression" (i.e. an abuse of power); that is, of power as object/right derived from human nature or naturalized social structures.[46] Rather, we need to adopt what Foucault calls the "Nietzschean hypothesis", where "the basis of the power-relationship lies in a warlike clash between forces"; in other words, "that what is rumbling away and what is at work beneath political power is essentially and above all a warlike relation."[47] What follows is a need for constant engagement, vigilance, and active political resistance. Our political power today, i.e. our ability to effect change in our social condition, is contingent on our ability to understand the dominant modes of power against which we resist. In this sense, to understand the modes of power that emerge and proliferate through the course of history is reminiscent of the old maxim 'know your enemy'. I think this is the political essence of Waldschmidt's above statement that we should recognize that "we live in a normalization society and not under authoritarian rule."

This is certainly very complex, and possibly discouraging; however, we need to be careful not to be too pessimistic. This movement is not treading water. It has led to positive developments for many people internationally; but there is work left to be done. I, like Waldschmidt, see much potential in disability theory. I see in this movement the possibility of escaping the positivist frameworks of mental illness and disability, which only give the appearance of neutrality, towards a more politically relevant/responsible framework that incorporates insights from social models and critical theory perspectives. However,

[46]Foucault, *"Society Must be Defended",* p. 16-17.

[47]*Ibid.*, Note: This is a simplified version of his reading of Nietzsche; even as it appears in the cited work it is meant to be a gloss. I believe it functions here as an introduction to the dynamic without much problem.

we must remember that there is no utopia or perfect system, no one answer that will *conclude* those various social movements that emerge from the indignation of those who are not privileged by the current "order of things". This political situation is artfully described by Deleuze in his "Postscript on the Societies of Control" where he says: "[t]here is no need to ask which is the toughest regime, for it's within each of them that liberating and enslaving forces confront one another. […] There is no need to fear or hope, but only to look for new weapons."[48]

[48]Gilles Deleuze, "Postscript on the Societies of Control", *October,* Vol. 59 (1992), p. 4.