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DOCTOR OF PHILOSOPHY

New Impulses for Disability Studies: Bringing Together the Frankfurt School's Critical Theory, Foucault's Theory of Power, and Donna Haraway's Cyborg Feminism as Responses to the Postmodern Critique of the Social Model of Disability

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**New Impulses for Disability Studies:
Bringing Together the Frankfurt School's
Critical Theory, Foucault's Theory of
Power, and Donna Haraway's Cyborg
Feminism as Responses to the
Postmodern Critique of the Social Model
of Disability**

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A thesis submitted to the School of History,
Philosophy and Social Sciences, for the degree of
Doctor of Philosophy in Sociology and Social Policy

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Declaration

'Yr wyf drwy hyn yn datgan mai canlyniad fy ymchwil fy hun yw'r thesis hwn, ac eithrio lle nodir yn wahanol. Caiff ffynonellau eraill eu cydnabod gan droednodiadau yn rhoi cyfeiriadau eglur. Nid yw sylwedd y gwaith hwn wedi cael ei dderbyn o'r blaen ar gyfer unrhyw radd, ac nid yw'n cael ei gyflwyno ar yr un pryd mewn ymgeisiaeth am unrhyw radd oni bai ei fod, fel y cytunwyd gan y Brifysgol, am gymwysterau deuol cymeradwy.'

Rwy'n cadarnhau fy mod yn cyflwyno'r gwaith gyda chytundeb fy Ngrichwyliwr (Goruchwylwyr)'

'I hereby declare that this thesis is the results of my own investigations, except where otherwise stated. All other sources are acknowledged by bibliographic references. This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree unless, as agreed by the University, for approved dual awards.'

I confirm that I am submitting the work with the agreement of my Supervisor(s)'

Abstract

The thesis discusses the question of how the Frankfurt School's Critical Theory, Foucault's notions of power, and Donna Haraway's cyborg feminism can enhance the British social model of disability in the context of postmodern critique.

Originally, disabled activists developed the concept of the social model of disability in the 1970s and 1980s to highlight the disabling conditions of the current social organisation of society that would exclude disabled people from participation and isolate them. Although the social model was a decisive impulse for the disability movement, it has faced several criticisms by postmodern scholars and disabled activists. The main points of criticism were the accusation of overall simplifying explanatory approaches, the promotion of a unifying identity that would ignore the existing diversity and differences among disabled people, and the biologisation of lived experiences expressed through the body and the fostering of solely medical interpretations of impairment through the distinction between impairment and disability. Furthermore, disabled feminists criticised gaps in the social model suggesting that it centred the perspectives and experiences of white and mainly physically disabled men and obfuscated gender-specific discrimination.

In the light of this critique, the thesis argues for a reconciliation of these different perspectives for an analysis of disability and gender through the integration of Critical Theory and an epistemologically specific and nonidentitarian cyborg feminism.

The Frankfurt School's critical social theory shares the Marxist underpinnings of the social model of disability as it was formulated initially but is specifically interested in how the entanglement of the domination of nature, instrumental reason, and economisation has led to a new totality. Disability as a social category reveals societal contradictions through its nonconformity to capitalist performance requirements. It, therefore, constitutes a nonidentity that questions the universal ideal of always being healthy and productive in a society that is focused on efficiency. In addition, Foucault's dissection of power relations and social practices offers relevant insights into medical settings and the pathologisation of disability, for example through the concept of the 'medical gaze', which has already been highly significant for research in disability studies. Like Foucault and Critical Theory, Donna Haraway shared a rejection of binary and identitarian thinking, but her approach was explicitly based on socialist feminism and a critique of situated knowledges. Instead, she argues for a partial and feminist epistemology that

acknowledges particular perspectives and embodiments of the subject and allows analysing individual experiences as well as multifaceted mechanisms of inequality and oppression. For example, placing disabled women as a starting point in knowledge production would allow centring their particular experiences and acknowledging their bodily differences that were widely ignored by the social model as well as by non-disabled feminists.

The presented approaches have in common that they reject rigid identity categories and question the dominance of standardised norms. The embodiment of disability is diverse, but also contradictory and ambiguous, while the different social and gender-specific localisations are always intersectional. Thus, the broad set of impulses as outlined above would give the complexity of disability and gender a differentiated space for analysis.

Abbreviations

ABID	Allgemeiner Behindertenverband in Deutschland e.V.
AGDS	Arbeitsgemeinschaft Disability Studies (Working Group Disability Studies)
BCODP	The British Council of Organisations of Disabled People (see UKDPC)
BODYS	Bochumer Zentrum für Disability Studies
BSK	Bundesverband Selbsthilfe Körperbehinderter e.V.
(UN)CRPD	UN Convention on the Rights of Persons with Disabilities
DA	Dialectic of Enlightenment
DBR	Deutsche Behindertenrat
DPI	Disabled People's International
DWP	Department for Work and Pensions
ICF	International Classification of Functioning, Disability and Health
ICIDH	International Classification of Impairments, Disabilities and Handicaps
IDIS	Internationale Forschungsstelle für Disability Studies Köln (International Research Unit Disability Studies Cologne)
ISL e.V.	Interessenvertretung Selbstbestimmt Leben in Deutschland e.V.
ND	Negative Dialectics
UKDPC	United Kingdom's Disabled People's Council (see BCODP)
UPIAS	Union of the Physically Impaired against Segregation
WHO	World Health Organisation
ZeDiS	Zentrum für Disability Studies Hamburg (Centre for Disability (or ZeDiSplus) Studies Hamburg)

Chapter 1: Introduction

The early British social model of disability built on the systemic understanding of society offered by Marxist theory to identify and name the perceived structural exclusion and inequality of disabled people. Since Marxist concepts were used to analyse social inequality in the context of material relations and the mode of production, Marxist analysis had a crucial impact, further developing the critique of the capitalist social order in various dimensions. As a consequence, it also heavily influenced the concept of society on which the British social model was based. This laid the foundation of a comprehensive social critique from a disability perspective and was a significant step because it made clear that the full extent of inequality could not be grasped in terms of individual deficiency, but needed to take into account the decisive role of external socio-economic factors. The British social model thus had a specific focus on identifying the decisive structural or systemic factors: from its perspective, these were the key determinants that shaped disabled people's lives and their position in society. The model's global approach turned out to be extremely fruitful for the analysis of how superordinate socio-economic structures excluded disabled people from participation and inclusion, which led to the creation of disability as a social category. But as a consequence, diverse lived experiences or the impact of any non-materialist factors were accorded only secondary importance, because from the social model's perspective these aspects were ultimately shaped and determined by the overriding socio-economic factors. This seemed to make the social model unsuitable to address any issues that lay outside its specific analytical orientation.

In short, the social model did not seem flexible enough to address emerging discussions in disability studies about body politics and divergent individual experiences of disability. Postmodern critique within disability studies has been very vocal on this issue, pointing out that the scope of the social model was too limited to fully comprehend diverse lived realities and the power structures undergirding them (cf. Corker 1999, 627-629; Hughes and Paterson 1997, 330-331; Shakespeare 2014, 99-101). Accordingly, the thesis explores the question of how new impulses can address this critique and further develop the social model. The objective of the thesis is to discuss different schools of thought and to explore how, in combination, they might contribute to the British social model of disability. Michel Foucault's work on power will be included to touch upon the effects of biopower on disability, and links to discussions in disability studies. Donna Haraway's cyborg feminism is significant in this context, because it centres the

boundary-crossing potential of gender and the body from a feminist perspective. The early phase of the Critical Theory of the Frankfurt School is another cornerstone of the thesis: with its background in Marxism, Critical Theory connects to the basic assumptions of the social model, but also breaks with traditional views of Marxism in its sociological-philosophical dissection of social relations under capitalism.

What these approaches have in common is that they aspire to question or transcend formal categorisations in different ways which can offer new perspectives on the research question. These approaches have been deliberately chosen in the context of the social model to address how diversity and complexity challenge critical thinking when it comes to the intersection of gender and disability. The thesis aims to propose productive cornerstones based on the theoretical concepts suggested above.

This issue is important beyond its theoretical academic relevance because it manifests itself in everyday experiences as well as in societal structures. The synthesis of theoretical approaches like the ones outlined above may shed light on how an entanglement of factors can lead to discrimination, or why some points of view are granted more authority than others. In the remainder of the introduction, I will therefore briefly outline this doctoral research project in terms of both its theoretical and personal motivations.

I became particularly aware of the significance of intersectional perspectives in the context of disability when I worked with disabled researchers from the Center for Disability Studies (ZeDiSplus) in Hamburg, Germany. They had a very different approach to theoretical discussions than did many non-disabled academics, because of their personal experiences with disability and discrimination. To them, these were not just academic discussions; they were also very aware of the potential negative or positive consequences that the implementation of academic research and the related discourses and views could have on their own and other disabled people's lives; for example, within the field of special education. The collaboration also opened my eyes to the fact that in the German academic environment, despite some recognition of disability studies and related fields, there was still a considerable lack of understanding or knowledge of disabled people's perspectives, and their marginalisation in academia and society at large. Disability Studies in Germany is still not established as an autonomous course of study, but usually bound to traditional profession-oriented fields in social work, rehabilitation, and (special) education, located in only a small number of

universities and universities of applied sciences in the whole country (Pfahl and Powell 2014).

This encounter was the initial motivation for a more in-depth engagement with the corpus of German disability studies. Further examination led to an awareness of the significance of the British social model of disability to related academic discourse and to the disability movement in the UK and beyond. In acknowledgement of this major influence on the perspective and emphasis of the thesis, it has been designed to focus on the conditions and theorisation in Germany and the UK, but to draw on relevant work beyond this scope when it benefits the exploration; it also aims to recognise the impact of significant findings outside the UK and Germany. At the same time, I wanted to take into account that my professional practice has shaped my views and PhD journey as well. My personal perspectives on working with disabled people were influenced by my work experience in Germany and Great Britain; I was temporarily employed as a support worker and personal assistant for people with various physical impairments and learning difficulties, as well as a range of chronic illnesses. Therefore, when starting to explore disability studies, it fed into how I perceived my practical work.

The mutual influence of both professional and academic positions played a decisive part in developing the research question. Through the work in personal assistance, I came upon diverse lived experiences of people with various impairments, but also different personal and professional backgrounds. This gave me a much clearer understanding of the individual implications of, and the barriers faced within, an environment adapted to the norm of healthy or functioning bodies; it also helped me to become more aware of my own biases and fear of contact. In this context, the confrontation with the critique of professionalisation has also sensitised me to the problem of professional bias; for example, when it comes to unequal power relations between the carers/social workers and the cared-for, or in terms of internalised notions of normalisation and ableism. I realised that as a non-disabled person I would never be able to fully comprehend how it is to live as a disabled person, or how ableism in all its implications would affect my life in the current social order.

Through my involvement, however, I became aware that regardless of my personal background, disability was nevertheless a very relatable and far-reaching subject. Disability and impairment do not just affect a small group of people that one might meet in a care home, but sooner or later in life could affect anybody; if not at birth, then through illness, accidents or simply old age. And while it is important to keep in mind

that – due to the wide range of impairments and chronic illnesses as well as the diversity of personal background – general statements about disability will always be problematic or simplistic, the British social model of disability indicates that the greater question of the social order we live in, or the order we want to live in, is strongly connected to the engagement with disability.

During the work as a personal assistant in Hamburg, and in preparation for the PhD, I came across a few cases that attracted my attention because of their connections to my own research. The first example was a 2012 case of discrimination experienced by Franko Wittrock, news coverage of which gained broad public attention in his home city of Hamburg (cf. *Tageszeitung* 2012). I became aware of the news article because I was working for him as a personal assistant at that time. Mr Wittrock was a wheelchair user with a mild speech impediment, who lived independently in his own flat. Temporary support from personal assistants, who helped with activities which he could not carry out due to his physical impairments, enabled him to live autonomously in his accommodation. However, despite having full legal capacity, he was still confronted with discrimination on a regular basis, as demonstrated by the newspaper article. The news coverage was triggered by an incident at his bank branch, where he had been a customer for over 20 years. One day, he was unexpectedly denied services by bank staff. An employee asked the personal assistant who accompanied Mr Wittrock on that day, to take over his future banking transactions, on the grounds that staff felt ‘disgusted’ by him and, according to further explanations by the bank manager, were ‘odour sensitive’, insinuating that, as a disabled man, he was too unkempt to be served by bank staff. As was to be expected, Mr Wittrock felt deeply insulted and humiliated by the remarks and attitude of the bank personnel. Despite later apologies by bank staff, he sought support from a counselling service for disabled people, and agreed to the article in the *Tageszeitung* in order to make public the treatment of a disabled person by one of the city’s biggest banks (*Tageszeitung* 2012, online).

Mr Wittrock’s example demonstrates many facets of disability and marginalisation. The behaviour towards him was obviously inconsiderate and denied him the status of an independent person, which was clearly shown when the employees addressed his assistant but ignored their disabled adult customer. Additionally, the reference to his ‘disgusting’ appearance calls forth associations to the stigmatisation of disabled people as unkempt and socially awkward. It is noteworthy that this incident occurred only a short time before the writing of this thesis, and in the context of a modern service-

oriented bank in Hamburg, one of Germany's biggest and most diverse cities. This appears a clear indicator that discrimination against disabled people, even when it was not named as such, was still widespread.

Another case which I came across during my research, and which made a considerable impression on me due to the drastic measures applied, illustrates the importance of an intersectional perspective on gender and disability, especially to the issue of exploitation in a performance-driven society (cf. Waldschmidt 2010).

In 2006, the American case of Ashley, at that time a nine-year-old girl, provoked worldwide controversy. She was diagnosed with severe developmental impairments due to static encephalopathy, an unchangeable impairment/damage of the brain. An article published in *Archives of Pediatrics & Adolescent Medicine* (2006) described the so called 'Ashley Treatment', a massive surgical intervention that was aimed at long-term growth attenuation, preventing the development of secondary sexual characteristics. The girl was subjected to estrogen therapy, hysterectomy, mastectomy, and appendectomy, which meant bilateral breast bud removal as well as the removal of uterus and the appendix. When Ashley showed the first premature signs of puberty, her parents had begun to consider this serious intervention. They were worried that her physical development would cause severe problems for future care, as nursing staff are hard to find for adult women who are disabled. Furthermore, they were worried about Ashley's inclusion in family life due to awkwardness around her maturing body, and about their daughter's general health condition. It was also assumed, because of her supposed infantile state of mind, that she would never be able to live the life of an adult woman. The parents believed that the surgical intervention would prevent sexual harassment, unwanted pregnancy, breast cancer or physical pain such as menstruation cramps. The parental concerns were backed by an ethics committee at the University of Washington, and medical lawyers countered the accusation of compulsory sterilisation by alluding to Ashley's state of extreme cognitive impairment (Waldschmidt 2010, 38-39 and 40).

The interwovenness of gender and disability, namely the fact that Ashley had impairment *and* a female body, obviously played a crucial role in the kind of treatment the child received. Although the implications of medical attitudes towards disabled people are widely discussed, the case showed that the mutual intersectional effects are still underrepresented in any discourse regarding disability. Anne Waldschmidt, for example, demonstrates the connection between disability and normalisation strikingly in

her study of Ashley (Waldschmidt 2010, 37-41), which makes her analysis very significant to this thesis.

However, gender does not end at the binary division of male and female, a division which remains the socially predominant norm and which is still mainly associated with heterosexuality. This categorisation is deemed rigid and oppressive regarding any alleged deviances, especially by people who feel that they do not fit into these attributions, because they might be non-binary, intersex or transgender. This observation overlapped with my experience as a personal assistant where I also worked with disabled trans people. There often seemed to be a lack of awareness of how to accommodate disabled trans people. In this regard, part of my work in Great Britain was supporting clients with fluctuating chronic conditions, especially myalgic encephalomyelitis (ME), also known as chronic fatigue syndrome (CFS). The intersection of disability and gender also became clear through the work with disabled trans people in this context. On the one hand, this involved misconceptions about an 'invisible' condition like ME; on the other hand, there was an additional lack of understanding of diverse gender identities. Typical experiences with an unpredictable illness like ME involve frequent stimulus satiation or overexertion, occurring even with seemingly simple activities like having a conversation, going out for shopping, but also lengthy appointments with advisors or social workers. This can make it unbearable for people affected to even use a wheelchair as a medical aid. Sometimes the illness involves a distinct sensitivity to noise and light in the immediate surroundings. Typical misunderstandings about ME by outsiders include assumptions of laziness, hypochondria or malingering, misconceptions which seem to be especially noticeable in the case of ME. In regard to trans people, not only does the mediation of a hard-to-grasp chronic illness and the related stigma cause difficulty in interactions with their environment, but they must also deal on a permanent basis with a lack of transgender awareness and a lack of acceptance of the individual's identity and boundaries, especially when supported by carers who are not familiar with this background. In any case, the willingness to use the preferred pronoun to address the trans person involved is a basic requirement, as is respecting to sensitivities around the body – requirements which made me more aware of my own shortcomings, too.

1.1 Theoretical Background

Although these encounters are invaluable and provide important background knowledge, the aim of the thesis is to underpin the intersection of gender and disability

inequality with theoretical analysis, localise it within a broader social context, and give these experiences meaning and insight beyond a personal point of view. In the following introduction, and in more detail throughout subsequent chapters, the thesis will explore the different theoretical approaches and their significance, as well as how they can contribute to a new perspective on the subject.

The deconstruction of social standardisation has been heavily influenced by postmodern notions regarding social norms and conventions that shape people's identity and role in society. Foucault's writings on power and how it works through disciplinary action and standardisation by authoritarian medical institutions and expertise gave a strong impulse to discussions about regimes applied to the body (Waldschmidt 2010, 53). Foucault's thinking on madness shows similarities to the ideas of Theodor Adorno, who also feared that the Enlightenment could become a new, totalitarian myth that inexorably governed social relations according to the terms of what he and Horkheimer called the 'exchange society' (Horkheimer and Adorno 1947, 16-19 and 50ff.).

Foucault argued that, of all things, scientific reason – which pretended to be rational and free from religious superstition and dominance – proved to be a new force of oppression through its control and through normalisation and standardisation. He believed it was the order of Enlightenment reason internalised in society that manifested itself in institutional practice (Foucault 2001 [1961], 234-235, 244, 255-258), especially visible in the history of madness. At this point, Adorno and the Frankfurt School's Critical Theorists had a comparable viewpoint on enlightened society, but their analysis had an explicit focus on the commodification and reification of social relations. Human beings are valued by their function for the means-end rationality of exchange society. Or, as in Ashley's case, the girl's body was deprived of individual autonomy and was shaped for the demands of an efficiency-oriented environment, because her individual value was not integral to the structures of exchange society.

The fact that Foucault dedicated some of his work to the analysis of neoliberalism is to be understood in the context of his overall work. Despite his critique of Marxism (explored in more detail in Chapters Three and Four), he recognised the importance of economic factors and the disciplinary measures attached to them. For this reason, he used the term neoliberalism to describe capitalist self-optimisation and disciplinary measures. Nevertheless, it is important to define the meaning of the term neoliberalism and how it will be applied in the course of this thesis.

The underlying conception here draws on an interpretation of these terms as laid out in Foucault's lecture 'The Birth of Biopolitics' and exemplarily picked up later by Ulrich Bröckling in his discussion of the entrepreneurial self (Bröckling 2016). Referring to human capital theory (cf. Foucault 2008, 219), Foucault defines the neoliberal understanding of labour as a crucial shift from the view of classical economics – as 'a commodity reduced by abstraction to labor power and the time [during] which it is used' (2008, 224) – to a view that 'labor comprises a capital, that is to say, [...] an ability, a skill' (2008, 224). According to Foucault's understanding, 'homo oeconomicus' is no longer guided primarily by exchange relations, but has transformed into a productive 'entrepreneur of himself', 'being for himself his own capital, being for himself his own producer, being for himself the source of [his] earnings' (Foucault 2008, 226), whereby it is important to remember that capital in the form of individual skills or abilities is still treated as a commodity, insofar as its value is dependent on the exchange or market value when it comes to the competition with others.

Consequently, under neoliberal rationality, education is an economic investment to accumulate marketable competencies or abilities as future capital, while genetics, the foreseeable eugenic effects of which have particular significance in the context of disability, is potentially used as another means to improve human capital (cf. Foucault 2008, 229). Bröckling adopts this reading of neoliberalism and develops the critique and conception of the entrepreneurial self:

On the one hand, the entrepreneurial self should be a calculating administrator of its own life, on the other hand a source of motivational energy, untiringly striving for new achievements, and a firework spitting out innovative ideas. There is an obvious contradiction in this demand to optimize self-discipline and enthusiasm all at once... the self-entrepreneur is never finished. Both further education and the need for personal growth become continuous and permanent. The imperative to self-optimize implies the need to make comparisons, which in turn entails a general state of competition. A person can only maintain their position temporarily and in relation to their competitors, so no one can afford to rest on their laurels because they are in a game where the conditions of victory are continually shifting. Today's secret to success is tomorrow's recipe for disaster (2016, 34-35).

In an environment dominated by permanent competition, the individual turns into an economic institution, orienting their actions and choices towards maximising personal benefit or following cost-benefit calculations (Bröckling 2005, 10-11). The neoliberal idea of man idealises a permanently self-optimising, innovative 'abilities machine' (Foucault 2008, 229) whose performance is not just restricted to the market or the workplace but extends to all areas of life. Nonconformity and dissent are desirable as long as they can be exploited as an economic advantage in the competitive distinction from others: 'The

subject, as found in European Philosophy, declared dead and buried by some, lives on as the trademark', comments Bröckling (2016, 33). Eventually, the neoliberal shape of capitalism means that the onus and the responsibility to adapt, keep up, and shape one's own life is passed on to the individual and anybody, disabled or not, who cannot fulfil these demands and offer marketable capital is losing out in the never-ending competition. Ableism, which excludes people who need individual accommodation for their condition or impairment, is an inherent feature in the ideal of an 'abilities machine'.

But despite some points of reference in their theoretical work, postmodern thinkers such as Foucault distanced themselves from Marxist-based theories for a long time (in Foucault's case, partly out of historical opposition to the dogmatism of post-war Stalinist-influenced left politics; partly because of anti-gay tendencies in the French communist party of which he was a temporary member). As a consequence, postmodern and related intersectional ideas often deal only marginally with a deep theoretical analysis of socio-economic structures or the associated social hierarchies that cause on-going mechanisms of exclusion and exploitation. These observations make it strikingly clear that Critical Theory's criticism of society had to be brought back into focus: it still provides significant conclusions to the nature of society under capitalist conditions. That underpins my concern to increase recognition of the Frankfurt School's sociological concepts and critiques within the UK, where they still lead a niche existence, in order to highlight their relevance to current debates in both Britain and Germany.

In this context, the Critical Theory of the Frankfurt School provides valuable insights. For example, the application of the idea of the 'nonidentical' (*das Nicht-Identische*), which is central to Adorno's Critical Theory (Buck-Morss 1977, 49), helps to explain the contradictions and shortcomings in current neoliberal society in the context of disability studies, providing a more radical and appropriate method by which to critique socially motivated barriers.

In an environment in which the Enlightenment is the main organising principle that permeates all areas of life, the individual is reduced to a mere function. According to Critical Theory, the totality of this organising principle demands an absolute identification that marks any deviations as individual problems. In the case of disabled people, disability is the 'nonidentical' that cannot be made to fit with the allegedly rational processes that structure everyday life, and thereby questions the dominant totality of current society from a fixedly outsider position. Motivated by this observation

in the context of disability studies, Lars Bruhn and Jürgen Homann (Bruhn and Homann 2012) have suggested this analysis of societal conditions be included in the discourse about disability. Taking this as a point of departure, I advocate a conjoint approach of Critical Theory combined with postmodern and intersectional analyses of modern society.

The above mentioned theoretical angles influenced the development of the PhD, because they address crucial points of the research question. On the one hand, Critical Theory's elaboration of the nonidentical uncovers fundamental contradictions in the logic of the entanglement of capitalism and enlightened rationality thinking that have had a long-lasting effect on disability. On the other hand, Foucault's development of the concept of neoliberalism is also very helpful. It addresses the present shape of capitalism while also acknowledging that other factors come into play; the thesis examines those factors in historical accounts of disability that also explore pre-capitalist and pre-enlightenment periods.

An additional intersectional orientation in the form of Donna Haraway's cyborg feminism can provide significant impulse to the social model, because in continuation of Critical Theory's concept of the nonidentical, it challenges potentially reductive and exclusionary analytical classifications that are used to determine the individual levels of intersecting marginalisations. Conversely, the thesis will discuss the limitations of Haraway's concept from a disability studies perspective.

Originally, there were two particular cases that highlighted the aforementioned problems and drew my attention and interest regarding the theoretical implications for this thesis. Both examples highlighted the entanglement of capitalist efficiency and competition criteria with the formalisation of intersectional categories, in this case in the area of disability and gender. The first example was my research on the possible effects of the intersectionally-shaped concept of diversity management on disabled people in German universities (Neukirchinger 2013). In my article for a disability studies conference on perspectives around a barrier- and discrimination-free university, I found that diversity management neglects the complex power relations between the different categories of diversity and fails to explain the socio-economic background behind the uneven status of these categories (Kubisch 2003 and Lindau 2010). For instance, disability as an individual category has gradually received more attention over the last few years, but it retains a rather minor position as a characteristic of disadvantage compared, for example, to the relatively greater awareness of inequality connected to gender. When it

comes to funding, disability is still quite dependent on the availability of resources: the main focus for the distribution of the (usually limited) funding centres on the potential for academic competitiveness and achievement, rather than on the removal of conditions of inequality.

I was confronted with similar problems when I investigated gender mainstreaming in a university context for the German politics and culture magazine *Konkret* (Neukirchinger 2011). Despite the conceptual ambition to challenge socially established gender roles and career decisions, gender mainstreaming often seemed to just give stereotypical notions of masculinity and femininity a more 'modern' veneer, instead of overcoming patriarchal structures. One striking example that I came across was the ambiguous role of scientific and technical disciplines, which were often the focus of business interests as well. The sciences had increasingly discovered the 'talents' and 'potentials' of women academics for successful research over the last few years. This seemed like feminist progress at first, but it failed to question the prevalent self-conception within these disciplines as places that produced gender-neutral and objectifiable knowledge. In contrast, researchers in gender and women's studies pointed out that the setting of the sciences was characterised by a so-called male-dominated culture, which referred to an internalised orientation towards a male norm. This norm was expressed, for example, in cultural symbolisms, systems of thought, life patterns or physical habitus, whose influence actually prevented the creation of truly objectifiable knowledge. Consequently, while the gender mainstreaming approach tried to advance women in the sciences through targeted promotion, the male-dominated culture that had been a barrier to equal opportunities remained largely untouched. The lack of a radical critique of the socio-economic and cultural conditions that produced exclusion and social inequality made it possible that gender mainstreaming measures could be embedded smoothly in structural efficiency reforms at universities without challenging underlying phenomena that reproduced gender inequality. Additionally, in an era where universities had to compete for financial means, students, and academic prestige, the promotion of women was largely defined by the need for representative high-performers. On the one hand, this caused the problem that the introduction of gender mainstreaming programmes – often in connection with the addition of 'diversity' schemes – threatened to cut down existing measures against the discrimination of women. This created the risk that the women's career progression could be played off against the reversal of rigid attributions of identity. On the other hand, present-day feminist politics also showed an insufficient

contestation of the competition principle in the prevalent economics of education. Instead of questioning whether integration into an andocentric culture under the current capitalist conditions at universities was actually desirable, women's representatives were expected to fully support 'their' university in the competition for funding, rather than collaborating with each other to achieve common goals. Consequently, solidarity among women's representatives and equal opportunities officers was at risk, and the question arose whether solidarisation under competitive circumstances was possible (Neukirchinger 2011).

In summary, this motivated me to take a closer look at the theoretical connections between these approaches, as well as their assumed analytical omissions and lack of critical potential regarding internalised and systemic processes of the commodification in society.

1.2 Disability Studies Between Postmodernism and Systemic Critique

From this conceptual discussion, I would like to explore my thoughts further on a more concrete subject. Following from my research question, my intention is to investigate the role of disability with particular attention to gender aspects. This subject is crucial for the thesis, because it mirrors facets of the different theoretical ideas mentioned earlier. The whole field is still confronted with numerous practical problems for disabled scholars – for example, career barriers and discrimination within academia or other access problems like receiving a suitable education – and with an illustrative discourse regarding views on disability and impairment. One of the most influential concepts used to explain the discrimination and exclusion experienced collectively by disabled people is the so-called social model of disability, the idea that this specific form of inequality – the actual disability in the form of restrictions imposed by society – is mainly a result of oppression and discrimination. From this point of view, the whole range of barriers and exclusions in society are not an inevitable consequence of medical pathologisation and individual deficiencies, but a result of the way the current social order of society is organised (Oliver 2009, 42-44). Influenced by a Marxist school of thought, the social model posits an important question about the significance of systemic conditions and their influence on people's lives, specifically disabled people's lives. It has drawn attention to the fact that this point had been previously concealed by the focus on individual lives and 'tragedies'. In this respect, the lens of the social model is still imperative because it raises issues such as class or related socio-economic conditions from a disability-specific as well as from a overarching systemic perspective. For this

reason, I believe that the social model should not be simply dismissed or downplayed as outdated or under-theorised, but its direction of impact should be renewed in fruitful engagement with other, often critical, theoretical positions for more comprehensive insights. The thesis aims to draw new impulses from different theoretical approaches in order to adapt the critical orientation of the social model to developments in postmodern and intersectional thought.

This approach has become necessary because over time the social model has faced increasing criticism from postmodern or feminist disability scholars. One major critique is that the social model offers generalising explications that deal with individual life experiences and the wide range of disabilities in an undifferentiated manner (Corker and Shakespeare 2002, 1-4). In addition, disabled people have raised concerns, pointing to the restrictive effects of physical, intellectual or sensory impairments on their living conditions, and demanding the consideration of these constraints within disability perspectives (Thomas 1999, 39 and 42-44). Simultaneously, the influence of postmodern approaches gave rise to an intense discussion concerning the significance of systemic or materialistic interpretations of social disability within disability studies, so that representatives of the social model address incrementally the new theoretical advances in their analysis (Priestley 2003, 14-15).

Equally, the influence of gender deserves particular consideration, because, like disability, it still displays characteristic types of discrimination. Even the emancipation of women has often been valued for how successfully they can be redeployed as career-orientated employees, as gender mainstreaming made clear. Equality is not treated as a right per se, but as something that must be earned. Or, as Rosemarie Garland Thomson demonstratively puts it,

[...] both the female body and the disabled body are cast within cultural discourse as deviant and inferior; both are excluded from full participation in public as well as economic life; both are defined in opposition to a valued norm which is assumed to possess natural corporal superiority (1997, 279).

Garland Thomson argues that the female-defined body has been marked as deficient and has been subject to medicalisation as much as the disabled body. As a consequence, if the female-read and feminine body is seen as negative and substandard to an abled-bodied ideal, not only the 'Ashley Treatment' but also the case of Franko Wittrock relate in varying degrees to negative feminised associations of the disabled body as needy and inadequate.

On the one hand, intersectional categorisations can help to explain and dissect the different levels of intertwined discriminations. On the other hand, intersectionality itself is not completely free from the influence of the societal discourse of power and its approach to analysis tends to be schematic and exclusionary as well, as the prevailing exclusion of disability as a category shows. Intersectionality is a powerful analytical tool, but in order to overcome schematic categorisations it might be necessary to distance and detach oneself critically from, following Adorno's view, formulaic concept-shaped thinking, leaving room for finer distinctions and for the transgressions of boundaries. As will be detailed in later chapters, Donna Haraway's cyborg feminism deals extensively with the questioning of identity thinking.

To sum up, the thesis brings together the Critical Theory of the Frankfurt School, Foucault's postmodern concepts of power, and Haraway's cyborg feminism in a conjoint approach that extends the critical impetus of the social model. Equally, the thesis critically interrogates each of these approaches and their potential limitations, as well as their potential mutual contradictions.

1.3 Methodology and Summary

Methodologically, the main theoretical points of reference for the thesis are Critical Theory; postmodernism as understood by Foucault; and Haraway's concept of cyborg feminism and her approach to situated knowledge and its connections to intersectional analysis. The analysis outlines the broad arguments of the theoretical concepts involved and investigates them utilising a comparative approach. A historical overview of some decisive cornerstones in disability history discusses developments that are relevant to the research question and highlight the importance of the theoretical concepts involved, but also underpin the subsequent discussion and understanding of disability and gender. The geographical scope applied is Germany and the UK.

The first chapter in this thesis, the introduction, sets the scene, provides an overview of the PhD journey and leads to the research question. The second chapter, the historical and literature review, details fundamental developments in British and German history from early modernism to the present, and highlights the significance of the disability movement in both countries. This part also indicates cross-references to the theoretical chapters. The literature review in the second part of Chapter Two deals with relevant literature regarding the research question and provides a short thematic overview of relevant publications on disability and gender. The third part of the second chapter introduces important terminology in disability studies. Chapter Three is divided into

three sections and starts with an exploration of Critical Theory, then delves into Foucault's approach to postmodern analysis, and finally leads to Donna Haraway's cyborg feminism and its relevance for disability. In the discussion in Chapter Four, these approaches are brought together and further investigated for a conjoint approach. The conclusion in Chapter Five will provide a final summary and evaluation of the findings of the thesis.

Regarding the use of literature, apart from recognised and standardised forms of published primary and secondary sources, the thesis also makes deliberate use of alternative sources such as lecture series, especially in the area of disability studies. Due to structural access barriers to regular academic careers and resources, the work of disabled scholars still tends to be underrepresented in academic outputs (see also the literature review/Chapter Two for a more detailed discussion on academia and disability). For example, in contrast to the established academic English-language journal *Disability & Society*, at the time of writing there did not exist a recognised German-language disability studies journal (during the writing-up period of this thesis, the first German disability studies journal, *Zeitschrift Disability Studies*, made its debut). To take this into account, the thesis includes sources like the lecture series by the German Centre for Disability Studies (*ZeDiSplus*) in Hamburg, which, to ensure a maximum degree of accessibility for disabled and non-disabled audiences, publishes complete transcripts, including bibliographies, of lectures by experts and scholars in disability studies.

It is important to keep in mind that disability studies is still a relatively young discipline, especially in Germany. Whereas in the UK academisation took root in the late 1980s or early 1990s, German disability studies have only received gradual institutional recognition in higher education since the early 2000s (see Chapter Two on disability history/literature review for a more detailed overview). Therefore, there are still many research gaps, including historical research on gender/queerness and disability, or explorations of potential connections between disability studies and Critical Theory.

Chapter 2: General Outline of Disability: History and Literature Review

2.1 Historical Developments: Disability History until the 1960s

This chapter presents a historical observation of disability as a social category in Germany and the UK, primarily since the beginning of the age of Enlightenment and the spreading of modern capitalism in Western societies. Relevant factors that contributed to the social formation and manifestation of disability as a social category are examined here. The discussion takes into account significant stages in history, as well as the accompanying wider social, economic, cultural, and political settings, to show how the interrelation between disability and gender has always been embedded in a larger context of societal developments, and how these entanglements still reverberate in the present. The theoretical angles drawn from Critical Theory, postmodernism, and adjacent feminist thinking have been crucial for the focus on historical events in this chapter. They make it possible to highlight historical phenomena that enabled these developments in the origin of disability as a social category. But these different theoretical perspectives also allow for a discussion that complements a social model perspective. In this context, the approach of historical reconstruction in this chapter aims to build a bridge to the objective of the thesis – to explore the potential impulses by the different schools of thought and how they can contribute to a viable development of the social model. The historical reconstruction serves to make understandable how these perspectives were relevant to, and interacted in, the emergence of disability as a social category.

First, the history of ideas connected to the Enlightenment will be adumbrated briefly to sketch the respective historical frame in which disability and the societal perspectives on disability were situated. The aim is to outline contemporary philosophical currents that had a significant influence on the understanding of the Enlightenment and thereby also shaped notions of disability and gender. The aforementioned theoretical angles serve as signposts to illuminate various aspects; for example, from a Critical Theory point of view, the Enlightenment's wedding of capitalism and the absolutisation of reason; or from a postmodern approach, the subsequent subjectivation and disciplining. The outline presented here incorporates several perspectives; for example, the supposed contradiction that, on the one hand, society is fundamentally shaped by capitalism and materialist relations, and on the other hand, the Foucauldian view that other factors are still strongly influential independently of a basic materialistic view. The

discussion will also point out overlaps and commonalities between the underlying theoretical approaches, such as in the social discourse on normalisation.

Following that, the discussion takes into account the impact of factors such as contemporary cultural or scientific advancements, elaborating how they were a part of public discourses; for example, regarding standardisation and supposed deviance or the changes in gendered forms of labour. Over time, these developments further informed the thinking about and the handling of disability and gender until the present day. Against the historical background, the assumed equality of all people, as a feature of Enlightenment thought, was not just bound to the ability to think and act rationally, but also in fact limited to white men. The accompanying spreading of economic liberalism, as well as the upcoming individualism as a new ideal, fed into a changing idea of man. The intertwined expectations of individual abilities did not only resonate in the attitude towards disability per se, but were gendered as well.

At the same time, the Marxist perspective of Critical Theory and the ideas of feminist socialism, as expressed by Donna Haraway, open up the aspect of social formation through capitalism; for example, through the increased significance of economisation and efficiency-orientated thinking. This development excluded from or at least impeded access to the labour market for disabled people who could not adapt to the new conditions, especially when it was intertwined with gender-associated inequality. This outlook based on economisation gained traction as an underpinning for the later British social model and its concept of disability that mobilised the upcoming disability movement in the 1970s and 1980s [see, for example, Vic Finkelstein's three-phase-model (1980)]. To summarise, bringing together all these perspectives is vital, highlighting the fact that the facets of the history of disability cannot be adequately examined with monocausal explanations, but only through an exploration of complex influences and causes.

The era of Enlightenment and the related history of ideas, with its lasting effects on attitudes towards disability, is a major focus of the chapter. In connection with that, the chapter touches on early capitalism under the auspices of mercantilism and the subsequent industrialisation. It examines the influence of changing ownership and production conditions on class relations in general, and the effect on disability and gender in particular. The chapter highlights the important role of disciplinary measures in establishing a new social order – the beginning of psychiatry as a science – but also of relevant scientific, medical, and cultural advancements for the further formation of

society. The evolutionary history of eugenics, as well as its reception and impact in Germany and the UK, forms another part of this chapter. In this context, the brutal culmination with forced sterilisations and mass killings of disabled people under National Socialism is central.

The discussion continues with a short exploration of general living conditions and relevant legislation regarding disability during the first few decades after World War II. This section leads to the historical setting that originated the British social model and the disability movements in the UK and later in Germany, discussed in more detail in the next subchapter.

2.1.1 Disability in the Era of the Enlightenment and Early Capitalism

The onset of the early modern period in the seventeenth century marks an important milestone for the development of psychiatry as a modern science; it also saw the initiation of internment as a disciplinary action against large sections of the population, not only in Germany and the UK, but on a pan-European level (Dörner 1995, 21). The heralding of the 'age of reason' as a harbinger for the later Enlightenment period and the establishment of early capitalism through mercantilism marked decisive changes in the social fabric of European societies. Mercantilism constituted a transition period between the socio-economic order of medieval and pre-modern times and the modern class system, causing massive social unrest (Wallerstein 1998, 7-8). The reshaping of systemic social relations under early capitalism was a decisive force behind the beginning of institutionalisation and the disciplining of large groups of people.

Historians locate the era of mercantilism – or trade capitalism – roughly between 1500 to 1800 C.E. (cf. Neal 2003, 136; Wallerstein 1998, 3-6), while the actual phase of the institutionalisation started largely in the late sixteenth (for example, in England with the 'houses of correction') or seventeenth centuries (Dörner 1995, 20-21). In terms of socio-economic and cultural changes behind these developments, the rise of the bourgeoisie as a new social class and the following pervasion of society with a bourgeois order had significant consequences. The emerging middle class grew to be the main pillar for trade and the emerging banking system and, therefore, gained an increasingly influential role in the economic and political spheres (Kocka 2008, 4). Trade activity became systemically relevant, because the generated tax revenues financed the standing armies and the constantly expanding bureaucracy of the contemporary absolutistic governments (cf. Koenigsberger 2014, 104-106). Regarding Germany and the UK, the territory of the later German state was divided into 300 absolutistically

governed principalities after the Thirty Year's War in 1648 (Moser 1998, 9), whereas in the course of contemporary nation building processes, England and Wales formed a constitutional monarchy under the 'Glorious Revolution' in 1689, which was extended to Scotland in 1707 (Stollberg-Rilinger 2017, 244). A time of European nation building, economic nationalism and engagement in overseas colonialism (Neil and Cameron 2016, 136-138) this era was characterised by expensive armed conflicts (cf. Koenigsberger 2014, 185-186; Stollberg-Rilinger 2017, 32-38) and protectionist state intervention that deliberately steered the domestic trading economy to generate desperately needed tax revenues (Stollberg-Rilinger 2017, 61-63).

Conditions that favoured domestic production and exports promoted the bourgeois-dominated manufacturing and trade-dominated economy, for example with the rise of textile manufacturing in southern Germany and England in the 17th century (Neil and Cameron 2016, 121 and 138), and all available labourers were sought to be integrated in the production (Fischer 1982, 35-36). Driven by the impetus of bourgeois values that encouraged hard work, discipline, and achievement (Kocka 2008, 4-5), but in contrast condemned the alleged laziness of 'undeserving' unemployed poor people, momentous campaigns against idleness enforced disciplining of the poor and fostered the re-organisation of labour (Fischer 1982, 34-36). This development prompted the implementation of compulsory labour for beggars and vagrants (Bortis n.d., 26). As described in more detail below, this wide net included disabled people as well, with ramifications for further institutionalisation.

This development coincided with the enclosure movement, which was driven by major agricultural changes in northwestern Europe. Enclosure referred to the hedging of open fields and common land by large landowners (Richards 2016, 70) through either the 'exchanges of land of equal quality' or the termination of common rights of villagers to use the land (Blum 1981, 478), which often led to the forcible expulsion of farmer and rural workers (Bortis n.d., 24). Common rights could include the right to graze cattle, to cut turf or gorse for fuel, and take wood for building, repair or fuel (Blum 1981, 478). The loss of this source of income hit cottagers and squatters particularly hard, but enclosure also increased the dependence on male wage labour, because common fields used to be farmed to a large degree by women and children (Humphries 1990, 18-19).

The dramatic changes in European agriculture that lay behind enclosure were the expansion of capitalistic land utilisation and new methods of cultivation; the rising demand for stock farming; and a population upsurge across Europe in the eighteenth

century (Brundage 2002, 24; Koenigsberger 2014, 163; Richards 2016, 71 and 75). These developments resulted in the upheaval of old feudal systems and the proletarianisation of farm workers because the loss of social status and income drove the rural population to wage labour (cf. Brundage 2002, 24).

The enclosure movement was particularly strong in England, where the modern wave of enclosures took place from around 1750 until the end of the nineteenth century. Hedging of land took also place in Wales and Scotland, where it was accompanied by forced evictions of the resident population; for example, in the Scottish 'Highland Clearances' (Richards 2016, 74-76). Enclosures in Germany began in the sixteenth century but were explicitly encouraged by decree from the second half of the eighteenth century.

In addition to the drastic changes in ownership relations and the rights to cultivate arable land, in Germany the Thirty Years War (1618-1648) caused social unrest and displacement until the eighteenth century. The population decreased dramatically by 30-35% and a major part of the means of production was destroyed, which took 150 years of recovery (Moser 1998). In the UK, a series of bad harvests had devastating consequences; similarly, unusually cold periods in Germany led to economic fluctuations. The decline of cottage production in the wake of industrialisation removed an important source of income in some English districts, whereas farmers in Germany risked losing their semi-subsistence independence. The resulting labour migration formed the workforce for manufacturing production as well. Taking into account all major factors that had influence on economic deterioration, it was mostly the mercantilist economic policy that – although it increased productivity and, consequently, state revenues – did not protect against the pauperisation of big parts of the population. Apart from the early manufactural proletariat, women turned out to be most particularly affected by the wave of poverty (Brundage 2002, 23-25; Dörner 1995, 21; Moser 1998). The patriarchal order permeated early capitalism and according to traditional gender roles, women were responsible for the care and nourishment of children. However, these obligations were not compatible with the demands of capitalist wage labour. In England, for example, babies could not be brought to workshops or factories and it was not possible to make breaks for nursing (Humphries 1990, 36-37). The loss of non-wage opportunities for flexible self-employment in farming; a gendered divide between paid and unpaid labour (cf. Humphries 1990, 36); and more seasonal or on-call employment for women in agricultural labour or domestic, proto-industrial, and industrial work

(Humphries 1990, 41) increased the risk of poverty or the economic dependency on wages or wage earners (Humphries 1990, 18-19).

These developments had consequences not just in terms of gender relations, but from an intersectional perspective had very similar or overlapping consequences for disability as well, highlighting the historically close relationship between gender, disability, poverty, and the increased economic dependence on male, able-bodied wage labour under capitalism. In the changing work environment, those people with impairments who had been able to find a livelihood in subsistence smallholdings, but faced problems adapting to the new working conditions, were threatened to be excluded by the growth of precarious wage labour and the cheap supply of labour. Additionally, due to labour mobility, long working hours and poverty, families found it increasingly difficult to support disabled family members who were unable to work. Up until the nineteenth century, it was usually the family, not the community, who took care of people with severe mental disorders. Eventually, these factors led to a rapid increase in asylum care (Shorter 1997, 2; Warner 1994, 109).

The upheavals in Europe meant that a large proportion of the population was cast out from their homes and left to impoverishment and precarious living conditions (Dörner 1995, 20 and Waldschmidt 2012, 37). In the wake of these developments, vagrancy and begging rose dramatically. Among the wandering beggars were also disabled people, including people with mental illness, turned out from their homes or villages (Shorter 1997, 2). England, Wales, and German areas within Europe tried to regulate the effects of poverty and homelessness under early capitalism with the intensified implementation of statutes and laws from the end of the fifteenth century on. Common features of the measures were the early distinctions between 'deserving' and 'undeserving' poor, and between residents and 'strangers' that were to be expelled (cf. Fischer 1982, 34; Huster 2018, 344; Seabrook 2013). Driven by the spreading bourgeois work ethic, the label 'deserving' referred to persons not able to work, particularly the 'impotent, lame, feeble, sick and diseased' (Seabrook 2013), while 'undeserving' designated the sturdy, physically-abled poor deemed to be able to help themselves. Against this ideological background, poor relief was subjected to a strict system of regulations and modalities that served to enforce these categorisations and to discipline the available work force (Fischer 1982, 34; Huster 2018, 344). In England and on the continent, even begging was organised according to these criteria. While the disabled or elderly poor were allowed to beg with a permit, sturdy and competent beggars were banned from begging

and could be punished when caught doing so (cf. Huster 2018, 343; Seabrook 2013). Yet although impaired, sick and elderly paupers were granted easier access to poor relief, at the same time patronising, hierarchical power relations were also expressed in the fact that impairment through amputation was used as stigmatisation. For example, the English Poor Laws from the 1530s allowed that repeated persistent beggars could not only be whipped as punishment, but that part of their right ear could be cut off to mark their offence (Seabrook 2013).

The campaigns against idleness also laid the foundation for systematic institutionalisation through the implementation of various early modern forms of internment and forced labour. Hard labour in these institutions not only served as a means to create profit, but was also deployed as a measure for disciplining and for moral education (Moser 1998). Within Europe, England was the first place to open institutions for detention on a large scale. So-called 'houses of correction' had been established earlier, in the late sixteenth century. However, these did not spread very widely and were later merged with prisons. Scotland almost defied them entirely. In contrast, the establishment of workhouses in industrialising areas from the seventeenth century onward was much more successful and widespread within British regions (cf. Dörner 1995, 20-21; Vollmar 1994, 402-403).

Germany started work-based detention later in the seventeenth century with the set-up of prisons with hard physical labour (*Zuchthaus*); houses of correction (*Korrektionshaus*); and workhouses, as well as orphanages (Dörner 1995, 20; Moser 1998, 108-109; Waldschmidt 2012, 37). These forms of detention were implemented in combination with harsh measures like the aforementioned bans on begging; whippings; or the assessment of alleged malingerers. Characteristically, impoverishment was blamed on individuals, which deflected from wider systemic issues that caused pauperisation (Moser 1998, 108-109).

Large groups of people were targeted in the beginning of mass detention. In the context of the early Enlightenment, with the rising pursuit of the domination of nature (inner and outer nature, as Critical Theory would put it), enlightened absolutism, and mercantilism, all kinds of assumed unreasonable or disruptive behaviours were demarcated (Dörner 1995, 20-21). The first asylums had existed since the Middle Ages, but urban areas had also started to organise places in hospices, jails and workhouses for the 'sick, the criminal and vagrant' before the eighteenth century (Shorter 1997, 4). However, the contemporary understanding of 'unreasonableness' was obviously vague and closely

bound to the prevailing ideas of morality, decency, and work ethic, because until the early nineteenth century institutionalisation included a very wide-ranging group of people. This categorisation could affect not just the usual beggars and vagabonds or, expectedly, the 'insane' or 'fools', but also criminals; politically suspicious or heretic persons; alcoholics; alleged eccentrics; or sons who were accused of wasting their inherited wealth. Women were more specifically targeted for moral misconduct associated with their lifestyle, social status or behaviour; for example as sex workers, unwanted wives or daughters who had lost their virginity (Dörner 1995, 20-21).

In the wake of these developments, exclusion and detention of disabled or mentally ill people was not simply a by-product of newly established enlightened capitalism, but fell on the fertile ground of derogatory attitudes and beliefs that were already widespread, as in rural areas of Europe in medieval times and at the beginning of the early modern period. Behavioural traits or characteristics that were perceived as deviation from inherited social roles; preordained traditional customs; or daily routines set by the course of the seasons – like mental disorder – were often met with disgust and prejudice (cf. Shorter 1997, 2). Up until the nineteenth century, many forms of illness carried the stigma of moral misconduct or were seen as punishments of a disgruntled god, which, for example, was associated with the outbreak of epidemics like cholera. In European medieval and early modern peasant societies, when the village or the manor was still at the centre of everyday life (Gleeson 1999, 76-77), people with mental impairments or illness – so-called 'lunatics' – were left on their own. Their care and support was mainly the responsibility of the family or, to a much lesser extent, the church, rather than the wider community. They were often dependent on what their relatives were able to provide or on insufficient and random ecclesiastical charity or almsgiving (Scull 2011, 15-16). Amidst the secularisation of poor relief in England, the dissolution of monasteries under Henry VIII considerably aggravated the situation for paupers (Seabrook 2013). Similar secularisation occurred in Germany (Huster 2018, 343-344). Therefore, poverty was common and the 'deranged beggar', who wandered from place to place to gain alms, was a familiar sight. Being dependent and perceived as a burden meant a life full of hardship, and the existence of people who lived as 'pauper lunatics' tended to be short, nasty, and inhumane. However, disability or 'madness' was not yet a distinctive or separate social category in everyday life. Among famine, disease, violence or early death, it was just one part of the adversities of life (Scull 2011, 16-17).

In general, persons with mental impairments or illness whose behaviour was considered harmless or manageable by their environment, could move freely and be part of family or communal life. However, if somebody behaved in a way that was understood as 'insane', 'challenging' or troublesome, their treatment could be quite harsh or, in retrospect, even downright cruel. In early modern English legal theory, 'idiots' tended to be compared to beasts because of their lack of intellectual faculties (Rushton 1996, 50). Similarly, during the seventeenth and eighteenth centuries, the linking of 'lunatics' [whose condition was deemed to be temporary in English jurisdiction, in contrast to 'idiots' (cf. Rushton 1996, 48-50)], vagrants, and the Irish with animality and abnormality was widespread. Therefore, severe restraints and punishments were widely accepted as justifiable measures (Rushton 1996, 50). Confinement to, or chaining in, the family home and barns was not uncommon in either Britain or Germany; neither were beatings. One appalling example is the 1798 case of a sixteen-year-old youth in Würzburg, Germany. He was housed next to the livestock in his father's pigpen for several years, where he even lost the use of his limbs, until he was admitted to the Royal Julius Hospital. Patients admitted from home care to psychiatric institutions were often found with backs beaten or with bloody wounds (Shorter 1997, 2-3). However, the conditions in institutions like workhouses or poorhouses were not that much different. Confinement, including chaining or fastening to a stake, was practised there as well, used, for example, for 'maniacal men'; these inmates often served as a public spectacle for visitors, but at the same time were excluded from community life (Shorter 1997, 3).

However, the end of the eighteenth century heralded the transition to the age of Enlightenment, the so-called age of reason. Whereas in the past, attitudes towards disabled people were influenced by the belief in supernatural forces such as possession by the devil or evil spirits; bewitchment or misaligned stars; or, from a more favourable angle, divine blessings or holy madness (Scull 2011, 7), the new era aimed to do away with irrationality and superstition. The Enlightenment was characterised by fully-fledged capitalism; the emerging dominance of the sciences; and the ideals of rationalism and enlightened individualism. These factors also had an effect on disabled people in Germany and the UK. Their lives were shaped by the emerging professionalisation of institutionalisation and medicalisation as well as changing forms of oppressive structures and attitudes. But at the same time, there were also daily and personal negotiation processes between 'disabled' people and their environment which showed

that, depending on the circumstances, they could also exert agency and defy simplistic narratives that framed disabled people as mere victims.

2.1.2 Enlightenment and Industrialisation

As indicated above, the age of Enlightenment did not only focus on reason as the defining force of progress, but stood for the development of modern capitalism under the auspices of enlightened thinking. The intertwining of enlightened reason and capitalist forms of work led to the development of Enlightenment rationality as the central characteristic of modern work force organisation. Industrialisation undoubtedly had a major impact on the modern world of work and represented a break from mercantilism and pre-capitalist economic forms. But ultimately, as detailed later in this chapter, it was not primarily industrialisation per se that produced exclusions or restrictions, but gradually applied performance and functionality criteria that shaped the chances of economic participation. These criteria were shaped by a rationality thinking that stemmed from the development of enlightened purpose-driven instrumental reason. The new efficiency criteria also created universal demands on productivity that applied not just to the industrial mode of production, but also to other areas of work, and they took up existing social differences and reproduced or aggravated them (for example, in the case of disability) within the newly emerging organisation of labour. This had lasting effects on the participation of disabled people and on gendered role distributions at work and in the home. The individual's functionality and their ability to adapt to the demands of performance and efficiency became major criteria for participation in the capitalist economy. Critical Theory has analysed the effects of enlightened rationality in the essay collection *Dialectic of Enlightenment* (DA):

Individuals define themselves now only as things, statistical elements, successes or failures. Their criterion is self-preservation, successful or unsuccessful adaptation to the objectivity of their function and the schemata assigned to it' (Horkheimer and Adorno 2002, 21-22).

[...] since reason itself has become merely an aid to the all-encompassing economic apparatus. Reason serves as a universal tool for the fabrication of all other tools, rigidly purpose-directed and as calamitous as the precisely calculated operations of material production...Reason's old ambition to be purely an instrument of purposes has finally been fulfilled (Horkheimer and Adorno 2002, 23).

In conjunction with Critical Theory, the analytical perspectives of Foucault and Haraway have influenced the thematic emphases of this section, because they highlight the importance of areas such as science, medicine, or gender, and the division of labour from discourse-analytical, science-theoretical and feminist perspectives. This approach

aims to shed more light upon how these different areas were connected in shaping efficiency, productivity, and profitability as new guiding principles, whereby creating disability as a social category and establishing modern forms of exclusion.

This section begins with a short exploration of relevant philosophical thinking and its influence on views on disability. This had an effect on devaluing disabled people as participants in society, particularly in the labour market. The section moves on to outline the beginning of modern forms of labour and ownership as scientific and cultural advances shaped notions of standard and ideal mental capacity through the creation of undesired deviation, which in turn had consequences for demands on efficient and time-effective labour, and the emerging eugenics movement in Europe.

From the end of the seventeenth century and during the eighteenth century (Davies 1997, 577), the Enlightenment became the dominant philosophical movement in Europe. It is often labelled as the age of reason, because it marked an era where the belief in reason and its superiority over religion and superstition was openly advocated. The authority of the church as a divinely ordained institution and as the holder on the monopoly of truth was rigorously questioned. Simultaneously, it was also the era that proclaimed equality, progress, tolerance, and universal human rights (Lettow 2017, 94). The German philosopher Immanuel Kant's essay 'What is Enlightenment' (1784) is a seminal work for the understanding of the essence of enlightenment. Kant called on his audience to free themselves from 'self-imposed immaturity', and instead to have the courage to use their own intelligence without another's guidance and to '[d]are to know' (1995 [1784], 56). In this respect, Kant's reasoning represented the belief of proponents of enlightenment thinking that the strict application of reason offered the way to progress of humankind (Simpson and Jones 2015, 12). However, it must be noted that, as influential as the Enlightenment was as a philosophical movement, it had an elite bourgeois character; it was mainly accessible to and interpreted by a limited literate audience and, therefore, naturally mirrored their biased and situated perceptions of what an ideal human society should look like (Simpson and Jones 2015, 12). This meant that

[a]ccordingly, the Enlightenment claim to scrutinize all forms of authority and power and to conceive of society based on the principle of equality is understood as being structurally intertwined with multiple forms of domination in terms of gender, race, class, and empire (Lettow 2017, 94).

This became clear in discussions surrounding equal rights of men and women. While women themselves had to struggle to be recognised as equal to men, feminist

perspectives themselves were simultaneously influenced by colonialist attitudes when commenting on gender relations in non-Western societies (Lettow 2017, 97). The situated perspective was also expressed in the way equality was applied to women and disabled people. Enlightened ideals turned out to be not that universal, but rather centred around the model of the able-bodied white European man who could adapt to the new order. This showed in political practice as well as in political-philosophical discourse. Although universal equality was a guiding principle, inherited gender roles and normative ideas about reason and intelligence (and to whom it was attributed to it) proved to exert a lasting influence. Exclusions, which were gender- or disability-related often had parallels or overlapped. This, of course, also reproduced social power relations in a society seemingly characterised by objective rationality, which also shaped access to economic and political agency and participation.

The bias in terms of gender became obvious in the application and understanding of equality, although women had been politically active during the Enlightenment. Already, early on in the French Revolution, politically engaged women had expressed their wish for recognition and criticism of the lack of inclusion. For example, the Women's March on Versailles in October 1789 did not just support the revolutionary national assembly, but also demanded, and de facto practised, the right to fully participate in public life (Gerhard 2009, 10). Likewise, the French feminist Olympe de Gouges published the 'Declaration of the Rights of Woman and the Female Citizen' (*Déclaration des droits de la femme et de la citoyenne*) in 1791 as a reply to the first republican constitution in France. Contrary to the 'Declaration of the Rights of Man and Citizens', the constitution codified constitutional monarchy as the governing system and the census suffrage, which still privileged men and the propertied bourgeoisie. De Gouges' demands for absolute equality in all respects led to her decapitation in 1793 (Gerhard 2009, 15-16; Thiessen 2008, 37). Similarly, the constitutional convention of the German revolution from 1848 discussed citizen rights and suffrage only with regard to male Germans, which led to the foundation of feminist women's associations in 1848/49 (Gerhard 2009, 37-40 and 40-41).

Even among most prominent enlightened thinkers, the prevailing view was that women were a civilising force whose role was to cultivate and complement men. The political theorist and philosopher Rousseau, for example, when talking about women was convinced that 'her glory' would be 'the respect of her husband' and 'her joys the happiness of her family' (2004 [1762], 423).

With regard to feminist enlightened thinkers in the UK, England and Scotland were among the most progressive places in Europe at that time. The Bluestockings Circle, a group of feminist women in the 1760s and 1770s, also argued for the civilising role of women. However, although they still held essentialist notions about the more caring and sensitive nature of women, they believed enlightened women should be on the forefront of creating a more refined and moderate modern society through the gendered way they would shape societal progress. Interestingly, this vision of a transformed society included notions of a 'sheltered environment', in which the disabled and disadvantaged poor would also be able to work and contribute to their own livelihoods (Lettow 2017, 97).

Another influential feminist enlightenment thinker, Mary Wollstonecraft, was a firm believer in independence and argued that 'the exercise of its [sic] own reason' (2004 [1792], 31) was a crucial prerequisite for reaching full independence. But a patriarchal order systemically disadvantaged women to do so, which manifested itself in the female habitus. Wollstonecraft saw education as a means to end inequality between men and women. In her view, the transformation of women correlated with the transformation of the world and, therefore, women needed to reform themselves in order to be able to reform the world (Lettow 2017, 104).

In German-speaking areas, learned women were part of the intellectual debate in the enlightened era. Educated by academic fathers and later expected to help their academic husbands, they saw their work as a 'professional,' if 'supportive activity' (Goodman 1999, 293). Becoming a learned woman was one way for women to be able to engage in discussing philosophical, religious or polemical subjects. Usually, these women came from a courtly, patrician, or scholarly background. In general, it was still difficult for women to write and publish any works apart from devotional writing, because they were expected to retain propriety in public, which restricted the type of texts considered appropriate for publishing to those seen as suitable to their gender and social status. Transcending these boundaries was difficult and restricted. Assuming the role of a woman intellectual gave access to intellectual circles but was still a sphere separated from scholarly writing (Hufton 1995, 427-428).

Eventually, at the end of the eighteenth century, the treatise 'On the Civil Improvement of Women' by Theodor Gottlieb von Hippel argued for the full implementation of equal rights for men and women and the admission of women to all public institutions. It paralleled the contemporary discussion on the legal and political emancipation of Jews,

as in Christian Wilhelm Dohm's essay, 'On the Civil Improvement of the Jews' (Lettow 2017, 98-99).

In terms of disabled or chronically ill people, the problematic understanding of equality was particularly intertwined with an enlightened thinking that put forth new moral principles, which were based on individualistic ideas of the human self as an autonomous and self-determined subject. Kant's dictum about the individual's self-imposed immaturity led to negative repercussions when it came to people who were restricted by social boundaries or who were not able to free themselves from immaturity, which referred especially to the 'crippled', the 'mad', or people with intellectual impairments (Waldschmidt 2012, 37-38).

Before Kant, the British philosopher John Locke had argued in a similar vein. He developed a moral-philosophical model of madness where he stressed the significance of being capable of reasonable and coherent thinking (Laffey 2002, 374). His concern was the question of human understanding and, consequently, the limits and differences in the human ability to reason. Disability was discussed as a symbol and as an example of assumed limitations and defects (Clifford 2014, 92-93), as particularly demonstrated in his 1690 work 'An Essay Concerning Human Understanding'. Locke was convinced that the faculty of reason was an indispensable characteristic to be granted personhood and, therefore, separated 'man' as a mere generic name from the status of an actual 'person' (1975 [1690], 335). The differentiation between physical or sensory impairments and 'idiocy' was very telling. While he conceded that limitations in sensation or perception might impede human understanding, intellectual impairments, often labelled as 'idiocy', were incompatible with his definition of personhood (Clifford 2014, 93). In his essay, Locke intensified his claim of the necessity of reason for the status of personhood as follows:

what Person stands for; which, I think, is a thinking intelligent Being, that has reason and reflection, and can consider it self as it self...[f]or since consciousness always accompanies thinking, and 'tis that, that makes every one to be, what he calls self; and thereby distinguishes himself from all other thinking things, in this alone consists personal identity, i.e. the sameness of a rational Being (1975 [1690], 335).

The ideas voiced by Kant or Locke turned out to be very influential from the eighteenth century onward. The constitution of bourgeois society was philosophically determined by notions of individual autonomy and the universalism of liberty and equality for all. However, groups of people who could not fulfil the demands of a rational individual and therefore revealed contradictions with these notions were confronted with social

exclusion and the determination as the 'other' by their assumed lack of reason or civilisation. This extended to 'cripples', 'imbeciles', and 'the mad', but also to women and workers (Waldschmidt 2012, 37-38). It was no coincidence that after the French Revolution the character of confinement changed significantly. Special institutions for curing, education, and betterment were founded to accommodate assigned groups of people, embodied in the emergence of psychiatry and psychiatric establishments (Waldschmidt 2012, 38-39). This development also reflected how the social and economic status of gender and disability fed into reinforced stereotypes around intellectual capacity, and vice versa, when it came to paradigms of performance and functionality under the emerging economic order. These paradigms were determinants of the working environment, but were themselves determined by contemporary notions about gender and ability. Here, then, the Enlightenment, the disciplining of 'unreason', and hierarchisation according to gender inequalities came together. Ultimately, the history of institutionalisation for disabled people provides an important background to the conceptualisation of the social model, both as an ordering measure in the new order and as central to the formation of attitudes towards disability, as discussed in subsequent chapters with reference to, for example, Michael Oliver and Vic Finkelstein.

As in the emerging areas of psychiatry and institutionalisation showed greater interest in unreason, Foucault's work proved significant. He traced how attitudes towards unreasonableness and irrationality shifted at that time and had a particular focus on madness. According to his observations, it was in the seventeenth and eighteenth century that the perception of unreason began to change dramatically. Whereas in the Renaissance, conflicts with unreasonableness and the associated evil were negotiated openly as an instructive means to achieve its successful suppression, under the primacy of reason, unreason descended into something scandalous and immoral that needed to be institutionalised and hidden from public view (Foucault 1988, 66-68). However, madness, as the most extreme form, had a special status as the incarnation of man who actually had become a monstrous animal. While more harmless forms of unreason remained confined in secrecy, madmen and madwomen behind bars were displayed as a spectacle to visitors who were willing to pay for it, as in the hospital of Bethlehem in London (Foucault 1988, 68 and 70). The exhibition of madness as a bizarre condition served as amusement and mockery, but also as a projection screen of externalised animality and irrationality, a dissociation for a reason 'sure of itself' (Foucault 1988, 69-70). In the dawning age of reason, madness lost any infernal or

transcendent meaning and was cast back to its material, earthly self (Foucault 1988, 73-74). Even from a contemporary Christian angle, madness or lunacy was no longer necessarily a sign of divine wisdom or unrecognised truth (Foucault 1988, 79), but stood out from other forms of unreason because of its particular significance for Christ's incarnation on earth when he had chosen the company of 'mad' people:

Madness is the lowest point of humanity to which God submitted in His incarnation, thereby showing that there was nothing inhuman in man that could not be redeemed and saved; the ultimate point of the Fall was glorified by the divine presence (1988, 81).

Originally, confinement was established as a repression of poverty in order to convey the values of the bourgeois work ethic and discipline. However, it also brought to light that there were groups of people who could not be absorbed into this new order and who showed an 'incapacity for work' and an 'inability to integrate with the group', as Foucault assessed in the case of madness (1988, 64). This was the turning point when the more specialised institutionalisation of the modern age started.

The formation of modern-day asylums and hospitals was closely connected to the development of modern science, especially medicine. In the years after the Revolution, France was at the forefront of medical innovation in Europe. Scientific research benefited from the centralisation of poor patients in Parisian hospitals, which allowed physicians to study commonalities of various diseases; to increase their knowledge with post-mortem examinations of the patients; and to effectively introduce quantitative methods to medicine (Waller 2009, 371). The emerging discipline of psychology adopted the thinking in medical terms and in clinico-pathological correlations from the medical area as well. Principles of pathological anatomy were applied to psychiatry, which meant the linking of various symptoms of madness or mental diseases with lesions to the brain (Shorter 1997, 73-76). The belief that insanity affected brain functions led, among other things, to the rise of pseudosciences like phrenology among many European psychiatrists during the early 1800s. It was based on the erroneous idea that the shape of the skull could be associated with distinct mental characteristics. The influence of pathological anatomy also strengthened a tendency in psychiatry to link 'moral' causes like failed love affairs or bereavement, as well as 'physical' causes like brain lesions, with the triggering of mental disorders. Both causes were believed to lead to nervous collapse or the adoption of 'false ideas' (Waller 2009, 371). This also serves as an example of how biases were inherent to medical diagnoses, because moral judgements by professionals tended to influence the diagnosis of brain disorders. For

example, stereotypes of gender roles in the eighteenth century led leading alienists – an expression used for psychiatrists at that time (cf. Colman 2015) – to the pathologisation of feminism as a medical condition. Allegedly, the mind-work of feminism would divert essential supplies of blood, nervous energy, and nutriment from the ovaries to the brain (Waller 2009, 376). By the 1930s, laboratory medicine had risen as a further medical sector that also shaped brain diagnoses. Experimental physiologists in Germany categorised mental diseases as brain diseases and established differences in prognosis for different conditions (Waller 2009, 373).

The development of modern medicine took place within a scientific culture that carried forward bourgeois ideals like toleration, openness, and rationality from the Enlightenment. However, after the terror and bloodshed of the French Revolution there was a period of renunciation of the imperative of the totality of reason. In contrast, temperance and the ideal of the ‘average man’ made an impact as new virtues, intended to curb potential social unrest and shape the emerging mass society. The average as a guiding principle and measure gained growing importance, for example, in defining broad laws of social behaviour to underpin legislation and reform, or as a framework for the increasingly significant political interest of governments in statistical data such as crime rates, suicide rates or censuses (Olesko 2009, 338). The rational discourse in medicine and public health, as influenced by the progress in natural and social sciences, changed perceptions of body and mind. Scientific specialisation replaced religion as a meaning-giving authority. Social changes, the development of the photograph, and physical anthropology inspired a growing interest in differentiating body types. For example, in the 1890s, Jean-Martin Charcot used a camera to document a physiognomy of insanity, thereby creating the iconography of insanity. The nineteenth century became an age of classification in which social scientists, physicians, and psychiatrists studied individual and group differences. This provided the basis for the construction of hierarchies in terms defined by the physical and biological sciences. In this context, normalcy became embedded in the self-image of the middle class as the contrast to mental illness and as defined by terms of rationality (Olesko 2009, 336-337).

Closely connected to the scientific and medical discoveries was the eugenic discourse (explored in more detail later in the chapter), which was a major ideological motivation for reforms in public health when it came to changing general living conditions and to the growing urbanisation in the nineteenth century (MacKenzie 1976, 5-6). In brief, eugenics referred to an ideology and international social movement that promoted

practices and policies designed to further 'the reproduction of people with desired attributes' (Thomas and Katz Rothman 2016, 406) and 'to improve human heredity' (Leonard 2005, 208), which gave it a selective character in terms of preventing supposed degeneracy among the population. This could mean, for example, that 'mental defectives' should be kept from having children (cf. Hansen and King 2001, 240). Generally, there were two strands within the eugenic movement: those who believed that hereditary disposition caused the problem and produced degeneration, also called negative eugenics; and those who advocated for positive eugenics and saw an inappropriate social environment as the main factor (Turda 2010, 26). Positive eugenics, in terms of social and health reform, was behind the aim to influence the direction of public health, and was part of the drive for interventionist programmes, which could include measures for public hygiene.

The expansion of the cities and urbanisation fostered positive eugenic measures because of changes in general living conditions. This increased survival rates (Joll 1983, 33); for example, upgraded water supply and sewage disposal improved public health and helped to curtail epidemic diseases like cholera (Joll 1983, 29). However, despite ameliorations in public health and labour conditions, regulation through state intervention was also limited by the preservation of capitalistic ownership relationships and the untouched rights of property. In terms of housing, the mainly privately-dominated sector remained in appalling conditions for large parts of the – particularly urban – industrial population due to a lack of regulation (Frasch and Wyke 2015, 173-174; Joll 1983, 30-31). Other contributing factors to the advancements in life expectancy were medical discoveries and treatment improvements during this period. Ongoing medical achievements were introduced, for example in the application of surgery, which, paradoxically, but not surprisingly, were sparked by the dealing with mass casualties of the increasingly armed wars during the nineteenth century (Joll 1983, 29). Simultaneously, other factors which fostered urban growth and the drive for public health measures could come into play as well. For example, young peasants became very attracted to urban life and moved progressively to urban areas, despite the fact that rural production increased due to specialisation and new techniques in food production in the nineteenth century (Joll 1983, 33).

The developments in medicine, science, and culture were accompanied by substantive economic and political changes from the Enlightenment to modernity, changes that propelled industrial capitalism. Basically, the heyday stage of industrialisation

distinguished itself from previous eras through the mechanisation of labour and the use of inanimate sources of energy (Encyclopaedia Britannica 2019), which was significantly advanced by ground-breaking inventions like the steam engine (Briggs and Clavin 2003, 7-6). The outbreak of the industrial revolution during the late eighteenth and nineteenth century put Great Britain on the forefront of this economic transformation that would later slop over to Western Europe and North America. The British economy experienced an enormous growth that, for example, resulted in the almost double increase of annual iron exports and the rise in exports of cotton textiles from £236,000 to £5,371,000 between 1765 to 1774 and 1795 to 1804 respectively (Briggs and Clavin 2003, 36; cf. Harley and Crafts 2000, 839). Apart from the importance of North America and Europe markets for manufactured goods, imperial colonisation and exploitation also opened profitable markets for British textile and arms manufacturers (Bayly 2004, 175). Under the great imperialist power competition in Europe, Germany also acquired colonies in Africa towards the end of the nineteenth century, but compared to the British Empire they remained economically insignificant (Laak 2005, 3). Instead, the nineteenth-century German states' state-driven economy relied more strongly on intervention in investment and the promotion of manufacturing, especially regarding heavy and defence industries, and was much more focused on creating a large, protected internal market (Bayly 2004, 175). This led to successive and rapid industrial growth in Germany, especially after the 1870s (Joll 1983, 33). The emerging class of bourgeois entrepreneurs and traders came to new wealth and acquired status and influence by collaborating with existing aristocratic and feudal hierarchies (Bayly 2004, 7), while in the wake of industrialisation and growing urbanisation, an urban proletariat came into being (Joll 1983, 56). Simultaneously, European merchants were the main beneficiaries from overseas trade in key consumables like tobacco, coffee, sugar, and tea, while the slave economy of the Atlantic was an important factor for growth and market formation, particularly for Britain (Bayly 2004, 52 and 175).

But colonialism was also a magnifying glass that made visible the interconnectedness of the various ongoing developments in modern European societies. The effects of globally acting capitalism intertwined with nationalistic competition and rivalry were also driven by advancements in medicine and modern technology (Laak 2005, 4) – for example, Germany took the world lead in technical developments at the turn of the twentieth century (Joll 1983, 143-144) – which seemed to confirm ideas of the global supremacy and domination of the 'developed' nations in Europe and America (cf. Laak

2005, 4). But this was also the climate that laid the ground for eugenic movements and exclusion of disability due to criteria of economic rationality embedded in ideas of national and biological superiority.

Eventually, industrial capitalism perpetuated a development that had already become apparent during mercantilism and was exacerbated through changing working conditions. Industrial labour and emerging urbanisation continued to disrupt traditional social relations. Whereas skilled workers were sought-after, big sections of the traditional labour force, such as handloom weavers, were left behind by the changes in production (Briggs and Clavin 2003, 36-37). At the same time, strenuous working conditions for industrial labourers were characterised by problems like underpayment, hazardous work settings and over-work (Joll 1983, 144-145). From a Marxist perspective, work in the factories led to alienation, because it involved seemingly meaningless, disconnected tasks (Bayly 2004, 170-171). With the beginning of the twentieth century, inequality became much more obvious due to a massive and widening gap in incomes between workers and capitalist elites, which coincided with a fall in real wages, growing unemployment, and rising prices (Joll 1983, 144-145). Eventually, industrial capitalism caused the creation of powerful labour movements in Germany and the UK in the form of organised trade unions and labour parties, but also in the form of workers' struggles and strikes (Joll 1983, 56-57, 62 and 144-145).

Simultaneously, industrialisation was characterised by structural inequality; potentially disabling effects on workers; and gendered areas of work. With the decline of domestic work, gender differences were perpetuated and problems for people who could not easily adapt to the new working environment unsheathed. Structural changes in the labour available meant that women and children increasingly turned to wage labour in factories, where they were employed because they could be paid less than adult men (Briggs and Clavin 2003, 36-37). One area of employment where effects regarding gender and disability became visible was coalmining, which was vital for fuelling industrial production. Women and young girls worked underground as well as on the surface alongside men in collieries in England, South Wales, and Scotland. Eventually, the *Mines and Collieries Act* of 1842 prohibited all underground work for women and children, although this was sometimes less strictly applied to the employment of boys. Women were still carrying out surface activities, but overall, the Act reinforced the gendering of mining as a men's domain through governmental regulation (Turner and Blackie 2018, 24-25). The consolidating effect of the Act was also evident in the

dominant ideal of the traditional family model in mining communities, with the man as the breadwinner. In return, women were expected to be responsible for housekeeping and caring tasks. Admittedly, this seemingly clear role allocation was easily blurred when men became injured, sick or unemployed and their wives and family had to contribute to the household income (Turner and Blackie 2018, 96-97 and 146). Mining is also a striking example of disabling working conditions under industrial capitalism. Accidents were common and could be caused by being run over by wagons, ruptures or strains from heavy lifting, but health could also be harmed by the inhalation of coal dust (Turner and Blackie 2018, 26). Work-related impairment was a potential risk for everybody employed in the mines, although to varying degrees depending on the field of activity. However, women had to deal with specific risks of impairment. Physically demanding work, like hauling and bearing coal, could not just strain the bodies and deteriorate general health, but lead to miscarriages and premature births as well (Turner and Blackie 2018, 63). The dependence of mining on physical strength not only meant that male labourers, even when they were impaired, had to rely on their ability to perform arduous tasks on a daily basis, but also meant a stressful life for the wives at home. Being responsible for childcare while also carrying out various domestic tasks and looking after the well-being of mining husbands and sons created a permanent physical burden, which could have further debilitating effects on their health (Turner and Blackie 2018, 140-141).

Although the influence of industrialisation on Western societies has been dramatic, the significance of industrial factory work to the lives of disabled people is debatable. From a social model perspective, it has often been argued that the introduction of the factory system – based on a free market economy and wage labour – with its enforced discipline, acceleration of work, time-keeping and demands on production standards, consequently excluded disabled people from the labour market who were thereby labelled as unproductive (Barnes and Mercer 2003, 24-25; Finkelstein 1980, 7; Oliver 1990, 27-29). However, while social model accounts rightly point out negative effects of industrial capitalism, historically, the actual effect of industrialisation on the lives of disabled people has not always been clear-cut. The factory system with its heavy machinery tended not to be widespread throughout the country, but, as in the UK, clustered around a few regional centres, which meant that the overall effect on the workforce was limited for a long time (Borsay 2005, 14). While in Germany heavy industry did not take off until the 1870s, most eighteenth century British industrialisation

was highly regionalised and for this reason some areas remained largely untouched by mechanised labour (Briggs and Clavin 2003, 5). Even by 1851, only six per cent of the total UK labour force was working in textile factories – the sole employment sector where this mode of production had had major impact in the UK (Borsay 2005, 14).

Eventually, the decisive economic factor that produced exclusionary mechanisms in the modern era was not so much the work itself, but rather the increasing pervasiveness of economic rationality thinking that shaped the working conditions in modernising Western societies. Efficiency, productivity, and profitability became the new guiding principles and were enforced through rewards and sanctions directed to invigorate capitalist economic action (Borsay 2005, 14), while the coercion to rigorous efficiency was embodied in the alienating conditions in work processes, which were driven by the pressure of mass market production with its need to cut costs and by an competitive economic system (cf. Joll 1983, 143). But the new order not only became pervasive through economic developments, but was enforced by interconnected cultural, and social factors. It was underpinned by and embedded in compliant legal systems and a supportive social order that ensured the necessary social stability through institutions like family, religion, education, social work or poor relief (Borsay 2005, 14).

In this respect, coalmining is again a striking example that shows it was not necessarily industrial labour itself which deterred impaired labourers from employment, but the accretive diktat of efficiency and cost effectiveness that shaped work processes in a rationalised economy. In its early days, flexible working arrangements in mining allowed for more independent and individualised work patterns and rhythms. For one thing, colliers were able to work to task and were not subjected to a strict time regime, because as pieceworkers they were paid by quantity, not by the hour. Additionally, in the early phases of industrialisation, mining operations were executed close to the ground, which allowed colliers to enter and leave the mines easily when it was convenient for them. This meant that miners with different impairments were able to work in the mines, because they could organise their working hours flexibly and according to their speed and performance. However, with the introduction of deep mining, where mines could only be accessed with winding machines at particular times; the introduction of a reduced working day with its greater pressure on time discipline; and with the adjustment of work rhythms to guarantee a consistent output of coal, reduced ‘somatic flexibility’ made it increasingly difficult for impaired labourers to fit into the re-organised labour practices (Turner and Blackie 2018, 44-45).

Apart from the changes in the working environment, the end of the eighteenth century and the beginning of the nineteenth century were characterised by a further differentiation of specialised institutionalisation for disabled people. Initiated by socio-economic changes, but also by the European-wide influence of Enlightenment thinking, in Germany and Britain, institutions like hospitals, asylums and special needs schools became more geared towards people with impairments and chronic illnesses.

In both countries, special needs schools were introduced when schooling was made compulsory to meet the demands of skills and qualification needed for the industrialised economy (cf. Borsay 2005, 94; Heiden 2017, 15). However, the initiation of special schools for disabled children led to separation from regular schools and enforced social segregation (Heiden 2017, 15). Deaf, blind and intellectually impaired children were educated in separate institutions (cf. Borsay 2005, 94-96 and 106-108). In Germany, the additional segregation and incapacitation of blind people through a lack of employment in factories, and the subsequent organisation of special workshops and residences, led to an early resistance to institutionalisation, which made blind people pioneers in disability self-organisation. They founded the first self-organised association in 1872 and, eventually, the blind women's union (*Verein der blinden Frauen Deutschlands*) in 1912 was the first organisation of disabled women in Germany. In this context, self-organisation resulted in early connections with the labour movement when the first journal in Braille was financed by the Social Democratic Party of Germany, the SPD (Heiden 2017, 14-15).

At the end of the eighteenth and the beginning nineteenth century, the rise of psychiatry and institutionalised care for people with mental impairments was a significant development. While in nineteenth century Britain the family was the primary caregiver, alongside private care in the home; private madhouses; charitable hospitals; county asylums; and union workhouses (Bartlett 1998, 422), psychiatric care in Germany was spread over asylums, almshouses, and jails under the divided oversight of church, state and local communities. Already around 1800, these places had a bad reputation as 'fools' houses' (*Tollhäuser*), where residents were merely locked away and cast aside (Shorter 1997, 7). Dire conditions like these were challenged by an emerging international psychiatric reform movement that aimed to develop specialised psychiatric provision; this reform movement was influential in both Britain and Germany (Shorter 1997, 6-7). Motivated by the Enlightenment-driven agenda of improvement through social, political, or medical engineering, and coming from intellectual centres like

Edinburgh, a new approach rethought psychiatric institutions as places for curative care and healing rather than as mere confinement to avoid troubling family members or village habitants (Shorter 1997, 8-9). One common feature across different countries was to see confinement in institutions as a cure itself, which meant isolation from friends and family alongside other harmful influences that could have a detriment effect to the healing process. In contrast to care in the family, enlightened psychiatrists believed that institutions provided unique curative possibilities because they were equipped with adequate medical resources and tools and offered the right environment for psychotherapeutic treatment that could ideally cure 'madness' and develop or strengthen the faculty of reason (Shorter 1997, 9-14). Especially striking was a therapeutic direction taken in the Charité in Berlin, which, as a military teaching hospital, was rooted in Prussian military discipline. With this in mind, the goal of the facility was to enable patients to assert control over their lives by the means of military drilling, tight daily schedules, and the conveyance of a general sense of boundaries (Shorter 1997, 14-15).

However, it must be noted that in practice there had never been a clear difference between physical and mental or intellectual impairments, and people with physical as well as with mental impairments could be admitted to asylums. Difficulties with coordination or communication were often categorised as 'mental deficiencies' although the cause was cerebral palsy or problems with sight or vision (Borsay 2005, 66). Physical deformity as a characteristic of 'feeble-mindedness' also figured in nineteenth-century eugenic discourses. 'Feeble-mindedness' or 'idiocy' had a negative connotation because it was considered 'as the vector of disease, the source of crime, and social problems of all description' (Simpson 2011, 543). In addition, gender and class stereotypes had, amongst other things, a particular significance in these discourses. For example, it was the negative properties of the mother – poverty, idle luxury, intemperance or constitutional weakening – that were believed to be the cause of the child's idiocy (cf. Simpson 2011, 543)

2.1.3 The Birth of Eugenics

Overall, the turn of the twentieth century was marked by major ideological shifts. The rise of eugenics indicated that idealised enlightened liberal values became less important in comparison with the increasing significance of notions of race, nation, and the ethnic community (Waldschmidt 2012, 43-44). The spread of Social Darwinism popularised ideas of racial degeneration. The paradigm of defective bodies and minds –

and their prevention – shaped the general discourse. A scientifically legitimated elaboration of the Intelligence Quotient (IQ) was introduced to back the distinction between superior and inferior intelligence, while notions of deviance from standardised categories of ‘normality’ took over (Barnes 2003, 32).

Believing that contemporary scientific achievements would provide appropriate tools to formulate generalisable assertions on humankind and society, the idea of eugenics, as a measure to control and better the social body, gained increasing influence in the nineteenth century. Although infanticide and euthanasia of disabled children had been known since the ancient world, the term ‘eugenics’ was coined first by the English scientist Francis Galton (Spektorowski and Ireni-Saban 2014, 24), who believed heredity could be measured and determined with mathematical and, particularly, statistical methods (Kevles 1995, 13-14). Originally, his understanding of eugenics referred to the momentous differentiation between ‘positive’ as well as ‘negative’ practices. ‘Positive’ eugenics was supposed to encourage ‘good stock to breed’, while ‘negative’ measures aimed at preventing the ‘mentally and morally unfit’ from having children (Kerr and Shakespeare 2002, 8). From the beginning, these ideas coupled social progress with biological evolution, including, for example, the racist distinction between supposedly less developed dark-skinned and more progressed white-skinned people, and the concern that the eugenically more preferable would be ‘outbred’ by inferior races (Spektorowski and Ireni-Saban 2014, 26). Eventually, eugenics received scientific backing by post-Enlightenment thinkers like Thomas Malthus, Herbert Spencer, and Charles Darwin. Spencer was very significant; although Darwin gave his name to the theory, Spencer actually laid the groundwork for Social Darwinism. He coined the terms ‘survival of the fittest’ and ‘struggle for existence’, terms he actually applied to people rather than nature. Spencer favoured a highly competitive free market society, because then only the ‘most intelligent, ambitious, and productive people’ would thrive, which, eventually, would lead to the betterment of society as a whole (Barnes and Mercer 2010, 221; Lenzen 2015, 4).

From the beginning, the concept of eugenics embodied a Social Darwinistic approach fuelled by the assumption that groups like criminals, non-white ‘races’, and women had a limited capacity for intelligence and rational thought as well as decent moral conduct (Kerr and Shakespeare 2002, 9-10; cf. Richardson 2000, 40-41). Eugenics, which was mainly backed by middle-class men and women whose ideas of social improvement were rooted in biologicistic discourses on race and class (Richardson 2000, 49),

especially targeted low-income groups, but also people with mental and physical impairments; so-called imbeciles, idiots, lunatics, and people with 'feeble-mindedness' as well as those with conditions like microcephaly, epilepsy or 'Mongoloism'. In Britain, for example, the *Metropolitan Poor Act* (1867) and the *Idiots Act* (1886) enabled the wide institutionalisation of anybody who was categorised as mentally deficient. People with different kinds of impairments ceased to be part of the community but became a societal problem that required special treatment, preferably in an institution. Simultaneously, the tendency to biologise alleged deviances and treat them as scientific problems was also manifested in the fact that, during this time, science was institutionalised at universities, while biology and medicine developed their scientific approaches as 'hard' sciences (Kerr and Shakespeare 2002, 9-10).

The eugenics movement spread throughout the Anglo-American region and beyond, fanning out in European countries like Germany (Kevles 1995, x-xi; Kerr and Shakespeare 2002, 24). In the United States, eugenicists not only made a distinction between white and black people, but additionally established a hierarchy among 'old-stock' white people and newly arriving immigrants who were non-white or not counted as 'white'. The protestant Anglo-Saxon majority was placed on top of that hierarchy and was distinguished from those who were seen as inferior, including the Irish or the Catholic and Jewish immigrants from Eastern and Southern European countries, but also other groups of immigrants such as the Chinese (Kevles 1995, xi; Sowell 2017, 177-179). Eugenicists sought confirmation of the lower intelligence of the newer immigrants through IQ tests, which, through the nature of their design, were biased in favour of the traditional scholastic knowledge that mirrored the educational background and socialisation of the eugenicists (Kevles 1995, xi). Therefore, they supported the limitation of immigrants from Eastern and Southern Europe and advanced eugenic sterilisation laws that particularly affected lower-income groups in the US. The laws and programmes backed by the American eugenicists turned out to be models for the German National Socialists and their 'race theory'. They were very influential for the later practice and development of so-called 'race hygiene' in Nazi Germany, which included the sterilisation of several hundred thousand people, but was also used as an initial point for the legitimisation of the systematic and industrial-like execution of the Holocaust, with a pseudo-scientific underpinning of alleged natural racial and associated individual inequalities (Kevles 1995, xi).

At the turn of the twentieth century, the British eugenics movement was also gaining in popularity. Sharing similar concerns about lower-income groups with their US counterparts, many British psychologists, school doctors and educators embraced eugenics. In 1913, the *Mental Deficiency Act* was passed, which allowed IQ tests to identify feeble-minded children and transfer them to special schools (Kerr and Shakespeare 2002, 11). The Act defined mental defect as a 'generalised moral debilitation' causing pauperism, alcoholism, promiscuity, and criminality. It could, for example, lead to girls associated with 'challenging', 'prematurely sexually aware' or sometimes insubordinate behaviour being sent to special schools, mental defective colonies or institutions based on intelligence certifications (Cox 1996, 187-197).

However, eugenics was not a coherent science or ideology, and at the time there was no distinct interest in genetics among the medical community. Nevertheless, the reputable British medical journal *Lancet* and the Royal College of Surgeons expressed some support of eugenic sterilisation; psychiatrists, eye specialists, and surgeons were also prone to hereditarian theories and the idea of preventive sterilisation. The Eugenics Education Society was founded in Britain in 1907, attracting such renowned figures as John Maynard Keynes (Kerr and Shakespeare 2002, 13). As in Germany, enthusiasm for eugenics existed across the whole political spectrum in Great Britain, because its seemingly scientific approach – to frame and remedy social problems in biological terms – was deemed progressive at that time (cf. Burleigh 1994, 3). The scientific aura of eugenics not only captured the interest of the Sociological Society, but social engineering, primarily based in positive eugenics, also attracted members of radical political movements: some Marxists, the socialists from the Fabian Society, and those feminists who were in favour of the racially and socially selective approach to birth control (Kerr and Shakespeare 2002, 13; cf. Lucassen 2010, 266-268 and 283-285).

In this context, the commitment of feminists to eugenic measures is significant, because it mirrors conflicts that are still present in current debates. Although there is critical awareness of the dangers of eugenic argumentation and practise today, especially post-Holocaust, there is still an ongoing conflict between pro-choice feminists and disability activists when it comes to the abortion of potentially disabled children. Whereas feminists insist on women's right to self-determination over their own bodies, disability activists fear that abortion could become a eugenic measure in disguise, for example through prenatal diagnosis, that selectively targets disabled fetuses and potentially undermines their right to live (cf. Achterlik 2015, 167-171). It is noteworthy that half of the

groups that backed the initiative for a bill on voluntary sterilisation in the 1930s were also women's groups. Kerr and Shakespeare argue that, besides feminists, many socialists, too, stigmatised disabled, poor, and socially marginalised people. They saw eugenics as a means of control and containment to shape their vision of the greater good for a better society. Therefore, they did not develop a strong sense of solidarity and compassion for marginalised groups who deviated from this vision (Kerr and Shakespeare 2002, 20).

Despite a growing recognition of eugenics in Britain at the beginning of the twentieth century – in 1912, for example, an International Eugenic Congress was held in London with such illustrious sponsors as Winston Churchill and Alexander Graham Bell – the movement did not actively pursue the establishment of compulsory sterilisation. According to Kerr and Shakespeare, eugenics advocates were wary of possible controversies and a fear of the spreading of venereal disease. However, by the late 1920s the call for voluntary sterilisations became rather prominent in the British eugenics movement, which lobbied strongly for its legal implementation (Kerr and Shakespeare 2002, 14-16; Turda 2010, 72). Following the government's Report of the Departmental Committee on Sterilization, the Committee for Legalising Eugenic Sterilization (later reorganised as the Joint Committee on Voluntary Sterilization), with the support of organisations like the Mental Health Association and the Central Association for Mental Welfare, drafted a bill in the 1930s that recommended voluntary sterilisation. In the end, the bill was not implemented due to a lack of support. However, some birth control clinics recommended sterilisation, especially for disabled and working-class women, or even sometimes carried out abortion on eugenic grounds (Kerr and Shakespeare 2002, 14 and 16-17).

Regarding education, Britain pursued the institutionalisation and segregation of disabled children. At the turn of the twentieth century, special education was introduced for the 'feeble-minded', deaf, 'dumb', and blind. While this was justified as a means to provide suitable education for the different kinds of impairments of the pupils and students, it was also partly driven by a eugenically motivated concern about the impact of disabled children on so-called normal children. There were special day schools in elementary education and, later, training colleges and grammar schools for blind and deaf children, but also schools or special classes for the 'feeble-minded'. Eventually, the *Mental Deficiency Act* (1913) allowed the possibility to refer children to so-called mental defective schools when they were deemed unfit for education in the special needs

schools. Subsequently, at the outbreak of World War II, around 17,000 children attended mental defective schools (Kerr and Shakespeare 2002, 18).

Eugenics attracted interest in Germany as well and, as in Great Britain, it was embraced by a broad spectrum of society, not just by movements on the political right. All political parties supported the German Society for Race Hygiene, including the Social Democrats (SPD), which, for example, considered the regulation of abortion along positive eugenic notions. Only a short time before the National Socialists rose to power in 1933, there was even a drafted legislative initiative for a sterilisation law in Prussia, brought forward jointly by the Prussian SPD and the Catholic Centre Party (*Zentrum*). The involvement of the Catholic party was partly owed to the fact that, especially among socially left-leaning Catholics, there was some sympathy for eugenicist thinking as a means to tackle suspected degeneracy in society, which was influenced by technocratic theories of modernity and the presumed need for rationalising society (Lucassen 2010, 287-288). What proved to be decisive for the development of German eugenics movement was not only a shift towards radical nationalism within the professional classes after the defeat of World War I, but, more specifically, a split between eugenicists: those who took on a view that centred race and racial hygiene with the role of the state to regulate reproduction accordingly, and those other eugenicists who did not (Bock 2010, 30; Kerr and Shakespeare 2002, 23). The economic crises and the political vicissitudes of the interwar era boosted the discussion on eugenic sterilisation and on negative eugenics (Turda 2010, 71). While in the pre-Nazi era, German eugenics was not yet fully blended with the blatant racism of National Socialism (NS) and was more in favour of a statist concept of social engineering as a means to create greater national efficiency, with the rise of racial eugenics the idea of Aryan supremacy became prevalent and was accompanied by increasing anti-Semitism (Kerr and Shakespeare 2002, 23; Spektorowski and Ireni-Saban 2015, 36-37).

From 1933 on, eugenic scientists in Germany cooperated with the newly installed Nazi regime and eugenics fully advocated the claim that efficiency was dependent on race and racial purity. Claims of inequality based on alleged racial differences were justified through biologised categorisations of degeneration, hereditary diseases and 'visible sickness' (cf. Spektorowski and Ireni-Saban 2015, 36-37). In contrast, the ethnic ideal was epitomised in the idea of the healthy 'Volkskörper' or racial body, where the individual was not independent, but part of the organic unity and the overarching gene pool of the German population. The health policy of the NS state was interwoven with

that leitmotif and aimed at the utopia of a genetically, socially, and politically homogenised ethnic community (*Volksgemeinschaft*). Adopted as hereditary health policy, on the one hand, it was geared to conduct a 'war inwards' against parts of its own population in the name of a biologically justified hierarchy. But on the other hand, public health was also in the service of occupational and performance medicine for the 'war outwards' and bound to ensure the greatest efficiency of the mobilised population and the production system for the war efforts (Süß 2003, 12). Hereditary diseases as such were framed as an invasive 'foreign body' that threatened to degenerate not just the individual, but in the end the whole racial body of the German population and, therefore, needed to be eradicated (cf. Bock 2010, 34). Even before the advent of the NS regime, healthcare played an important role in strengthening these ideals. In 1929, German doctors had already founded the National Socialist German Physicians' League (*Nationalsozialistischer Deutscher Ärztebund*) and the nazification of doctors happened much more thoroughly and earlier than in other professions (Grodin, Miller and Kelly 2018, 53; cf. Shorter 1997, 99). In psychiatry, there were also pre-NS efforts to implement a more eugenic orientation. Tellingly, Emil Kraepelin, who was one of the pioneers of modern psychiatry, was already heavily influenced by völkisch theories on degeneracy and the 'struggle for survival' in his views on public health when he founded the German Research Institute of Psychiatry (DFA) in 1917 (later renamed the Max Planck Institute of Psychiatry) (Engstrom, Burgmair and Weber 2016, 39-40; Engstrom, Burgmair and Weber 2006, 2688).

But Kraepelin was just one very prominent example of the reception of the eugenic body of thought. Following a generally sympathetic reception in psychiatry, eugenic thought fell on particularly fruitful ground when, after a period of institutional expansion in the pre-war years, the economic recession caused by World War I led to severe financial hardship for psychiatric institutions and asylums (Burleigh 1994, 25). Hard economic measures and governmentally-decreed wartime rationing of scarce resources impinged on professional everyday practice. During the war, 140,234 people died in German psychiatric institutions, which, in comparison to peacetime mortality, meant that 71,787 excess deaths occurred due to wartime-related starvation, disease, and neglect. Living conditions in the institutions were formed by the spreading of communicable diseases through overcrowding; meagre diet without cereals, meat or fats; and appalling hygiene (Burleigh 1994, 11). The dire situation did not improve much for asylum patients after the war. The quality of the food supply deteriorated considerably, while meat became a

luxury and the amount of bread provided was considerably reduced. Economic constraints led to the closure of more than one hundred private asylums (Burleigh 1994, 25).

To battle these conditions during the interwar period, eventually, two major reforms came into action, producing ambivalent outcomes. Firstly, there was an initiative to foster integration and outpatient care in the community as an alternative to asylum accommodation. Secondly, there was an increased implementation of occupational therapy techniques within the institutions. One consequence of the more palpable exposure of psychiatric patients to the community was an intensified focus on 'deviant' or 'abnormal' people (Kerr and Shakespeare 2002, 24). The cataloguing of mental degeneracy in genealogical form spread, as did doubts among professionals about a cure or progress (Burleigh 1994, 27-29; Kerr and Shakespeare 2002, 23-24). The development of occupational therapy measures offered opportunities to patients to be productive within the institution, but also brought increased attention to people who could not be rehabilitated and were too impaired or irremediable to make an economic contribution (cf. Gallagher 2001, 96). The stronger emphasis on incurable cases had the side effect that some psychiatrists, even before the Nazi period, contemplated the killing of this group of psychiatric patients (Kerr and Shakespeare 2002, 24). In this climate, the jurist Karl Binding and the psychiatrist Alfred Hoche wrote their book *Permission for the Destruction of Life Unworthy of Life*, which was published in 1920 and had a strong impact on the ongoing debate on euthanasia and later practice in the NS-era (Burleigh 1994, 15 and 99-100).

The main argument of the book dealt with the justification of involuntary euthanasia and carried to the extreme a logic of total economic usability for the relief of state and society. The notion of people as 'waste' or 'burden' set the absolute primacy of economic expediency and dismissed ethical concerns as secondary. The authors Hoche and Binding named three groups of people as targets for 'mercy killings': terminally or mortally wounded persons who wished to die; 'incurable idiots' in institutions; and individuals rendered unconscious by accident of battle. They judged euthanasia as a reasonable measure to end protracted suffering. The book categorised mentally or intellectually disabled persons as especially 'unworthy of life'. This group was described as 'idiots' of 'negative value' who lacked a will to live and merely presented 'ballast existences' (Burleigh 1994, 17-19). Correspondingly, Hoche calculated the presumed costs and amount of resources used up by this group of

people to prove the waste they created. The book purposefully questioned the sanctity of life and actively promoted a discussion of the destruction of life that the authors considered a burden to the state. Significantly, the book anticipated the appointment of a 'permitting committee' (Burleigh 1994, 18); a similar form would later preside over the disabled euthanasia programme under the National Socialist regime. The authors also made suggestions to protect doctors from prosecution and emphasised the benefits that the killings would bring for the good of society (cf. Burleigh 1994, 18; Grodin, Miller and Kelly 2018, 54).

When the National Socialist Workers' Party (NSDAP) took over the government of the Weimar Republic in 1933, they were able to build on widespread disability stigmatisation within society. As early as July of the same year, the *Law for the Prevention of Genetically Impaired Progeny* was implemented (Kerr and Shakespeare 2002, 27). The law allowed the sterilisation by means of surgical operation of any person who seemed to be very likely to bequeath a 'serious or mental defect' to their children. Categories requiring compulsory sterilisation included hereditary or congenital 'feeble-mindedness', schizophrenia, bipolar disease, hereditary epilepsy, Huntington's disease, chorea, hereditary blindness, hereditary deafness, malformation, and severe alcoholism. For this purpose, hereditary health courts, run by doctors, were established and secretly decided over compulsory sterilisation. As a consequence, between 1933 and 1939, 360,000 to 375,000 people were forcibly sterilised (Grodin, Miller and Kelly 2018, 54; Kerr and Shakespeare 2002, 28).

German National Socialism did not only enforce state sanctioned sterilisation, but also introduced euthanasia for people deemed unworthy to live, unproductive, and burdensome. Between 1939 and 1945, 300,000 patients in psychiatric hospitals were systematically killed through 'euthanasia' programmes in Germany, but also in Austria, the occupied territories of Poland, the former Czechoslovakia, and the Soviet Union (Rotzoll, Fuchs, Richter and Hohendorf 2010, 1326). The so called T-4 programme carried out between 1939 and 1941 was the main centrally-organised programme; other regional initiatives performed the killings, particularly after the halt of the T-4 programme until the end of the war (cf. Süß 2003, 311-314; Topp, Fuchs, Hohendorf, Richter and Rotzoll 2008, 22-23). Patients were selected either for forced sterilisation or for killing based on several criteria: their attested work ability and productivity within the institutionally-organised occupations; their need for permanent institutional care; and their level of conformity to the institutional regime. 70% of the patients who survived the

killings had been categorised as good or average workers with a 'productive performance' (Rotzoll, Fuchs, Richter and Hohendorf 2010, 1330). For the economically strained and understaffed facilities, this was an opportunity to get rid of unproductive, disruptive or care-intensive patients (cf. Rotzoll, Fuchs, Richter and Hohendorf 2010, 1329-1330). The significant gender disparity among the euthanasia victims is noteworthy in this context as well. The greater survival rate of men made clear that not only health condition and productivity played a decisive role, but also the gendered value that was attributed to different kinds of work. Men and women were often allocated to different occupations; usually, those which were deemed of greater value for the institution and, therefore, secured a better chance of survival, were predominantly held by men. Male-dominated work included work in farming, gardening or workshops, while women were predominantly assigned to gendered activities in housekeeping, like laundry, ironing or sewing – skills that were much more likely to be rendered disposable (Offermann 2013, 67-68).

The T-4 programme that was set in motion in September 1939 shall be discussed here in more detail as an example of the National Socialist euthanasia system. The infamous programme was the most significant euthanasia programme in Nazi Germany and was named after its headquarters, located in a confiscated Jewish villa in number 4 Tiergartenstrasse in Berlin. A characteristic feature of the programme was that it was never formally established by a law or government order. It was deliberately set up that way, not only to avoid any legal and ethical problems or prosecution, but also to prevent potential conflicts over the overt euthanasia of disabled people that could spark protests in Germany and abroad. Therefore, the responsible department within Adolf Hitler's Chancellery was kept secret and separate from other departments (Kerr and Shakespeare 2002, 29-30). One major part of the T-4 programme was a panel consisting of medical experts, which included university professors as well. This panel processed questionnaires that had been previously sent out to institutions for disabled people all over the country. The questionnaires were supposed to gather details of every resident and asked for information like racial background, ability to work, diagnosis, and origin of impairment. Based on only this source of information, members of the panel decided with a plus or minus sign if a resident was to be killed. To keep up the appearance of scientific integrity, the first round of euthanasia selection was reviewed again by senior experts, who just did a mere pro forma cursory evaluation of the panel judgements. Selection criteria could include conditions like schizophrenia,

depression, mental retardation, dwarfism, therapy-resistant paralysis, epilepsy, senile dementia, encephalitis, or in some cases delinquency, perversion, alcoholism and antisocial behaviour; it also included other criteria such as foreign national or 'racial alien' (Kerr and Shakespeare 2002, 30-31; Burleigh 1994, 127-129). But in general, the main motivation for the selection was the patient's categorisation as a 'useless eater' or a 'life unworthy of life', according to the understanding of NS racial hygiene.

For the purpose of euthanasia, six killing centres, spread over Germany, were established at Grafeneck, Brandenburg, Hartheim, Sonnenstein, Bernburg, and Hadamar and set up as hospitals on the outside. Inside, the institutions contained gas chambers disguised as showers, where the selected patients were killed upon arrival. In this way, at least 70,000 people were gassed before the programme was stopped in 1941. Once the patients had been transferred to the centres, family members were not allowed to visit them. Relatives were informed when the patient had died but did not learn the actual cause of death and were told instead that, due to the risk of epidemics, the body had to be cremated. But in the end, T-4 was shut down to avoid internal unrest during the time of war. Despite the secrecy, disabled people managed to spread information about their situation, because they could either smuggle letters out of the institutions or were able to escape confinement and certain death. Churches objected to the killings and local demonstrations even took place to protect disabled neighbours from being taken away and to protest against these policies (Gallagher 2001, 97; Kerr and Shakespeare 2002, 31-32).

It is important to note that during National Socialist rule in Germany, not only adults were euthanised; disabled children were also subjected to compulsory killings. The organisational set-up showed some similarities to the T-4 programme, although the killings of the children were not organised as gassings on a mass scale like the euthanasia of adult patients. The organisation of child euthanasia was based in the Chancellery as well, where reports were also dealt with. The front organisation, which was based in number 4 Tiergartenstrasse, was the Reich Committee for the Scientific Registration of Serious Hereditary Ailments. Child euthanasia was implemented by a decree in August 1939. This decree ordered that all 'malformed' newborns and infants up to three years – meaning conditions like idiocy, Down's Syndrome, microcephaly, hydrocephaly, blindness and deafness, physical deformities or forms of spastic paralysis – should be reported by doctors and midwives and compulsorily registered (Burleigh 1994, 98-100, Kerr and Shakespeare 2002, 33). Although this decree was originally

aimed at infants, later on, some of the children killed were teenagers. Similar to the setup of the T-4 programme, a formal panel of three doctors reviewed the individual cases and determined with a plus or minus sign the life or death of the children. Selected children were then referred to one of the 28 killing centres in Germany, which were often attached to an existing hospital and usually known as 'specialist children's wards'. Common methods of euthanasia were starvation, lethal injection, or medication overdoses mixed in with food or drinks. The support of the police, who supplied a large portion of the required medication, shows that the activities in the institutions were not confined to a small circle, but involved outsiders as well (Kerr and Shakespeare 2002, 33-34, Burleigh 1994, 101-102).

Some of the parents concerned actually asked for and approved of the 'mercy killings', but in many other cases, parents were deceptively encouraged to hand their children over, offered the prospect of a risky specialist treatment to cure their children. Sometimes coercion and pressure were used as well to get reluctant parents' cooperation for the transfer of the children to an institution. Despite an alleged 'halt' order in 1941/42, the killing of children continued until May 1945. By the time, around 5,000 to 6,000 children had been murdered by child euthanasia (Kerr and Shakespeare 2002, 34; Burleigh 1994, 111).

The Holocaust and the inhuman crimes committed under National Socialist rule have been characterised as a 'rupture in civilisation' due to the magnitude of the industrial mass murder (Dan Diner 1988) and research in numerous areas has tried to understand what led to it. National Socialism in Germany is a complex issue and, obviously, cannot be fully grasped in this short overview, but eugenics and Social Darwinism underpinned the rationale to deprive disabled people of their right to live (cf. Goetz 2021, 152-153).

However, as this historical overview shows, the dehumanisation and physical elimination of disabled people did not arise in a vacuum. Other contributing factors, as briefly described here, include historically rooted stigmatisation, like the close connection between disability and poverty, and the confinement of the troublesome and unproductive in rural farms or early modern institutions. Enlightenment and the associated concepts of man, which introduced the significance of the faculty of reason for the acknowledgement of the individual as autonomous and capable of self-preservation, played a decisive part in creating exclusionary social and cultural formations, mechanisms, and discourses. The interplay of a bourgeois work order and efficiency-oriented industrial capitalism; standardisation intertwined with the forming of

mass society; and the influence of scientific positivism and the biologisation of social problems together led to radical social, cultural, and economic changes with dramatic consequences for 'deviance' and the pathologisation of disability. Asylums and institutionalisation created an environment in which disabled people were confronted with the authoritative control (cf. Foucault 2003, 89) of the medical staff and their wardens. The manifestation of biopolitics in the institutional setting, especially in the context of technologies of normalisation, discipline and population control, mapped by Foucault in his investigation of the origin of modern medicine and the development of new forms of power (and explained in more detail in Chapter Three), was not just about analysing biological structures, variations, and anomalies for diagnostic purposes, but also represented the doctor's 'power of decision and intervention', because the doctor was institutionally backed and legitimised. The medical gaze as described by Foucault (2003, 89) is a striking example for systematic control and exclusion through classification practices because with the biologisation of the social, it contributed to the pathologisation of disability and 'was always receptive to the deviant' from the medical norm. The personnel overseeing the patients constituted an effect of power as the embodiment of an authoritative persona of higher moral and social order within the institutional system (cf. Foucault 2003, 89; Foucault 1988, 150 and 270-272). The connection between animality and irrationality in the discourse on the 'mad', traced by Foucault in the asylum setting, could also later be found in National Socialist dehumanising views on the 'animals in human form' (Burleigh 1994, 119; see also Crary 2019, 124). Ultimately, the permeation of instrumental reason (developed in more detail in Chapter Three) as a distorted form of enlightened rationality had a crucial impact on the 'administrative murder of millions' when it was 'no longer an individual who died, but a specimen' (Adorno 1973, 362). In this light, as German disability studies scholar Anne Waldschmidt concludes, disabled people were dehumanised as things, scientifically exploited and in the end, bureaucratically disposed of (Waldschmidt 2012, 43-44).

2.1.4 Disability in Post-WW2 Germany and Britain Before the Disability Movement

The confrontation with the National Socialist past during the first years after the war was handled very differently in Western and Eastern Germany¹. In Western Germany, there

1 This section will also describe historical developments in Eastern Germany, but due to the gap in historical research, disability in the Soviet occupation zone/the German Democratic Republic (GDR or DDR in German) is still widely under-researched and there will be a stronger focus on Western Germany overall (cf. Kiel University 2018; Köbsell 2019, 28; Scharf, Schlund and Stoll 2019, 53-54).

was a strong social ostracism of former members of the Storm Department (*Sturmabteilung*, SA), Schutzstaffel (SS) or Secret State Police (Gestapo), alongside the convictions of major war criminals at the Nuremberg trials, and the first attempts of a critical reappraisal in arts and media (Görtemaker and Safferling 2016, 22; Graml 1990, 171-172). But at the same time, the young Federal Republic of Germany (FRG or BRD in German) was characterised by an insufficient reckoning with the past, at least until the early 1950s (Görtemaker and Safferling 2016, 12-13). The focus on major war criminals and heavily incriminated high-ranking functionaries rather prevented lower-ranking or 'ordinary' Germans from confronting their own complicity in National Socialist injustices (cf. Graml 1990, 174). Functional elites, which included incriminated doctors and lawyers, were reinstated quite quickly to guarantee the functioning of the new state. Additionally, many victims were compensated only gradually, due to legal limitations and the practice of case-by-case decisions regarding the repeal of unjust verdicts (Görtemaker and Safferling 2016, 20-21; cf. Graml 1990, 170). However, in a few legal proceedings carried out in Western Germany, as well as in the German Soviet occupation zone/the German Democratic Republic (GDR/DDR), long prison or even death sentences were imposed on doctors involved in euthanasia murders (Winkler 2020, 159).

In contrast to Western Germany, the Soviet occupation zone was much more thorough in its efforts of denazification. Former members of the ruling NSDAP party were removed from key positions and the sanctions against 'activist Nazis' and NS criminals included the suspension from public offices, pension cuts or the withholding of political rights such as membership in 'antifascist-democratic parties' (Benz 2005, 423). Unlike the Federal Republic of Germany later, the GDR did not grant war veterans preferential treatment regarding benefits or employment opportunities. On the one hand, this led to a more egalitarian approach towards civil and war veteran groups of disabled people. But on the other hand, disabled war veterans – who formed the largest group of disabled people in the early post-war years – were not allowed to form advocacy groups either, because the state leadership suspected them of militaristic tendencies (Scharf, Schlund and Stoll 2019, 69). On the whole, the denazification process was declared complete by the Soviet military government in 1948. In advance of this, from 1947 on, the denazification measures were partially reversed. Due to a shortage of specialists, people who had been only nominal members of the NSDAP were rehabilitated to a great extent (although the dismissals in internal administration and the judiciary

remained irreversible, which was remarkable, because around 90% of judiciary staff had been members of the NSDAP). Trials against 'activist Nazis' aimed to be finished soon as well. However, at the same time the internment camps that served to hold Nationals Socialists were also used to detain political opponents of the new regime in Eastern Germany (Benz 2005, 423-424).

In the immediate after-war years, the care systems for disabled people in both the Western occupied zones and the Soviet occupation zone were characterised by economic devastation and a lack of funding for the rebuilding of different institutions like psychiatric institutions, nurseries, and schools, but also a significant lack of architectural standards, medical and teaching staff and conceptional frameworks. What made the situation worse for Eastern Germany was the mass migration of medically and educationally qualified staff to the Western part of Germany (Barsch 2016, 2). But in both parts, institutional psychiatry was resumed without any foundational reforms (Barsch 2009, 51).

In the Soviet occupation zone and later in the GDR, disability had never played a large role as a social issue, but was instead treated as a medical condition (Köbsell 2019, 28). There was also no outpatient support for people in need of permanent assistance, which would have enabled independent living for them. They either had to stay in the family or move to a retirement home. The lack of visibility and participation in public life prevailed until the end of the GDR in 1990. In contrast to Western Germany, the disability movement had no further influence, because the formation of non-state user-led organisations was seen as an unwanted oppositional activity and, therefore, prevented by the state. For this reason, only informal groups were able to come together for exchange about any problems or abuses. Only after the end of the GDR did these informal groups form associations, which in 1990 united as the General Disability Federation in Germany (*Allgemeiner Behindertenverband in Deutschland*, or ABiD) (Köbsell 2019, 29).

During the existence of the GDR, the dominant idea of man had also a strong influence on how the involvement of disabled people in education and employment was organised. From the beginning of the young state, the notion of a socialist utopianism was propagated; this new model of society was supposed to eradicate the conditions that caused 'psychic disorders' or other 'undesirable developments' (Barsch 2009, 53). From the 1960s on, rehabilitation sciences were further developed, based on the assumption that socialist ideology and a Marxist-Leninist worldview would lead to the

inclusion of disabled people as equal members of society. Their welfare would not be determined by capitalist exploitability, competition, and profit seeking (in contrast to Western Germany), but the socialist mode of production would enable the free development of the individual and society as a whole (Barsch 2009, 53-55). Simultaneously, however, this was at odds with the reality in the socialist state and the emphasis of the state ideology on the ability to perform and to contribute to society (Barsch 2016, 7-8).

This contradiction was present in the fact that, until the 1960s, there was no compulsory education for children and young people with severe learning disabilities, but only for 'educable' children (Barsch 2009 56). But from the middle of the 1960s on, day-care centres opened in increasing numbers, and in the 1970s, a concept for work with 'non-educable' but 'trainable' children with intellectual impairments was developed. However, this work still excluded children with severe impairments and did not guarantee them a right to education. Instead, they were cared for at home, in church institutions, nursing homes or psychiatric clinics (Barsch 2009, 56-57).

Regarding integration into working life, the GDR offered several pathways which, at least theoretically, aimed for the transition into formal paid employment. For one, there was the possibility of retraining, which was mostly directed at war veterans who could not go back to their former professions due to physical impairments. Paradoxically, up until the 1970s the training facilities were unsuitable, because they often did not provide access for wheelchair users. Another means to get people into work was the introduction of mandatory employment rates for disabled people in regular enterprises. This proved to be difficult at first because of the generally high unemployment rate, and because many enterprises tried to evade this measure. The situation eased somewhat in the 1950s when the unemployment rate of those able to work declined significantly due to economic recovery and labour shortage. Furthermore, it was also possible not to factor disabled people as unemployed when they were deemed unfit for work (Scharf, Schlund and Stoll 2019, 59-60).

Medical rehabilitation applied work therapy as a measure for people with severe physical or intellectual impairments whose integration in work was considered as difficult. To be able to do this, segregated facilities offered work opportunities in the form of shielded production departments or shielded workshops. But special institutions also existed in the form of rehabilitation centres for disabled people which managed the choice of professional training opportunities. Apart from the usual distribution control for

all training places, the choice of apprenticeships was additionally restricted through stereotyped allocations to blind, deaf or people with intellectual impairments. For example, this was expressed in suggesting work as a telephonist for a blind person or work in manual skills for a student from special schools. Scharf, Schlund and Stoll believe that this increasingly differentiated system of segregated work, in place up until the end of the GDR, did not support integration into regular employment, but promoted even more separation of the different working environments and significantly restricted the available career choices for disabled people (2019, 60-62).

In Western Germany, in the climate of economic prosperity in the post-war era, conformity and the wish for social harmony prevailed, and the public repression of the appraisal of National Socialist crimes became dominant. Consequently, liberal or individual claims were repressed. Re-institutionalisation in big institutions was supported again and a reinforced special needs education system was established that led to the teaching, but also to the segregation, of disabled children (Waldschmidt 2012, 44). Special needs education is also an example of the restorative character of German disability assistance. Apart from a few exceptions, curative education refused to engage with its complicity in the eugenic agenda in the NS state and kept quiet about it during the post-war years. But this also explained why continuity and the following of old structures and guidelines dominated in the young federal republic, instead of radical recommencement (Ellger-Rüttgart 2019, 293-301). In the UK, institutionalisation and an institutional system of social control in hospitals, asylums, prisons, workhouses, industrial schools, and colonies – including the growing expansion of special needs schools – had been continued and developed from the late eighteenth and early nineteenth centuries until the first decades of the twentieth century (Barnes and Mercer 2003, 27-28).

Up until 1968, concepts of care, solicitude, and support dominated the direction of disability assistance, whereas with the influence of the social and cultural upheaval of 1968, self-determination, autonomy, and liberalisation experienced buoyancy in remedial education and rehabilitation policies. This development would also lead to a critical evaluation of psychiatry, rehabilitation and special needs education (Waldschmidt 2012, 44).

Post-war German disability policies consisted of rehabilitation measures that were mainly directed to uphold the male breadwinner model, but also included wounded or disabled war veterans. The population census from 1950 counted 1,664,000 physical

and mental 'invalids', 86% of them men. 1,121,000 of them were categorised as invalids through the effects of both world wars, whereas there were only 32,000 women counted as invalids through war effects (Schildmann 2003, 31-32). However, the rehabilitation measures that came into force after the war were based on the traditional male role as breadwinner and, therefore favoured, where possible, the reintegration of disabled men into professional life. Statistical data from 1962 reveals that 62% of disabled men were employed. This was 20% less than non-disabled men, and disabled war veterans represented the majority of this number (Schildmann 2003, 32). As part of the social security system, rehabilitation was adjusted to favour the professional integration of men, especially if they had been already employed and became unable to work through work accidents, occupational or other diseases. This was also mirrored in the changes of the informative value of statistical data. From 1966 on, the categorisations of disability shifted and instead of focusing on causes like consequences of war, medical conditions or physical characteristics became more important. The causes of impairment for many women, who did predominantly domestic and reproduction work, were statistically not categorised as disability, but as 'diseases' or 'other diseases'. This way the circumstances of disabled women, especially when it came to employed work, were underrepresented or provided only a very limited picture of gender differences (Schildmann 2003, 32-33).

Even with the support of rehabilitation and re-employment measures, deficit-orientated paradigms of disability that derived from Social Darwinistic and eugenic ideas remained ingrained in German society. Terms like 'crips', 'feeble-minded', and 'abnormal' were still part of everyday language (Rudloff 2010, 170). At least until the 1970s, it was a widespread belief among the general public that disabled people should live in asylums in secluded and sparsely populated areas. This was not only true for people with intellectual impairments, but for persons with physical impairments, too (Rudloff 2010, 173). In the years following the war, independent living settings were still unthinkable, and disabled people were either living with their families or in big residential homes, which were often run by charitable or parochial organisations and were the prevalent types of housing during the first few decades after the war (Rudloff 2010, 170-171; Winkler 2020, 159). Institutionalisation in post-war residential homes still meant continued segregation and exclusion, but usually also subordination under the existing routines, rules and control mechanisms (Rudloff 2010, 170). Apart from these circumstances, the accommodation in all types of institutions was in a bad state in

general, barely covering basic needs and care (Barsch 2016, 2). There was no possibility for further education and the impersonal asylums were only equipped with large dormitories, common washrooms and dining halls, without room for privacy or individual space. Strict house rules regulated the day-to-day lives of the residents. In addition, the asylums did not have enough capacity for all the requests, because they still had to struggle with war damages. For this reason, disabled people were also placed in homes for the elderly, nursing homes, and psychiatric clinics (Rudloff 2010, 170-172). From the 1960s on, criticism of living conditions in the asylums increased, which eventually led to the development of a (Western) German disability movement driven by politicised disabled activists (cf. Rudloff 2010, 173-177).

In post-war Britain, legislation started to express some recognition of the need for improved living conditions for disabled people. There were quite a few legislative initiatives put forward that pushed improvements from a legal perspective, but overall, the implementation of disability rights still had a long way to go to reach inclusion and equality. Inspired by several decisive publications – the 1944 Dudley Report and the official *Housing Manual*, but especially the Beveridge Report from 1942 (Hemingway 2011, 21) which shaped the policies of the following Labour government – health and educational legislation came into place, which had also a major effect on the situation of disabled people in the UK. One important feature of the Beveridge Report was its emphasis on a welfare system that relied on the independent worker who was usually in well-paid, permanent work and would need welfare benefits only for temporary unemployment. Consequently, assistance benefits should fill the void for disabled people who would not be able to take part in the labour market and pay insurance benefit. However, the preference for paid labour as the major pillar of the welfare system resulted in a demand for the betterment of insurance benefit in contrast to assistance (Roulstone and Prideaux 2012, 24-25). This guiding principle would influence the subsequent legislation for disabled people, too. Some of the most important laws are the *1944 Disabled Persons' (Employment) Act*, the *1944 Education Act*, and the *1948 National Assistance Act*. The problem with these laws was that, on the one hand, they intended to establish legal entitlements for disabled people, but, on the other hand, these legislative proposals lacked effective enforcement mechanisms or an adequate understanding of the needs of disabled people. For example, the effect of the *Education Act* was very ambivalent. In general, the Act perpetuated the categorisation of impaired children by adopting labels that were based on established

schematic, and potentially exclusionary, notions of normalcy and ability. As a positive aspect, the Act tried to integrate children with so-called 'mild/moderate subnormality' or partial impairments more completely into the regular educational system. However, children labelled as 'subnormal' or more than partially impaired were referred to special schools, which contributed to a further segregation of these children from mainstream society. Additionally, the decision-making process was carried out by professionals whose decisions tended to be final (Roulstone and Prideaux 2012, 28). These decisions were characterised by a power gap between the authority of non-disabled experts and the disabled children and their families, as objections against these decisions were hardly ever successful. Therefore, children who were assigned to special schools rarely had the chance to reverse the professional judgement and attend regular schools.

Similarly, the *Disabled Persons' (Employment) Act* failed to achieve the intended effects. As originally intended, a quota system should make sure that companies above a defined size had to hire a certain percentage of employees from the disabled people's register. However, the most severe punishment for not adhering to the Act was a fine of £100. Over time, the law remained mostly without consequences, because employers' contraventions were rarely prosecuted (Roulstone and Prideaux 2012, 27-28). The *National Assistance Act*, a few years later, also fell short in improving the housing situation of disabled people. The Act was designed to promote housing within the individual's own home, but at the same time it still recognised a need for residential housing (Hemingway 2011, 21). The Act encouraged the arrangement of services for disabled people in the community as well as in an institutional setting, but local authorities usually organised those services within residential care. This meant that disabled people could only access these services by reverting to residential care (Roulstone and Prideaux 2012, 32). Simultaneously, through the emphasis on services arranged by local authorities, the Act provided considerable stimulation to the further development of the social work sector (Roulstone and Prideaux 2012, 30).

The *National Assistance Act* strengthened the role of charities in providing residential care for disabled people. For example, one of the best-known providers was the Leonard Cheshire Disability, which by 1980 had expanded to 74 residential homes accommodating 2,000 residents (Barnes and Mercer 2010, 128). This charity provides a typical example of how experiences differed from the residents' perspective: despite the high public reputation of Leonard Cheshire Disability, some of the early activists to campaign for independent living in the UK originally came from Le Court, one of the first

institutions opened by the organisation (Campbell and Oliver 1996, 42-43). Apart from that, there were special day centres or sheltered workshops for disabled people, where activities aimed at disabled people were separated from the rest of society as well. Overall, there were only a few domiciliary services, which led to an increased dependency on the support of family and friends for people who did not live in residential care (Barnes and Mercer 2010, 128).

Alongside the residential homes, the long-stay hospital institutions constituted one of the main pillars for accommodation for disabled people. These hospital institutions were particularly intended for the housing of inhabitants categorised as 'mentally ill' or 'mentally handicapped'. They became part of the NHS after the war, when psychiatric wards still played a large role. However, their numbers decreased considerably from the 1950s onwards (Barnes and Mercer 2010, 128-129). Alongside campaigns for 'de-institutionalisation' and 'decarceration', a general policy shift towards more community and family care started to take place (Oliver 1990, 35-36).

Not only the level of institutionalisation, but also the general living conditions showed similarities to the dire situation of disabled people during the post-war years in Germany. Institutional life was often compared to 'batch living' or impersonal 'warehousing', with clear hierarchical power relations between staff and residents. Daily routine was strictly regulated and left no room for the self-determination of the inhabitants. Institutionalisation also meant isolation from friends and family and social life outside the accommodation. As well, the residential institutions only offered limited medical assistance and nursing care. The psychiatric long-stay hospital institutions, especially, gained a very bad reputation due to several abuse scandals, where the residents were subjected to cruelty, isolation, and deprivation by staff. This was not just motivated by lack of funding or training, but also by general hostility towards cognitive impairment (Barnes and Mercer 2010, 128-129).

2.2 Disability Studies and the Disability Movement

This section provides an outline of relevant literature in disability studies, but also a brief overview of the disability movement in Germany and the UK. It introduces in more detail crucial authors and their approach to disability and disability studies. The focus is on literature associated with the social model, but also on literature critically rooted in ideas from a postmodern perspective, and authors who investigate disability from a (queer-) feminist background. First, the review discusses disability and academia; it then traces important cornerstones in the theoretical and historical development in disability studies

and the disability movement, with a special emphasis on the literature involved. This section also includes a short introduction to literature on the Frankfurt School Critical Theory and disability. There is only scarce literature in this area and the review includes literature beyond Germany and the UK for a more comprehensive depiction. However, this also highlights a research gap and emphasises the importance of the thesis for initiating a discussion on the potential benefits of Critical Theory for a social theory perspective on disability. Finally, there is an exploration of literature on gender and disability to highlight relevant contributions and theoretical contributions in the field. In general, the literature review focuses on Germany and the UK to outline important developments in disability studies. But this chapter also takes into account work from other countries, if it has been relevant in the context of the research question.

One common denominator in the work of disability studies scholars is the proposition that disability is not primarily an individual or medical problem, but caused through some form of exclusion. Researchers with different theoretical backgrounds and views on disability and impairment have investigated disability as a social issue or a social or cultural construct, from socio-critical approaches like the British social model of disability, cultural and postmodern theories as well as feminist, queer, and postcolonial approaches (Davis 2006, xviii). This chapter offers an overview of some important explanatory models in relation to the literature and to the research question of the thesis. To set the scene, there is a continuation of the historical overview on the disability movement at the beginning of this chapter, highlighting its significance for disability studies. Although there has also been a very influential disability movement in the US, the chapter mainly focuses on developments in Germany and the UK, in order to further explore the regional focus of the research question.

The key catalyst for a growing scholarly interest in disability issues from a non-medical perspective was the emergence of the independent living and disability movement driven by disabled activists and the subsequent formulation of the so-called social model of disability. The movement spread internationally in the UK, US, Europe and Canada and started to form in Germany and the UK from the 1960s/1970s on. The specific and influential interpretation of the social model with a foundation in social theory was developed in the UK by disabled sociologist Michael Oliver (Barnes and Mercer 2010, 29; Berghs, Chataika, Dube and El-Lahib 2020, 6; Köbsell 2019, 24-25; Renggli 2004, 15-17; Thomas 2004, 33), who also coined the term 'social model of disability' (cf. Oliver 1983, 23-27). Oliver was very important for the academic

establishment of disability studies in the UK and beyond, because in 1990 and in conjunction with other disabled researchers, he and Colin Barnes founded the Disability Research Unit (DRU), the first institute of disability studies in Europe at the University of Leeds. In 2000, it expanded to the interdisciplinary Centre for Disability Studies (CDS) (AGDS: Hintergrund). Decisive characteristics of the newly formed disability studies were the involvement and centrality of the empirical knowledge and perspectives of disabled researchers and non-academic players. During the last few years, there has also been a shift within German and British disability studies from a strong focus on the social model as the main explanatory approach, to an increasing differentiation that takes into account other approaches like cultural or human rights models as well (cf. AGDS: Disability Studies; AGDS: Hintergrund).

The international disabled activists' movement and the contemporary influence of the social model were a trigger for disabled people to develop an empowering identity to counter views of disability as defective (Köbsell 2019). The connecting link was the realisation of a common experience of oppression through some kind of impairment or chronic illness that was marked as inadequate and defective (cf. Crow 1996, 206-208). The strengthening of the movement heralded the development of disability studies in academia. However, the fact that discrimination is deeply rooted in societal structures has made change cumbersome and, despite some achievements, disability has been relatively underrepresented in the academic syllabus of non-medical fields. It is still often located in health- or rehabilitative-related fields with a rather deficit-orientated, medical-educational perspective such as (special) education, rehabilitation or social work, which shows its institutional dependency on specific academic professions or professorships linked to disability studies. Up until the 1990s, when the first disability study degree programmes were established in the UK, disability research there was located in academic areas (like medicine, psychology, special educational needs, and social work) that did not have broadly articulated theoretical traditions, but were predominantly practically orientated (Barnes 2014, 19; Pfahl and Powell 2014). This association has had a considerable impact on the orientation of disability research and has produced a lot of literature on the nature and extent of chronic illness (Barnes 2014, 19). As a consequence of this development, presentday disability studies deliberately contrasts itself to these other approaches with an understanding of disability as a social category which is a result of its location within existing societal relations, similar to gender or race. Therefore, the focus is on investigating relevant societal conditions,

discourses, ideologies, and social practices (AGDS 2021, Startseite; Davis 2006, xvii; Pfahl and Powell 2014). To emphasise this point, the following paragraphs discuss the potential consequences of disabling barriers in academia, acknowledging the power of the label for reputation and access to resources for disabled people and their access to higher education in Germany and the UK.

On the one hand one can argue that there was a struggle for recognition and institutionalisation as an emerging discipline within the structures of the traditional university system; on the other hand, one can also make a case for an additional struggle with the stigmatisation attached to the label 'disability'. Regarding the institutional barriers, there are several aspects that may have had an impact on the general structure and functioning of the higher education system in Germany and the UK. On an institutional level, established disciplines benefit from access to academic networks for resources, funding, academic exchange and collaboration; from participation in organisational or academic bodies; from structures that enable approved academic careers; or, in contrast to a young discipline like disability studies, from the requirement that their research, methods, and teaching meet current academic standards. Regarding professional recognition, the existence and production of academic titles within a field are important for scientific acknowledgement and authority as well as a prerequisite for valid academic career paths, but are also vital to access funding and other relevant resources. Thus, titles are at the centre of formal and informal power and dependence relationships in the academic environment and the recognition of a new discipline. On a symbolic level, the possession of social, cultural (and economic) capital; the familiarity with social conventions and the habitus expected at higher education; the ability to convincingly show commitment; and the ability to consistently perform well under the pressure of a high workload could and can make a difference between academic success or failure. These can impact disabled academics negatively in terms of social background and negative attitudes towards the disability label, but also in terms of the real-life effects of impairments and chronic illnesses. In this regard, see, for example, the case of academics with non-visible impairments in UK higher education, for whom it is often a challenge to be open about their condition, because of the negative consequences the disclosure might have on their future career options (Gillberg 2020, 12-13). Furthermore, for disabled students, financial barriers are the most common barrier during higher education, due to the additional adjustments and support they need (Hector 2020, 44); for example, the need for medication, doctors'

notes, specialist equipment for daily living, specialist transport or particular food for dietary requirements (Hector 2020, 42). The lack of accommodation during their studies can lead to a diminishing uptake in postgraduate and research studies (Osborne 2019, 240); these potential barriers may include hostile attitudes or a disbelief in a student's invisible or fluctuating disability (Osborne 2019, 239-240); difficulties in receiving a formal diagnosis that grants access to support or provides the right support (Osborne 2019, 245); or difficulties in meeting attendance requirements due to health problems (Osborne 2019, 242).

Here, the intersection of class and disability comes into play, especially concerning disabled students from a working class or non-academic background. This is expressed, for example, in difficulties focusing on academic work because of financial worries or the feeling of having problems with blending in with non-disabled peers who are often perceived as coming from a middle-class background and do not understand the experience of living with an impairment (Hector 2020, 66). Similarly in the German context, the 21st Social Survey 2016 found that a consistently high proportion of German students came from a household with higher education bias, although the proportion of students from a 'low' educational background had slightly increased from 9% in 2012 to 12% in 2016; the same survey found that students with one or more reported impairments made up 11% of all students, but they 'were more than twice as likely to have interrupted their studies' and only 49% of them (compared to 70% of non-disabled students) deemed their livelihood secure (Middendorff et al. 2016, 9-10 and 12).

Health-related research has been dominated by non-disabled academics who were often unable to fully comprehend experiences from a disabled person's perspective or had adopted a narrowly medical perspective towards disability and impairment. Against this background, it has always been debatable whether and how non-disabled people would be able to write appropriately and with the necessary understanding of lived experience about disability, although Margrit Shildrick, for example, argues that non-disabled people, in particular, have a greater responsibility to question their cultural and psychosocial locations (2015, 36-37). Vital first-hand experience of affected persons about being – and what it meant to be – disabled, which would have made a much stronger case for challenging medical narratives, was clearly missing within academic research (cf. Gillberg 2020, 12-13). One could argue that there were manifold potential access barriers to higher education, as discussed below. One important area to touch

upon is the association of the label 'disability' with deficiency (cf. Oliver 1990, 46-49), which, in practice, could have a significant influence on who was granted access to academia, who was able to conduct significant research, or whose voice was heard. As Osborne noted, sometimes students rejected the label of 'disability', because they did not fit the 'wheelchair user' stereotype or were deterred by the negative stereotypes attached to it (2019, 244). Being disabled could mean (and often still does in the UK and in Germany) impeded access to relevant, university-compatible education; barriers in architecture and transportation; limited accommodation of a range of impairments and chronic illnesses at university; and discriminating attitudes (cf. Brown 2020, 61-62; Evers-Meyer 2010, 27-28; Gillberg 2020, 12-13, 18-20). In Germany, for example, the education system is still strongly segregated with a branch of special schools created for disabled children. In 2010, only 18 percent of disabled students attended a regular school with non-disabled children, compared with up to 80 percent in similar neighbouring countries. Due to the specific status of special schools, almost none of these children graduate with a qualifying degree, which, as a consequence, means that most of these children will work later in sheltered workshops outside the regular labour market (Evers-Meyer 2010, 29). Given this prospect, only a small number of disabled students has even a chance to pursue higher education in Germany.

These complex access problems have made it difficult to work in an institutionalised university environment. Usually, the set of rules and requirements and an expected informal and formal habitus, is tailored to the norm of the able-bodied, adaptable, and resilient academic. Simultaneously, the traditional academic localisation of disability research in primarily medical or health-orientated areas has contributed to the pathologisation of the label 'disability' and painted it as a merely practical field without relevant theoretical input. This, in turn, has fostered long-standing ignorance about the intellectual range of research on disability and its connectivity to other studies. For this reason, Lennard Davis argues that the view of disability and its breadth as an academic object of research is still very narrow, and that its theoretical depth is confronted with misconceptions stemming from a perspective of 'normalcy' (2006, 3):

When it comes to disability, 'normal' people are quite willing to volunteer solutions, present anecdotes, recall from a vast array of films instances they take for fact. No one would dare to make such a leap into Heideggerian philosophy for example or the art of the Renaissance. But disability seems so obvious—a missing limb, blindness, deafness. What could be simpler to understand? One simply has to imagine the loss of the limb, the absent sense, and one is half-way there. Just the addition of a liberal dose of sympathy and pity along with a

generous acceptance of ramps and voice-synthesized computers allows the average person to speak with knowledge on the subject. (2006, xvi)

As a consequence of the issues discussed above, a pejorative reputation can hinder access to academic resources, including the necessary allocation of grants and funding for research projects for extensive and evolving research. Therefore, disability studies themselves have long struggled for recognition. In the case of German speaking countries, Lisa Pfahl and Justin Powell (2014) point out that, despite disability activism, antidiscrimination legislation, and the development of intersectionality as a theoretical tool to analyse human differences, disability is still seen primarily as an individual deficit and disability studies is still in a marginalised position compared to other mainstream scientific fields. They suggest that, on the one hand, a lack of reflection by even well-meaning scholars of how they are entangled in and reproduce institutional power dynamics still marginalises multidisciplinary disability studies; on the other hand, the departments in which they are usually based still incorporate exclusionary structures and relationships. To gain a deeper understanding of these problems, they argue for much more intersectional and multidisciplinary approaches in German-speaking countries, and believe that questions of power, language, and discipline are crucial for disability studies.

However, the development of the social model of disability has also created some kind of countermovement to the contemporary mainstream in academia and has led to greater attention from social scientists. It has evoked critical evaluation of conventional academic thinking and research on disability. As a consequence, disability studies as a new interdisciplinary field came into being from 1990 in the UK and from the beginning of the 2000s in Germany. The introduction of disability studies programmes in the UK as well as in the US provided the impetus for the foundation of German disability studies in the new millennium. Since then, several academic institutes have emerged, including the *Bochumer Zentrum für Disability Studies* (Bochum Centre for Disability Studies/ Bodys) at the Protestant University of Applied Sciences Rheinland-Westfalen-Lippe in 2015; the *Internationale Forschungsstelle Disability Studies* ('International Research Unit Disability Studies'/ Idis) at the University of Cologne in 2004; the Centre for Disability Studies at the Protestant University of Applied Sciences Rauhes Haus in Hamburg in 2005 (Naue 2011); and the Disability History research area at the Christian-Albrechts-University in Kiel in 2016.

2.2.1 Historical Background: The Disability Movement in Germany and the UK

As in the GDR, independent living was not an option in Western Germany during the post-war years. Disabled people who needed assistance in daily life were either forced to stay with the family or at an asylum, which often meant they had to live in a retirement home regardless of age (Köbsell 2006, 2). Living in asylums usually entailed dependence on staff and the regulation of daily life through the order of the asylum system; a lack of privacy and room for individuality; social isolation; and involuntary shared cohabitation with other residents. But in the context of the increasing prosperity in the Western German society, the discrepancy of the poor living conditions in residential facilities became overly obvious. A growing critique of these living conditions, but also of other barriers in mobility and architectural accessibility in everyday life, coincided with the emerging social movements at that time (cf. Rudloff 2010, 174-176). The pioneering spirit of the student and women's movements in 1968 inspired the foundation of the 'Clubs of the disabled and their friends' (*Clubs Behinderter und ihrer Freunde*, or *CeBeeFs*), which were precursors to the later disability movement in Germany. These groups served as meeting places for disabled and non-disabled youths who wanted to overcome prejudices and were looking for collaboration, and soon also became involved in municipal politics to break down barriers in everyday life (Bösl 2010, 10; Köbsell 2006, 2).

The social awakening led to politicisation and the awareness that exclusion from societal participation and non-existent accessibility were not caused by individual deficiency, but rooted in political circumstances. For example, the seminars organised by the disabled activist Gusti Steiner and the non-disabled publicist Ernst Klee at the Frankfurt adult education centre in 1974 reflected this development. The group carried out satirical and provocative actions like the blockade of public transport or the installation of ramps to an inaccessible post office. From 1977, so-called 'cripple groups' (*Krüppelgruppen*) pursued a more radical approach. These groups deliberately excluded non-disabled people, because they wanted to avoid the reproduction of power gaps, but also to confront expectations around integration and normalisation, and to prompt disabled people to liberate themselves from victimhood. The term cripple was chosen as a self-description to underline the oppressive social conditions faced by disabled people, and to mark the experienced distance between disabled and non-disabled people. Involuntary living in parental homes was called out as overprotective and a denial of self-expression, while the accommodation in asylums, special schools or

rehabilitation centres represented segregation from the rest of society (Bösl 2010, 10; Köbsell 2006, 3; Sierck 2021, 1).

The formation of these groups indicated the advent of the disability movement in Germany. But the movement actually kicked off with the campaign against a ruling of the Frankfurt district court in 1980. According to this judgement, a tourist was allowed a reduction of her travel costs because she claimed her holiday pleasure had been hampered decisively by the presence of disabled youths. The subsequent demonstration organised by the clubs, cripple groups and other organisations even reached the national news on German TV. Another high point was the protest action carried out during the UN International Year of Disabled Persons in 1981. An action group drew public attention with its criticism that disabled people had barely been involved in the planning of the events and that, instead, they had been reduced to the role of mere passive and thankful aid recipients, without consideration of their rights or self-advocacy. The group was also behind a few noteworthy incidents that became milestones for the German disability movement. One was the occupation of the stage for the opening ceremony under the slogan 'the year of the disablers', which forced Federal President Karl Carstens to hold his opening speech in a side room (Kellermann 2012, 5). The action group also set up a 'cripple tribunal' that brought forward accusations of human rights abuses in care facilities; structures of segregation and inaccessibility; and sexual violence against disabled girls and women (Bösl 2010, 10-11). The tribunal called out problems with related issues like ideals of beauty; gynaecology; abortion legislation; and rape, and aimed to raise awareness that disabled women were not just discriminated against because of their impairments, but also as a consequence of the interdependence of gender and disability (Köbsell 2006, 13).

Thus, the tribunal also reflected the involvement of women in disability activism. Although men had been on the forefront of the movement, feminist women's groups served as an analogy to the cripple groups. But even though the activist men were conscious of differences between disabled men and women in theory, gender inequality still dominated the activist structures, and a male-centred, heterosexist world view was reproduced in the movement (Köbsell 2006, 13). Similarly, intellectually impaired people were widely marginalised in the early movement, especially within the cripple groups, where physically impaired people and their demands were dominant (Lingelbach 2020, 163). The interlocking of gender and disability had the effect that disabled women were fully integrated in neither the women's movement nor the disability movement. As a

consequence, women cripple groups came into being to analyse and fight gender-specific forms of exclusion. They protested that their gender was treated as a minor attribute to disability. Power relations between men and women in patriarchal societies meant that normality and deviance from normality, but also disability, had very different consequences for disabled women than for disabled men (cf. Köbsell 2006, 13-14). During the 1980s, the academic work of disabled women dealt in-depth with topics like motherhood, sterilisation, socialisation, professional training and rehabilitation. The standard work *Gender: Disabled – Special Feature: Woman, A Book by Disabled Women* (*Geschlecht: behindert – besonderes Merkmal: Frau. Ein Buch von behinderten Frauen*, 1985) has remained very influential and reflects these discussions. In the context of feminist debates, there were also conflicts with non-disabled women on issues like the connection between eugenics, human genetic counselling and selective abortion. The issue of prenatal diagnostics has been highly contested since then, because it touches on two conflicting positions where it has been difficult to find common ground: the right to selective abortion as defended by non-disabled women as part of their right to self-determination, versus the rejection of selective abortion by disabled women because of its ableist underpinnings and potential harm to the rights of disabled people (Köbsell 2006, 13-14).

After the UN International Year of Disabled Persons, the movement differentiated and new networks or unions emerged; some activists joined the Green Party or entered local politics to remove barriers in daily life. Other groups were engaged in establishing equality and anti-discrimination legislation and in taking part in debates on eugenics and bioethics. With the German reunification in 1990, an initiative group for the equality of disabled people successfully lobbied for legal changes which, for the first time, codified the fundamental rights of disabled people in the constitution and led to the enactment of federal and provincial equality legislation. In 2002 the federal Law on Equality for People with Disabilities came into force; this was accompanied by anti-discrimination legislation in the form of the civil *General Equal Treatment Act* in 2006 (Bösl 2010, 11; Lingelbach 2020, 164). Inspired by US and UK initiatives, which developed concepts to enable assisted living for disabled people in their own homes and outside of institutions, the German independent living movement founded the first centre for independent living in the city of Bremen in 1986 and, eventually, the first national representation of interests in 1990 (Bösl 2010, 11-12; Arnade 2021, 9-10).

During the 1990s, disabled women also developed successful networks. The first networks formed at the start of the decade, and in 1998 the first national womens' network (*Weibernetz e.V.*) was founded, which also included lesbian women. The inclusion of lesbians or any other non-heterosexual women was not self-evident at that time. Lesbian women had founded their own cripple network in 1997 because of a lack of recognition. Overall, the commitment of disabled women led to changes in federal and provincial equality legislation and in the social security code, which now addressed the specific concerns of disabled women. In 2004, their campaigning also led to improved provisions against sexual assault in the law governing sexual offences (Köbsell 2006, 14-15). Further legislative milestones were the ratification of the United Nation Convention on the Rights of Persons with Disabilities (UNCRPD) in Germany in 2009 (see also the more detailed discussion in Chapter 2) and the associated *Federal Participation Act* of 2016 (*Bundesteilhabegesetz*), which was designed to implement major demands from the UNCRPD and to create a model for modern participation rights (Kulke 2020, 169). But despite the Act's definition of disability in accordance with the UNCRPD, disability organisations criticised the execution as still being based on a medical understanding of individual deficiency. Segregated workshops for disabled people continued to exist and large institutions were not closed, although the separation between ambulant and hospitalised types of housing was removed. Disabled people could now retain more income or assets until they were utilised to finance social participation benefits, but people with a high need for support were still particularly affected by the limits on disposable income. For this reason, the reception of the *Participation Act* was rather mixed, despite some improvements (Kulke 2020, 169-170).

Disability studies in Germany was heavily influenced by the disability movements in the US and the UK. The separation between disability and impairment as differentiation between individual and societal factors was essential for an understanding and analysis of disability as a social construct (the related social model of disability and the criticism of it is discussed later in this chapter). The German disability movement was the background for the first academic courses and publications that tried to convey the new understanding of disability. However, the development of disability studies as an independent discipline received decisive impulses by the exhibition 'The (im-)perfect human' and its accompanying conferences in Dresden in 2001/2002, which, for the first time in Germany, featured anglophone disability studies. Following this event, disabled academics and activists assembled for a disability studies working group in 2002

(*Arbeitsgemeinschaft Disability Studies in Deutschland* or AGDS) and held a summer university in Bremen in 2003 as a central meeting to discuss perspectives for disability studies in Germany (Köbsell 2019, 29). Since then, institutes have been established and an increasing number of publications have been produced, but disability studies is still not established as a discipline in Germany, as it struggles to establish self-contained courses and permanent degree programmes (Köbsell 2019, 29-30).

In the UK, the disability movement which emerged in the 1970s was also the driving force behind the establishment of disability studies in academia. The then-new approach of defining disability as a social category, and not as an individualised and medicalised phenomenon, led to conflicts between activist-academics with a movement-orientated background and traditional scholars with a rather deficiency-orientated understanding of disability. Colin Barnes, one of the most influential academic representatives of the disability movement and the social model in the UK, describes this experience:

because, historically, universities have been a predominantly reactionary rather than a truly radical political force for social change [...] the coming of the social model and, subsequently, disability studies provide a complete contrast to the kind of orthodox thinking hitherto generated in large part by scholars working in the established disciplines of medicine, sociology and psychology...It is rooted in the positivist traditions of the nineteenth century and is clustered around the idea that the social world can only be properly understood through the application of the principles of rational thought, the natural sciences and the pursuit of 'objective' knowledge (2014, 20).

This statement on the role of objectivity, scientific positivism, and the natural sciences as a standard echoes the Frankfurt School's position on positivism, scientificity, and the traditional understanding of theorising in academia (Horkheimer 1937; see also Chapter Three). This certainly contradicted the common self-conception of academic research as neutral, objective, independent, value-free, and apolitical. But given the fact that disability studies evolved from the theoretical input of the highly political disability movement, which in the case of the British social model was also influenced by Marxist societal analysis, it is not surprising that its attitude towards research developed in ways different from the conventional academic world. Barnes describes a crucial point in this conflictive relationship when he states that disability activists heavily scrutinised established concepts of disability, because to them academic research was entrenched within a dominating and discriminating social order that would not be questioned critically and, therefore, academia would constantly reproduce stigmatising views on disability in its output (2014, 18 and 20). At the same time, academics who were

influenced by the disability movement in the UK were outsiders in higher education as well, given the non-scientific background in political activism and the baggage of the label 'disability'. For these various reasons, new perspectives on disability came primarily from disabled people who engaged in academic debate. Grass-roots organisations like the Union of the Physically Impaired Against Segregation (UPIAS), established in 1974, or the feminist-influenced Liberation Network of People with Disabilities (LNDP), founded in 1979, formulated a radical re-interpretation of disability in the social model of disability or provided the elaboration of a theoretical framework for disability studies (Barnes 2014, 18; Barnes and Mercer 2003, 124; Thomas 1999, 27).

Before elaborating further on the social model, a brief clarification of terms should be made here. The early social model is usually located within a Marxist context (cf. Barnes and Mercer 2003, 16; Renggli 2004, 17; Waldschmidt 2005, 17), which means that it was also partly inspired by historical-materialist evolutionary explanatory models, as discussed below. Therefore, it is important to explain in advance what is meant when talking about 'historical materialism' or 'traditional' (or 'dogmatic') Marxism in relation to the social model, but it is also significant to the subsequent discussion of the postmodern critique of the social model.

Usually, 'historical materialism' and the so-called 'traditional Marxism' based on it (cf. Postone 2003) refer to Friedrich Engels' later interpretation of the concept of materialism as developed by Karl Marx in the 'Theses on Feuerbach' (Truskolaski 2018, 665). Marx's original approach criticised previous notions of materialism because of their presumed reductionism, arguing that they had defined human processes as mere expressions of physiological mechanisms or had tried to reduce them to scientific-mathematical formulas (Bernhard 2020, 630). By contrast, his emphasis was on the importance of human agency and the transformative nature of human activity. Society here did not consist of 'competing individuals', but instead human activity and, as a consequence, socially transformative practice, were perceived as inherently interrelated. The potential to change society took centre stage in Marx's understanding of materialism (Truskolaski 2018, 665). The decisive difference in later interpretations by Engels was that he erased the pivotal role of praxis; unlike Marx, Engels did not accept the significance of human agency regarding the socially and historically conditioned mediation of objects, or the observation of objects, nature or, more directly, the economic structures of society. Instead, he replaced it with a conception of realism that saw nature as 'just as it is' and purported an 'appearance of immediacy' without

mediation (Elbe 2013). Engels believed the laws of nature were reflected in historical processes and transhistorical forces of production (Bonefeld 2014, 5; Elbe 2013; Truskolaski 2018, 665). But it was precisely this notion of a regularity of historical processes, within Marxist doctrine in nineteenth-century European Social Democracy and beyond, and the assumption of predetermined evolutionary processes underpinned by 'the deterministic concept of development and the revolutionary metaphysic of a providential mission of the proletariat [...]', which led to the conclusion that '[a]ccordingly, humanity is subordinated to a 'scientifically verifiable' automatism of liberation' (Elbe 2013). Therefore, when 'historical materialism' is mentioned in this thesis, it usually refers to Engels' later reformulation (Truskolaski 2018, 663-664). As mentioned above, the influence of this doctrine is also reflected in the discussion and reception of the social model, for example in Vic Finkelstein's account of disability and the investigation of disabling attitudes in society, discussed further below.

The formulation of the *Fundamental Principles of Disability* (UPIAS 1975) was crucial for the disability movement in the UK, because it served as a backdrop for the social model (Oliver 2009, 42; see also Chapter Two). Key supporters of UPIAS, like Vic Finkelstein, adhered to materialist theories to understand disability as a social phenomenon and to evaluate its historic development. Mike Oliver and Colin Barnes were also vital to developing the resulting social model, which in the early years of the disability movement relied on evolutionary explanatory models to analyse structurally and systemically anchored forms of inequality in capitalist Western societies. In the following discussion, these three authors exemplify the concise materialist interpretation of the social model, exploring how socio-economic conditions shape disability as an oppressive social relationship.

Finkelstein was convinced that the exclusion of disabled people from economic and social participation was closely connected to the development of capitalism. His specific interest was in attitudes on disability and how they were influenced by disability as a social relationship. Originally formulated in a monograph addressed to workers in the rehabilitation and welfare services, Finkelstein's analysis aims to 'focus on the behaviour, roles, perceptions, attitudes, etc. of the "helpers" as representatives of a socially determined disability relationship' (1980, 6). To support his analysis, he roughly outlines the main historical developments that had shaped attitudes towards disability in a model that consisted of three successive phases (1980, 6-8). The main angle of the model is to establish a basis for the further critical analysis of disability concerning its

entanglement in relations of power and oppression. This is crucial, because according to Finkelstein, these developments feed back into attitudes surrounding disability, especially from experts and helpers.

The first phase took place before the European industrial revolution, during agrarian feudalism, when disabled people – ‘cripples’ as they were called – were still able to take part in common life, although they were at the bottom of the social hierarchy. In this stage, the prevalent, religiously connoted attitude towards disability framed impairments as a punishment for immoral behaviour; for example, as a consequence of personal sins or the sins of the fathers (Finkelstein 1980, 6-7). However, with the rise of industrial capitalism in the next phase, exclusion from paid labour took place because of the inability to keep up with the changed requirements of factory work that was geared towards able-bodied workers. This not only meant exclusion from paid work, but also the beginning of disability as the debarment from social participation in mainstream society. However, Finkelstein does not discuss the disabling effects of capitalist working conditions, but rather points to changes that led to structural exclusion. The model emphasises the closely related context of pathologisation, and the expansion of hospital-based medicine and large asylums under changed socio-economic conditions. The accompanying professionalisation of the sector led to the takeover of medical dominance and authority, which, eventually, evolved into the implementation of the medical model of disability in professional practice (Finkelstein 1980, 7-8). Finkelstein sees the next phase, which according to his model began in the latter half of the twentieth century (Oliver and Barnes 2012, 56), as the part in which disabled people would achieve their liberation from the social oppression created in the previous second phase of industrial society. The second phase would develop the means to overcome physical adversity, while phase three would be defined by the struggle to reintegrate people with physical impairments (Finkelstein 1980, 8). The emerging independent living and disability movements were identified as the beginning of this process, where liberation would be gained through cooperation with allies who would fight for commonly agreed goals (Lang 2001, 9). According to Finkelstein’s interpretation, the ‘elimination of disability’ (Finkelstein 1980, 8), in a social model sense, is the logical consequence of the predicted progressive development.

Finkelstein’s concise analysis has had significant explanatory power for materialist accounts of disability. His use of a progressive narrative illustrates the importance of the mode of production in terms of the structural conditions that facilitated modern forms of

exclusion, but also perceptions and experiences (cf. Oliver 1990, 28-29). However, there are also some methodical issues with his account. Finkelstein refers only to physical impairments and therefore implicitly excludes other forms of impairments or chronic illnesses. From an intersectional perspective, the model also does not consider the impact of other forms of marginalisation, such as gender or race. Due to the very generalised outline of historical developments – unsubstantiated by in-depth evidence – Finkelstein does not leave much room for further differentiations or contradictions regarding the overarching explanatory model. From today's perspective, the belief in some kind of inevitable societal progress that would eventually lead to a positive transformation seems rather questionable and is obviously derived from historical-materialist concepts, which were convinced of the historically predetermined and emancipatory development of humankind (see also Chapter Four for a more detailed discussion on Finkelstein's model and positivism).

In the UK, the term 'social model' was originally developed by Michael Oliver, who has described his work as rooted in Marxist political economy (Oliver 2009, 89-91). Subsequently, the social model has often been referred to, within disability studies, as either materialist, Marxist or neo-Marxist (cf. Barnes and Mercer 2003, 16; Renggli 2004, 17; Waldschmidt 2005, 17), because it was based on the underlying belief in the importance of the mode of production in shaping the inequality and exclusion of disabled people. For Oliver, capitalism is the backdrop for the unfolding of present-day discrimination; he states accordingly that 'the view of disability as an individual, medical problem and a personal tragedy was the dominant one in modern capitalist societies' (Oliver 1990, 25). He also uses progressive explanations to analyse disability, but, unlike Finkelstein's still sketchy version, Oliver aims to embed his conceptualisation of the social model within the contemporary state of knowledge in social theory. His standard work *The Politics of Disablement* (1990) takes up Finkelstein's model as a point of reference, because Oliver likewise believes that evolutionary models would be helpful to make sense of the present situation and to develop an account of disability as a social category that would centre the perspective of disabled people. The book provides a conceptualisation of the social model that draws its somewhat eclectic foundation from frameworks suggested by Auguste Comte, Karl Marx and Max Weber, and applies their insights to his explanation of the genesis of disability as a form of social oppression. Although these approaches came from very different backgrounds, Oliver believes each of them could contribute to a comprehensive understanding of the

status of disability in society (1990, 25). He considers Marxist-influenced concepts significant, because

A framework derived from historical materialism does, at least, add to our understanding of what happened to disabled people with the coming of industrial society....These socio-cultural constraints may include the nature of the work environment, the living conditions of people in rural or urban environments and the relationships between institutions, groups and individuals, all of which are related to the socio-economic structure of society at particular points in history (1990, 26).

Comte's evolutionary model is included in Oliver's analysis because it describes a gradual development from religious to naturalistic to scientific interpretations of nature and society and how this has influenced the perception of alleged deviance throughout history:

This evolutionary model has proved useful in developing an understanding of changing historical perceptions of deviance (Kitrie 1971) including drug addiction, homosexuality, alcoholism and mental illness; each being regarded first as moral, then legal and now medical problems. As a result of these perceptions particular deviants were subjected to moral, then legal and now medical mechanisms of social control (Oliver 1990, 30).

At the same time, Weber-derived ideas deliver an essential addition, because Weber's notion of the rationalisation of society, which was closely connected to the rise of capitalism, helps Oliver to highlight how disability had become an increasingly bureaucratic and specialised category in modern administration:

With the rise of capitalism, disability has become an important boundary category through which people are allocated either to the work-based or needs-based system of distribution. The increasing specialisation of both categorisation and provision is thus a function of the increasing rationalisation of the world (1990, 40).

Oliver uses these approaches to assess how, during the rise of capitalism as the historical leitmotif that influenced all other transformations, corresponding factors – economic development; the changing nature of global ideas; and the need to maintain order, for example in the form of institutionalisation – had an impact on how society addressed disability and how this was experienced by disabled people (1990, 42). While he acknowledges that disabled people had found themselves at the bottom of the labour market in the nineteenth century, and that the significant effect on social relations had also caused many former socially acceptable roles to disappear, in contrast to Finkelstein Oliver is more cautious about making sweeping statements about disability during the establishment of capitalism: a lack of historical research at that time poses a

difficulty to definite assumptions about how exactly the quality of these changes in social relations affected the experience of disability (Oliver 1990, 28).

Additionally, Oliver deems individualism a decisive ideological component of the new era. In connection with the positivistic origin of the medicalisation of disability under capitalist conditions, this development has become a significant ideological turning point:

The hegemony that defines disability in capitalist society is constituted by the organic ideology of individualism, the arbitrary ideologies of medicalisation underpinning medical intervention and personal tragedy theory underpinning much social policy. Incorporated also are ideologies related to concepts of normality, able-bodiedness and able-mindedness. (1990, 44)

Together with another important academic proponent of the social model, Colin Barnes, Oliver issued a revised version of the same book under the new title *New Politics of Disablement* (2012). On the one hand, the authors wanted to take into account changing social policies and historical developments, for example the fall of the Soviet Union, and new understandings about the nature of disablement, as well as more recent theoretical developments (Oliver and Barnes 2012, 3). But on other hand, their perspective on the possibility of inclusive social change had become more pessimistic because of the changes of the political environment. Whereas in the 1980s there was still an optimistic mood of departure, this new edition suggests that cuts in public spending are generally accepted, while the legitimacy of the current political order or austerity is no longer questioned (Oliver and Barnes 2012, 1). This change is also noticeable in their assessment of Finkelstein's 3-phase model, to which they attribute excessive optimism in phase 3, which is set in the latter half of the twentieth century. Barnes and Oliver are more cautious because capitalism had survived the fall of state socialism and other global crises, while liberation through technological progress or an alliance between disabled people and professionals has so far failed to materialise (2012, 56).

Nevertheless, the authors believe that materialist analysis has lost nothing of its relevance, because the world economy is still dominated by capitalism and, therefore, economic conditions and the access to resources have a decisive influence on disabled people's lives. They argue that modern, capitalist societies produce disability as an individual problem, embedded in personal tragedy narratives and shaped by medicalisation (Oliver and Barnes 2012, 52-53). Materialism is not seen as a self-contained theory but provides a 'set of basic epistemological and ontological principles'

to study societies as 'historically contingent and structurally conditioned' (Oliver and Barnes 2012, 54). In this sense, the work serves as guidance to develop the further theorisation of disability as a sociological issue (Oliver and Barnes 2012, 52 and 54). However, they complain that the social model had been unjustifiably criticised, because many academics claim it has failed to lead to meaningful change or that it should even be abandoned or reclaimed. However, the biggest concern for Barnes and Oliver regarding the present responses was that the 'social model connection with the material circumstances of disabled people' has been lost (2012, 165). That is why they stress the connection to the original, radical materialist notions as voiced by UPIAS in the 1975 *Fundamental Principles of Disability* document, which addresses material circumstances that would keep disabled people trapped in relations of poverty and dependency (Oliver and Barnes 2012, 165; see also Chapter Two for a more detailed introduction to the *Fundamental Principles of Disability*).

They conclude that oppression is a problem that affects not just disability, but society as a whole, and cannot be dealt with separately, but only through major structural, economic, political, and cultural transformation (Oliver and Barnes 2012, 176). For this reason, Barnes and Oliver express an ambivalent recognition of the idea of 'resistance' because of its focus on political and cultural discourses. On the one hand, they believe that, under the current circumstances, it could provide activists with a possible alternative to retreating Marxism; on other hand, they posit that 'resistance', mainly taken up by poststructuralists and postmodernists, does not confront the material conditions of capitalism. Barnes and Oliver fear its lack of a materialist critique might render it harmless and permit its incorporation into capitalist structures (2012, 163). But their cautious reference to resistance theory also points to a bigger problem, from the perspective of a materialist social model approach. Oliver and Barnes are concerned with the question of how to translate theory into feasible practice while allowing it to remain effective. The radical critique of the early social model, that also guides *The New Politics of Disablement*, basically demands nothing less than a fundamental change of society to disrupt firmly established power relations that prevent actual inclusion and participation. As a consequence of this view, every attempt for change that does not touch on these existing conditions must be seen as failing to create meaningful transformation due to the socio-economic restrictions of the current social order. Similarly, from a social model perspective, any theory that does not include an analysis of materialist relations is likely bound to fail.

Key contributors like Oliver, Barnes or Finkelstein have shaped the notion of the social model as influenced by Marxism and materialism (cf. Oliver and Barnes 2012, 162-163; cf. Finkelstein 2007, 11-14; cf. Finkelstein 2001, 14-15). However, while in principle they have held that the mode of production and capitalist power relations are at the core of social oppression, this view has been increasingly challenged by disability studies scholars who have seen themselves not, or only partly, represented by the analysis of the social model or historical materialism. Since then, academics from different backgrounds, with intersectional, (queer-) feminist or postmodern approaches (cf. Hughes and Paterson 1997; Kafer 2013; McRuer 2006; Raab 2010; Vernon 1999), have been on the forefront in raising criticism or trying to develop counter models to the previous interpretations.

2.2.2 Critique of the Social Model and Postmodern Theorisations of Disability

Now that the theoretical and political context in which the social model emerged has been presented, the following section will take a concrete look at the social model itself and the critical reactions to it. In general, it is common to social model explanations that they place societal conditions at the core of their analysis of social disablement and dismiss individual or medical views as constitutive for disability, at least when it comes to a pragmatic distinction between impairment and disability (Barnes 2020, 25). The aim of the social model is to deliver insights into mechanisms of societal exclusions that prevent the participation of disabled people in society. To differentiate these barriers from any impairment-related conditions, the social model of disability is characterised by a deliberate distinction between impairment and disability. This distinction goes back to UPIAS, who laid the foundation for the social model with their seminal text, the *Fundamental Principles of Disability* (1975). The document states that, regardless of individual impairments, there are societal barriers that fundamentally exclude disabled people from participating in society. Therefore, UPIAS stresses that

[i]n our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society (1975, 20).

This view is also expressed in the way impairment and disability are defined in the *Fundamental Principles*. Impairment is defined as 'lacking part or all of a limb, or having a defective limb or mechanism of the body' (1975, 20), whereas disability is 'the disadvantage of restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus

excludes them from participation in the mainstream of social activities' (1975, 20). UPIAS concludes that '[p]hysical disability is therefore a particular form of social oppression' 1975, 20) and gives a clear political thrust to the distinction between impairment and disability. While the original definition of impairment in the *Fundamental Principles* was clearly aligned to physical conditions and therefore risked ignoring other forms of impairment, it was later extended to include all forms of impairments like cognitive or sensory impairments (Barnes 2012, 474-475). Overall, it is important to emphasise that the social model is not meant to be a theoretical framework that provides explanations of disability, but rather to be a tool that delivers insights into mechanisms of exclusion (Finkelstein 2001, 10; Beckett and Campbell 2015, 271). Although, as discussed above, the social model was anchored in a materialist perspective on disability (Barnes 2020, 20), Finkelstein points out that it should not be mistaken for a social theory of disability:

It's worth remembering that models are not explanations. It's like putting a model aeroplane together and placing it into a wind tunnel to gain insight into how it functions under different conditions. The model will not explain how an aeroplane flies. The social model does not explain what disability is. For an explanation we would need a social theory of disability (2001, 10).

However, while the social model and the insights it provided were decisive for the formation of the disability movement, there has also been criticism of the model, much of it informed by postmodern or poststructuralist theoretical influences. For example, some disability studies academics have voiced disagreement about the significance of personal accounts of impairment and whether the acknowledgement of these experiences would strengthen or damage activism (cf. Corker 1999, 627-629; Hughes and Paterson 1997, 330-331; Thomas 1999, 69-72). Others have expressed concerns that the social model approach does not recognise individual experiences of impairment as relevant, and dismisses the potentially strong impact of pain, fatigue, chronic illness or deteriorating health conditions on everyday life (cf. Crow 1996, 209-213). Furthermore, the social model excludes feminist perspectives on impairment, as well as ignoring other intersections such as race (cf. Morris 1991, Morris 1996). Additionally, critique has been voiced that the social model-inspired disability movement focuses too much on the Western white male disabled people's point of view and neglects other perspectives or even establishes rigid identity politics (Vernon 1999, 390-391; Shakespeare 2014, 99-101). This is just a brief overview of points of criticism. They have been prominently raised within postmodern approaches to disability (among

others) and, eventually, with the advent of postmodern disability scholars, the theoretical foundations on which the social model was based have come under scrutiny.

In the next section, the thesis identifies the key positions of postmodern approaches, especially in regard to criticisms of the social model, and subsequently presents the reactions of social model proponents. There must first be a brief elaboration regarding the chosen terminology in the context of the thesis and some key postmodern positions. Although there is often confusion between the terms 'postmodern' and 'poststructuralist', because they tend to be conflated or have no clear demarcation, for the sake of better orientation the following discussion will adhere to the term 'postmodern'. This reflects the nature of the discussion and postmodern critique of the social model in disability studies that has questioned the general validity of the model. The definition of postmodernism as applied for the purpose of this thesis means a

rejection of the idea of absoluteness and totality, of generally valid guiding concepts, of hegemonic presumptions and monopolies, instead affirmation of differentiation and pluralisation in all areas, of the diversity of ideological orientations, approaches, truths, forms of knowledge, value systems, 'cultural worlds', linguistic styles, art movements, standards, ways of life and patterns of action' and as 'constitution of radical plurality'. Postmodernism is accordingly understood as a 'constitution of radical plurality' and diversity of reality (Hillmann 2007, 694-695).

This understanding goes back to French philosopher Jean-François Lyotard's key text *The Postmodern Condition* (French version originally published in 1979, English translation from 1984; see also Agger 1991, 116) and his use of the term 'postmodern'. Lyotard roughly defines it as the 'incredulity towards meta-narratives' (1984, xxiv). With this definition, Lyotard turns against Marxist or Neomarxist critical theory, which, in his interpretation, aims to impose universal social values. However, this kind of abstract overdetermination would lead to terrible consequences for individual lives, for example as shown in the contemporary totalitarian regimes in Eastern Europe. Instead, he proposes the recognition of individuality and heterogeneity, with the practical implementation and development of social theory as an ongoing, not pre-determined process (Engelmann 2015, 10-13). In this sense, 'postmodern' is meant to contrast with an understanding of 'poststructuralism' that originally comes from the 'linguistic turn' in philosophy. This theoretical shift was influenced by linguist Ferdinand de Saussure's work on systematic linguistics at the beginning of the twentieth century and referred to his investigation of the relation between linguistic signs and their meaning and use within a social, non-linguistic context (Thwaites 2018). Although a clear distinction is not always possible in the academic canon [for example, Foucault's work is also labelled as

‘poststructuralist’ (Corker and Shakespeare 2002, 7-8)], the reference to ‘postmodernism’ will point to the basic meaning as outlined above.

One major objection is that the social model of disability is based on modernist underpinnings whose associated notions of disability and impairment ignore differences and are too generalising (cf. Corker and Shakespeare 2002, 15; Goodley 2011, 28-29). These notions are arguably prone to reproduce essentialist assumptions about disability. The postmodern position is sceptical of all so-called grand or meta-narratives like socialism, liberalism or modernism. Consequently, the social model is under scrutiny by postmodernists, because due to its materialist roots, it is perceived as a failed attempt to be conclusive and progressive at the same time – similarly to other grand narratives. In this context, modernism stands for the interrelation of social institutions, beliefs and value systems characteristic of capitalist civilisation. Areas like the globalisation of industrialisation, mass surveillance, and technological warfare are included as inherent parts of Western society. Capitalism itself is the ideology of the dominance of market forces and the continuous striving for profit that, closely aligned with modernisation, runs the risk of turning into cultural imperialism. Riddled with the ideology of the superiority of the West, this is seen as problematic, because it potentially undermines non-Western traditional ways of life. In this line of argument, the roots of modernism resulting from a culture of enlightenment are appraised as a fundamental flaw. These critiques question belief in the unity of humanity; the individual as the one who shapes society and history; the predominance of the West; and the claim that scientific positivism leads to objective truth and continuous progress in society (cf. Agger 1991, 116-117; Corker and Shakespeare 2002, 1-4).

Postmodern approaches adhere to the view that the modernist framework leads to the oppression of everybody who is not seen as meeting the standard of the independent and rational subject. In this regard, the idea of the autonomy of the rational individual as expressed in Enlightenment thinking is a major point of criticism: it is seen as a legitimisation for enabling ableism and the historical cause for the exclusion from social participation, especially in the case of people with intellectual impairments and mental illness (cf. Waldschmidt 2012, 11-13 and 41-44). In practice, this notion reinforces social inequalities and the unequal status related to intersections like disability, gender, race, class, sexuality, and age under capitalist conditions, which is also expressed in the economic division of rich and poor. Postmodern accounts also broach the issue of othering, because in relation to the critique of the autonomous and usually male

individual it is interpreted as a complementary action and enforces socially accepted standards for normalcy, which often have excluded disability in intersectional analyses (cf. Davis 1995, 5-7). Othering refers to an implied standard in society that does not need to be articulated, because it is considered natural, and everything that deviates or appears to deviate from this standard becomes the negative, undesirable 'other'. Typical positive/negative dichotomies are 'man' versus 'woman', 'reason' versus 'passion', 'mind' versus 'body', 'healthy' versus 'diseased' and so on (Goodley 2011, 105). In the case of disability, 'the one' signifies abled and independent, whereas 'the other' stands negatively for disabled, impaired, and dependent (Goodley 2011, 104-105). Swantje Köbsell, for example, also extends this observation to the intersection of gender and disability, noting that while 'disabled' is generally associated with properties like weak, passive, dependent, childlike, powerless, needy, and unattractive, gender research has found that the intersection of 'disabled' and 'female' is additionally identified with being 'emotional' (Köbsell 2010, 22-23). Consistently, it is at the core of postmodern approaches to dismantle these binaries by disclosing the hidden implications of their socially and culturally constructed nature, and of their inherent power relations, by demonstrating that they lack a basis in 'biology, nature or rationality' (Goodley 2011, 105).

In regard to disability, Foucault's work on biopower, biopolitics, and the institutional regime has made a significant contribution as well. Through his focus on the investigation of the 'mad' and society, as well as regimes of disciplining and standardising the individual subject, his findings offer transferable interpretations for the analysis of disability and impairment (cf. Goodley 2011, 106-107). Foucault argues that discourses shape the way we view the world and that these discourses are informed by power relations and cultural influences. This is expressed in the language used and, therefore, current terms and definitions are never pre-social. Therefore, discourse can be defined as

a system of representation and signifiers, where rules and practices apply to set the tone and detail of what, and how topics and concepts can be constructed. This includes the text and spoken words, but also other signs, forms and mediums of expression, such as the body, or a map. However, language is not to be taken as value neutral, nor merely a linguistic concept, but rather considered as a form of social action and knowledge practice... Discourse provides a way of speaking and knowing things through language. Statements or concepts of certain knowledge objects, such as disability, that drift towards or support common institutional strategies or ideological patterns are drawn from shared repertoires and discursive formations (Blackmore and Hodgkins 2012, 75-76).

When we talk about disability and impairment or sex and gender, these terms are never neutral, but carry hidden meanings or implicit associations. As Shelley Tremain points out (Tremain 2006, 189-190), from this perspective there is no 'natural sex' (or 'natural' impairment), because our understanding of what is 'natural' and how to define it has been previously influenced by discourses entwined in social relations of power and dominance. In German disability studies, it was, above all, Waldschmidt who, with the introduction of the cultural model of disability, strengthened the importance of postmodern approaches and the reception of Foucault for the analysis of disability (cf. Waldschmidt 2005; Waldschmidt 2006; Waldschmidt 2011). In this respect, Foucault has been very important as a basis for postmodern analysis and understanding of how assumptions about disability/impairment or sex/gender are formed. As Foucault's thoughts are central to this thesis, his ideas are explored in detail in Chapters Three and Four.

However, there is by now a tendency among social-modellists to include postmodern ideas in their analyses. Greater attention is paid, for example, to the effects of culture and ideas on the creation of disability labels and roles, or the significance of traditional beliefs, folklore or images in the media (Priestley 2003, 14-15). In his life course approach, Mark Priestley argues that not only structural and cultural approaches to disability should be combined, but also individualistic explanations which refer to biological factors. He believes that 'complexities become more apparent' (Priestley 2003, 17) and gives an 'explanation of how biology and psychology interact with objective social positioning, power, language and culture' (Priestley 2003, 18). This combined-factor approach may offer new ways for deconstructing the phenomenon of disability, but surely will need some further clarification; for example, when it comes to the inclusion of biological factors that are still often strongly related to controversial medical approaches.

Influential social modellists like Vic Finkelstein, Michael Oliver and Colin Barnes have also reacted directly to the criticism of the social model as described above. Barnes has been very outspoken about the neglect of economic and material aspects that he identifies with the emergence of postmodern accounts, while Oliver and Finkelstein stress the character of the social model as a tool and not as a theoretical explanation. They also critically examine how the acknowledgement of individual lived experiences could be reconciled with the social model as a tool of societal analysis.

Barnes directly addresses key postmodern positions when he refers to the 'postmodernist rejection of a "modernist" world view, "grand theorising" and associated conceptual dualisms [that] generated a critique of the social model and the impairment/disability distinction upon which it rests' (2020, 24). His main critique of postmodern positions is the supposed shift entailed from the influence of economic forces on the lives of disabled people, to a focus on culture, language, discourse and constructions of the body (2020, 24). In this context, Barnes also dismisses the critique of the social model regarding its distinction between the biological and the social. He believes that the critique of the pragmatic social model distinction between impairment and disability is a rather academic debate and rarely has meaningful practical value for research, policy and practice (2020, 24). The postmodern critique instead downplays the material reality of disabled people, making it 'politically benign' (2020, 24-25). Furthermore, his observation that social model insights have provided a theoretical and practical framework with which to explore and address concerns of increasing economic and political instability (2020, 25) indicates that he does not make such a strong distinction between theoretical explanations and models as Finkelstein and Oliver do. Barnes pleads for a continued combination of political activism and scholarship and advocates building on the insights provided by the social model to address 'unprecedented economic, environmental and demographic challenges' and to establish why policies that try to challenge disablism have not been successful (2020, 26).

Oliver shares Barnes' criticism about the impairment/disability divide, but is less dismissive about critique of the social model in general. It is clear to him that the social model does not provide a formulated theoretical explanation, but is only intended to be a tool, applied in response, for example, to critique of a lack of intersectional analysis (Oliver 2013, 1025). But like Barnes, he believes that, from a political perspective, the fundamental questioning of the impairment and disability divide has weakened the movement. The focus on impairment and difference is now being used against disabled people in practical policy-making that allocates services and benefits according to differences in impairments. Furthermore, the divisions have weakened the unity of the disability movement (Oliver 2013, 1025-1026).

Finkelstein, similarly, criticises the social model's focus on individual accounts of disability. One of his main arguments is that the focus on personal experiences and differences is not necessarily expedient for a further development of the social model, not only because the model is inadequate, but also because of the context in which

personal accounts are discussed. Finkelstein believes that dealing with individual difference only makes sense if it initiates an emancipatory process and enables the individual to take part in social struggle. For this reason, he is sceptical of personal accounts, because their purpose far too often does not seem to go beyond displaying an individualistic positioning (Finkelstein 2001, 12-13). Finkelstein's writings are openly dismissive of criticism from liberal and right-wing feminists, who he claims attack the politically powerful interpretation of a disabling society without contributing to a contemporary and, in his view, emancipatory renewal of the social model (Finkelstein 2001, 12-13). Finkelstein also acknowledges the critique that UPIAS, the organisation which formulated the underlying Fundamental Principles, was at that time dominated by wheelchair users. However, he puts the criticism into perspective by referring to the historical context of the group and points out that, for various reasons, it had been difficult to include disabled people with mobility and hearing impairments in the beginning (for example, because there was a lack of funding for sign language interpreters) (Finkelstein 2001, 9-10).

In response to this debate, there have been a few proposals on how to further develop the social model further and connect it to more recent discourse (Beckett and Campbell 2015; Levitt 2017; Morgan 2012). Beckett and Campbell, utilising a Foucauldian perspective, discuss the model as an oppositional device; Hannah Morgan looks at its transformative qualities as a threshold concept in social work; whereas Jonathan Levitt emphasises adjusting the social model to present the social conditions and circumstances in the geographical areas in which it was applied.

Levitt argues that social model insights have been very powerful in removing barriers in disabled people's lives, but also that the model reflects the historical circumstances of its origin and, therefore, needs to be re-evaluated. According to Levitt, it is important to consider that only society, but also other factors can create barriers and that the application of the social model could go beyond the scope of immediate practical implications (2017, 591). The author suggests opening up the adoption of the social model and the associated emancipatory disability research, in order to create connections to other models and approaches in emancipatory research that do not consider the social model as the only possible approach; for example, linking to research on more effective assistive technology (2017, 591-592).

Morgan brings in the perspective of social work and the value the social model has as a so-called threshold concept in transforming the attitudes of social workers. Threshold

concepts are those that explore 'new and previously inaccessible ways of thinking about something' (Meyer and Land 2003, 1, after Morgan 2012, 218). In this context, Morgan finds that the understanding of disability as an individual tragedy is still dominant among social work students. The perspective of the social model that social work and the motivation to 'help' are part of the problem for disabled people can be difficult to grasp (Morgan 2012, 221). The value of the social model in social work is that it points to an alternative model in contrast to that of disability as a personal tragedy. It questions the nature, practice and future existence of social work, but also challenges deeply held beliefs and attitudes, not just in general, but also particularly among social work students. For Morgan, the strength of the social model is that it provokes an engagement with the concept for students who try to master it and who try to grasp the disability/impairment distinction and its implications (Morgan 2021, 220 and 221-222).

Similar to Finkelstein, Beckett and Campbell highlight the quality of the social model as a model and not as a theoretical explanation. However, they attempt to reconcile the social model with its critique by promoting a renewed understanding of it as an oppositional device, from a Foucauldian perspective. They choose the term oppositional device because they believe it provides greater analytical clout than framing the social model as a tool. An oppositional device is a 'concrete operation of technologies of power' – in a Foucauldian sense – 'articulated as part of the resistance-practices of the governed' (Beckett and Campbell 2015, 274). With this reformulation, they shift the social model's focus from providing insights into mechanisms of disablism to the more behaviour-orientated production of resistance practices. They see resistance practices as a means to counter the entanglements of biopower and capital, which produce docile individual and collective bodies geared to capital accumulation. Beckett and Campbell point out the benefit in strengthening resistance practices, arguing that this enables a fruitful form of subjectivation making the reshaping of individual and collective bodies possible (Beckett and Campbell 2015, 275).

Beckett and Campbell identify a number of intersecting operations, derived from the positioning of the social model as an oppositional device, that they believe to be of analytical merit. This includes such items as 'allowing practices, programmes and rationalities to be identified as unjust'; 'harnessing and orientating practices of resistance towards such programmes, procedures and rationalities'; 'allowing formation of counter-rationalities and the dispersal, proliferation and repetition of practices and statements informed and promulgated by said counter-rationalities; facilitating analysis

– allowing statements, policies and institutions to be evaluated’; ‘allowing establishment of a social movement’s vocabulary and delineation of what can be said if an enunciation is to be associated with a movement and boundaries that once crossed result in a statement losing meaning for, and possibly approval of, a movement’; ‘providing a framework of agreed values allowing repetition of resistance-practices in sites different from those in which the oppositional device was formed and for those engaged in seemingly disconnected struggles to recognise their shared purpose’; and ‘allowing members of social movements to act strategically and as one’ (Beckett and Campbell 2015, 275).

In this sense, the social model can be defined as an oppositional device that subsumes different types of technologies of power, conveying a technology of production that produces concepts like impairment or disability, and produces disabled people as a collective body. But from a Foucauldian perspective, Beckett and Campbell conclude that the social model also works as a technology of sign systems, outlining the statement and practices attached to the British disabled people’s movement. Additionally, as a technology of the self, it provides disabled people with a tool to differentiate themselves from the narrative of personal tragedy, but also allows them to reject alleged biological determination and stereotyping labels, and to regain some control of the processes of subjectivation. However, Beckett and Campbell acknowledge that the social model could also have an effect as a technology of discipline in the way that exterior forces attempt to discipline the movement or through disciplining impulses within the movement itself that could have this effect (2015, 276-277).

Beckett and Campbell also point out that there is always a certain risk that oppositional devices like the social model could be appropriated by a machinery of government to serve goals of governmental rationality or to be used as a technology of discipline. In doing so, they want to raise awareness that even oppositional devices, although originally created to extend ‘boundaries of human freedom’, could be turned against this aim under certain circumstances (2015, 276).

The different applications and interpretations of the social model as exemplified by the three texts introduced above point to its varying uses and benefits. In prior sections, this chapter aimed to highlight why the social model has been contested and what the main issues of critique in the related literature are. The three texts either highlight its merits in specific contexts, or draw connections to subsequent developments and debates. But at the same time, one always has to keep in mind that the original formulation of the social

model was grounded in the social movements of that time and the related Marxist- and materialist-inspired theory formations. This background has heavily influenced the reception and application of the social model to date; it is difficult to contemplate and interpret the social model without this context. This background also resonates in the way the three texts approach the social model and discuss its relevance in a present-day context. They either highlight these aspects and argue that this background is still relevant (Morgan 2012) or try to find ways how the social model can be moved on and inserted into subsequent discourses (Levitt 2017, Beckett and Campbell 2015).

In the last few years, the further development and differentiation of disability studies has led to the emergence of critical disability studies (CDS). It aims for an interdisciplinary approach to address the diversity of disability, and questions the perceived binary thinking of a materialist perspective in disability studies (Meekosha and Shuttleworth 2009, 56). It draws heavily on postconventionalist, postmodern, postcolonial, feminist, queer and crip theories (Goodley, Lawthom, Liddiard and Runswick-Cole 2019, 974). CDS is not subject-orientated, but rather describes a 'methodology, an approach, a theoretical framework and perspective' (Schalk 2017) and does not only involve 'scrutinizing ... bodily or mental impairments but the social norms that define particular attributes as impairments, as well as the social conditions that concentrate stigmatized attributes in particular populations' (Minich, citing Schalk 2017). Therefore, CDS explicitly includes perspectives and approaches from different disciplines: for example, the postmodern analysis of power relations and possibilities of resistance (cf. Tremain 2005); the emerging analysis of triple oppression from intersectionality research (cf. Jacob, Köbsell, Wollrad 2010; Waldschmidt 2012; Waldschmidt 2013); queer, feminist, and crip theory (cf. Kafer 2013; McRuer 2006; Thomas 1999); and postcolonial and race theories (cf. Campbell 2009). Margrit Shildrick (2012), for instance, adopts an explicit postmodern-postconventionalist and gender theory perspective, from which she wants to question modernist understandings of what it means to be 'properly human' (2012, 31-32), and also refers to Donna Haraway's critical interrogation of identity within feminism (2012, 33-34; as another example see also Meekosha and Shuttleworth 2009, 59-60).

There are only a few works in disability studies or critical disability studies that draw on the Critical Theory of the Frankfurt School for their theorising and analysis. There are a few relevant papers in disability studies and critical disability studies, but there is no

book-length application of this school of thought. This applies not just to disability studies in the UK and in Germany, but to disability studies in general.

A few papers refer to Max Horkheimer's seminal essay 'Traditional and Critical Theory' as a major influence on their approach to critical disability theory. For example, David L. Hosking argues in this vein, attempting to develop a critical disability theory-based jurisprudence of disability that is grounded in Critical Theory-informed critical legal studies (Hosking 2008, 1-5). Inspired by Horkheimer's reflections on critical and traditional theory, Helen Meekosha and Russell Shuttleworth suggest four general principles as a common ground in critical disability studies in the face of such heterogeneous theoretical influences as the postmodern/poststructuralist, (queer-) feminist, and intersectional approaches that constitute critical disability studies now (Meekosha and Shuttleworth 2009, 51-52). Rouven Schlegel's conception includes Critical Theory's understanding of critique as a basis for disability studies' confrontation with its own socio-cultural and historico-political contexts (Schlegel 2017, 103-104).

Deviating from this stance, Madeleine Burghardt (2011) aims to stimulate a much broader interest in the potential benefits of the Frankfurt School's social theory for critical disability studies. She examines the relevance of its Marxist, moral, and aesthetic aspects as points of departure for further discussion of disability and bodily difference. Kelly Fritsch (2013) applies Adorno's *Negative Dialectics*, and particularly his concept of nonidentity, in the context of feminist philosophy of disability to dissect the interrelations between the 'violent' effects of capitalism on disability and the connected experience of suffering and othering. The author argues for the formation of 'uncomfortable communities' in an Adornoian sense, to fight the 'wrong state of things' without reverting to 'sameness or the celebratory pleasure of absolute identity'. Lars Bruhn and Jürgen Homann (2013) do not apply a pronounced critical disability studies stance in their paper but, like Fritsch, use Adorno's notion of nonidentity to critically examine disability as a difference category. They detect various problematic aspects of identity politics in regard to disability, be it on the basis of capitalistically shaped, standardising requirements of performance and functionality; the basis of rigorous identity politics that lead to exclusions within disability communities; or as an undifferentiated subsuming of disability under categories of health and medicine. They believe disability forms an indispensable antithesis to an apparent order of diversity that turns out to be a myth because it actually reproduces long-established privileges that

exclude disability. The disruptive character of disability, on the other hand, can interfere with this order and bring privileges crashing down.

To conclude, the Frankfurt School's Critical Theory has not so far been explored in-depth regarding its potential contribution to disability studies. The aforementioned papers indicate a starting point from which to pursue a strategy of recombining and increasing the complexity of the theory of disability and disability studies. Simo Vehmas and Nick Watson have reasserted that critical disability studies suffers from an insufficient account of the material conditions and the economic basis that cause inequality and oppressive social relation (Vehmas and Watson 2014, 647). I suggest that the inclusion of Frankfurt School Critical Theory addresses this issue in a way that questions essentialist concepts of disability identity.

2.2.3 Intersectionality and Disability: (Queer-)feminist Approaches to Gender and Disability

The postmodern ideas outlined above have been increasingly taken up by a range of feminist academics who want to look into more closely into individual experiences of inequality. However, intersectionality has become an important tool to analyse inequality in other areas of research as well. Coined for the first time in 1989, legal scholar Kimberlé Crenshaw (Crenshaw 1989) introduced the term to point to the specific multiple and interlocking forms of oppression of black women. The situation of black women, whose lived realities of racist and misogynist discrimination tended to differ significantly from white women's, had usually been ignored by traditional feminism, because it was dominated by white, middle class women's perspectives and experiences. As a consequence, intersectional approaches have been developed to understand and analyse the triple-oppression along the categories race, class, and gender. Analysing the mechanisms of marginalisation, intersectional thinking acts on the assumption that there are not just various forms of oppression, but that they have to be seen in relation to each other in order to fully understand their effects (Lutz, Vivar, and Supik 2010, 10-11). Feminist and queer theory scholars, who have perceived previous explanatory models or identity categories as too limited and stereotypical, have increasingly taken up intersectional perspectives (cf. Waldschmidt 2020, 173-174). But, as will be discussed using the examples of Carol Thomas, Jenny Morris, Nancy Hirschman, Rosemarie Garland-Thomson, Swantje Köbsell, and Heike Raab, (disabled) feminists from various backgrounds also use this approach to explain individual or differing experiences of the interlocking with the wide range of physical or sensory

impairment or learning difficulties. The chronological overview gives also a good account of the development of feminist or queer theory positions in connection with disability studies. The examples make clear that disabled feminists of different orientations have already been influenced by Donna Haraway's concepts on identity, overcoming binary thinking and situated knowledges, concepts further explored in Chapters Three and Four.

Regarding the critical engagement of the social model from a feminist perspective, Carol Thomas and Jenny Morris have been among the most prominent theorists. Both not only voice a feminist critique on dominant interpretations they deem to be one-dimensional, but also raise the issue of impairment and how it is related to the everyday experiences of disabled people's lives.

Jenny Morris argues from an explicitly feminist perspective and her analysis has obviously adopted some of the postmodern criticism on the traditional understanding of science. While traditional academia in general has been accused of tacitly centring around a male perspective and thus ignoring differing points of view and experiences, she concludes the same problems occur with feminist approaches to disability. Morris points out the underlying biases of usually non-disabled feminists who centre their analysis predominantly around the perspective of white middle class women and, as a consequence, exclude other women's lived experiences, especially those of older and disabled women (1991, 5-6). When she refers to intertwined experiences of being disabled and female and emphasises that these different aspects cannot just simply be added up, she takes on an intersectional perspective without openly stating it. Morris' work deals in-depth with the shortcomings of feminist research in regard to disabled women. When it comes to the analysis of care work and community care, she notes that the exploitation of women as carers is often the focus of feminist exploration. However, the position of disabled women as the ones being cared for, or being carers themselves, is usually neglected. Morris perceives typical feminist accounts of disabled women as depicting them as passive, dependent victims of oppression who need to be pitied, similar to the individual model view of disability. Unlike their non-disabled female carers, they are not shown as autonomous agents of their lives with the ability for self-determination (Morris 1991, 156 and 161-163). In line with Thomas' notion of impairment effects (see below), Morris advocates for the recognition of disabled people's personal experiences and in this sense proclaims the 'value of subjectivity' (2001, 5). Morris reinforces the argument that it is important to separate out impairment

and disability to fight disabling barriers, and she even draws parallels to other experiences of marginalisation, like being black or gay (2001, 9). She highlights that having an impaired body can be an inherently distressful part of the lived experience. For this reason, she finds it very difficult, if impairment is ignored, not to give in into common negative stereotypes of disability as pitiful or of disabled life as not worth living. But too often this attitude feeds into the idea of the young, healthy and male wheelchair user whose only concern is an accessible environment. According to Morris, the reality of the majority of disabled people is very different from this stereotype. People with learning difficulties make up the biggest group of disabled people, while most people with a physical impairment are women over the age of 60 with a chronic or progressive condition. These experiences and their effects should be acknowledged more confidently by disabled people in order to take back the power of definition and agency from non-disabled people. Morris sees this as a means of empowerment against societal oppression, whereby disabled people would speak for themselves, and where they would self-represent subjective aspects of their impairments. This would put disabled people in a position to determine their representation, rather than others who would continue to undermine them (Morris 2001, 9-11), for example non-disabled academics or charities 'for' (not 'of') disabled people. Morris believes that the disability movement should take the feminist slogan 'the personal is political' as an example for their own practice (1991, 183). Furthermore, Morris sees reclaiming the narrative about disability and impairment as a means to counter criticism by other social modellists that the focus on personal experience contributes to the view of disabled people as pitiful and needy (2001, 9-10).

Thomas' notions differ from her (male) colleagues in that she explicitly tries to connect the social model with feminist perspectives and the impact of what she calls 'impairment effects'. In her book *Female Forms* (1999), she expresses criticism of non-disabled feminists as well as of rigid interpretations of the social model. According to Thomas, disabled women and their concerns are often excluded by other feminists, because they are negatively associated with properties like 'dependent, passive, and needy', which non-disabled feminists try to avoid. Therefore, not only have negative stereotypes about women with impairments been reproduced, but disabled women have also been denied equal status by non-disabled feminists. Despite her disappointment with the feminist movement, Thomas acknowledges the significance of feminist ideas for disabled feminists and their development of the analysis on disability. She also points out an

implied dominance of male perspectives in mainstream, or 'malestream', social sciences and disability studies as 'objective' and 'neutral', whereas female voices and experiences are devalued as not being scientific, but rather just personal and experiential. Drawing on Donna Haraway's concept of situated knowledges, she states that knowledge is always socially produced, situated, and positioned as well as connected to social conditions. This, in Thomas' view, applies to both traditional social sciences and disability studies (1999, 66-71).

However, the debate goes further than advocating 'non-male' experiences. Thomas discusses the separation of disability from impairment as propagated by prominent proponents of the social model like Barnes and Oliver, and criticises their view for treating impairment as a pre-social condition. In the nineties, a debate was sparked about the inclusion of personal experiences with impairment, previous approaches to the social model had dismissed them as as not relevant. Social disability was seen as the priority problem. Thomas calls out the characteristic split of public and private experiences, which places the potentially negative consequences of impairment in the private arena. Instead, she argues for the acknowledgement of impairment and impairment effects in social model accounts. Her argument pursues a more differentiated approach to the social model. On the one hand, she agrees that it is essential to carve out social factors which cause restrictions and exclusion, especially in social conditions where any disadvantage in activity tends to be interpreted as a personal tragedy or individual problem, in the manner of the medical model. On the other hand, she believes that it is reductionist to understand impairment only in biological terms and think of it as a pre-social condition. Thomas locates impairment within an interdependency of biological and social factors. She does not go so far as to identify our understanding and definition of impairment as being shaped by cultural discourses – usually characteristic for postmodern approaches – but points out the influence of what she calls socio-cultural naming. Consequently, it is crucial to make a distinction between disability and impairment for analytical and activist purposes, but in lived experiences the boundary between both remains fluid (Thomas 1999, 15-16 and 42-44).

Rosemarie Garland-Thomson (2011) is a decisive advocate for a conjoint approach of disability and feminist studies that amplifies feminist theory and formulates and fosters a feminist disability theory. Taking up postmodern ideas, she argues that feminist theory has gained profound insights, methods, and perspectives from which disability studies

can benefit, and that disability studies is addressing a lot of issues that feminist theory has discussed for years. Garland-Thomson sees also overlap and interweaving of feminist and disability issues; for example, reproductive technology; the situating of body differences; particularities of oppression; or the ethics of care. She is convinced that the most comprehensive intersectional analyses take not only gender, race, ethnicity, sexuality, and class into consideration, but also the ability/disability binary (Garland-Thomson 2011, 13-14). Feminism and disability studies are comparative and concordant academic fields that have expanded the understanding of what is supposed to be a woman or a disabled person. Feminist disability studies is about the critical enquiry of identity politics and supports a complex understanding of the cultural history of the body. Garland-Thomson, drawing heavily on Foucault and transgressive feminists like Haraway and Rosie Braidotti (cf. Garland-Thomson 2011, 14 and 21), states that '[d]isability – like gender – is a concept that pervades all aspects of culture: its structuring institutions, social identities, cultural practices, political positions, historical communities, and the shared human experience of embodiment' (2011, 15-16). In this respect, there is a large common ground between both fields; for example, the mechanisms of othering (Garland-Thomson 2011, 19), which were discussed earlier and which devalue female as well as disabled connoted associations in society. Issues of representation and its deconstruction are central to detect discriminatory practices and systems. Garland-Thomson also draws a comparison between the medicalisation of the female and the disabled body that has been described as medically abnormal and not compatible with the standards of a disciplinary appearance and health regime (2011, 22). She concludes that integrating disability as a category of analysis invigorates feminist critique, because '[d]isability, like gender and race, is everywhere, once we know how to look for it' (2011, 42).

Nancy Hirschmann (2013) also backs a common analytical approach of disability, feminism, and intersectionality. She emphasises the role of disability, because it affects a significant number of people of all ages, religions, ethnicities, nationalities, classes, genders, and sexualities, which also makes clear that disability intersects with all areas of identity (Hirschmann 2013, 650). Hirschmann sees many similarities between disability and feminist/queer experiences; for example, when it comes to prejudicial attitudes, social barriers or discriminating treatment. Therefore, the different approaches can benefit from each other (Hirschmann 2013, 653-654). However, attention to disability does not only deepen the understanding of sex and gender and their mutual

intersections, it also raises the question: do current intersectional methodological practices accommodate the complexity of the manifold aspects and problems of identity and its constructs as well as the particular circumstances of a personal situation (Hirschmann 2013, 654-655)? She notes that 'intersectionality is conceptualized as a crossroads, with single lines of identity crossing at discrete points – a conception that fails to capture the depth of the degree to which various aspects of our identity and situation shape all others' (2013, 655). Hirschmann also refers to the politics of othering, which she argues is made strikingly visible through the example of disability and can make important contributions to other fields (2013, 657). The author introduces the idea of 'intersectionality within intersectionality' as a transgressive approach. In doing so, she addresses the issue of creating new exclusions of personal experiences through the creation of difference in intersectional categorisations. For that matter, she refers to discussions of commonalities and differences between disability and illness or sexuality and women's studies, whereupon Hirschmann criticises the use of intersectionality to highlight differences, especially in the feminist context (2013, 659-660). Instead, she uses the imagery of webs that 'contain multiple kinds of intersections, complex patterns of connections and interrelations that defy the crossroads, Venn diagram, or even double-helix imagery' (2013, 661). In Hirschmann's opinion, it is the strength of disability studies that intersectionality is used to characterise not only differences, but also similarities and connections, and it is her intention to apply this perspective to feminism, too. Disability theory acknowledges that the way a disabled person deals with the body is a very individual and complicated matter, as every impairment is different, but in Hirschmann's view, disability theory – unlike feminism – acts on the assumption that it is this very difference that makes one the same as others (2013, 662).

Swantje Köbsell is a scholar in special needs education who has a strong interest in the intersection of gender and disability, and how that connects with impairment in disabled people's lives. She believes that the way we perceive both gender and disability is shaped by normative social processes. Köbsell acknowledges that the differentiation between sex, the material body, and gender – the historical-cultural formation of gender – is crucial to the understanding that gender roles are not natural, but instead man-made social constructs. At the same time, she takes into consideration ongoing discussions of how the biological sex is formed by historical-cultural discourse and how this is reflected in our perception of the materiality of the body. Following Judith Butler's analysis, Köbsell builds upon the assumption that gender roles are being 'performed'

through our daily actions and that there are not only different expectations towards the fulfilment of these roles, but that they are also hierarchically structured. While 'male' qualities, like being strong or independent, are still seen as rather positive, so called 'female' qualities, like being weak or needy, are perceived as negative (Köbsell 2010, 19-20).

When it comes to disability, Köbsell is convinced that the lives of disabled people are heavily influenced by dominant expectations around typical binary gender roles and how closely these expectations are related to idealised 'healthy' bodies. Due to their 'special' bodies, disabled people are always seen foremost as disabled, which is usually associated with being sexless and genderless. By default, disabled women cannot conform to common conceptions of femininity or perform traditional female gender roles, whereas disabled men cannot live up to the socially mediated ideals of manliness due to their assigned vulnerability (Köbsell 2010, 21-22). Köbsell endorses the critique of the British social model which holds that the separation of disability omits individual experiences, including negative ones, and leaves the material body to medicalisation. It is telling that it was disabled women who first started discussing matters concerning the body, due to much more immediate concerns like (forced) sterilisation and sexual abuse. However, while the scientific discourse has established a sociology of the body, Köbsell argues that it still lacks acknowledgement of actual corporeal or sensual experiences. In this context, she points to feminist approaches, especially those of postmodern feminists. While Butler, for instance, discusses how gender and the body are produced by discourse, her analysis still focuses on an abstract view of corporeality that engages neither in 'deviant' bodies nor in immediate sensual experience. Therefore, Köbsell claims that Butler's explanatory model does not comprehend the specific cultural formations and experiences that relate to disabled women. In Köbsell's view, the existing concepts and theories of disability still lack a 'social model of impairment' (Köbsell 2012, 13), but she believes an eclectic approach, as suggested by Colin Barnes and Geoff Mercer, could lead to productive further development.

Heike Raab, a social scientist who works on feminist and queer theory, disability studies and theories of the body, focuses on the intersections of gender, heteronormativity and disability. However, Raab is critical of concepts of identity, identity categories, and identity politics, because she believes they are never homogeneous. To prove her argument, she refers to feminist debates which establish that unified identity thinking actually conceals plurality and difference among women. Therefore, Raab rejects

homogenising analytical categories and argues that there is no collectively assumed subject. Exemplarily, she believes that feminist analytical keywords like 'woman', 'lesbian', and 'gender' cannot grasp relations of dominance and power which deviate from these categorisations (Raab 2010, 75-76).

According to Raab, the same can be said about disability. Due to the history of disability and the diversity of impairment, disability cannot be based on an identitarian analytical understanding. From an intersectional perspective, disability cannot be seen independently from other social relations, but is always interwoven with other axes like racism or homophobia. Disability, as the dominant category in disability studies, ought not to be defined as an hegemonic identity paradigm, but always seen as intersectional and interdependent (Raab 2010, 77). Raab further argues that intersectionality still centres too much around the established analytical triad of race, class, and gender, whereas disability and its interplay with other social axes is still neglected. Thus, Raab envisages a strengthening of intersectional analysis through the addition of the triad of disability, heteronormativity, and gender that would allow an in-depth investigation of how these axes relate to each other (2012, 4-5).

2.3 Terms and Concepts

The numerous approaches to defining disability and impairment often convey very different meanings, depending on whether individual, medical or social factors, or a combination of thereof, are taken into account. Although this thesis mainly refers to the British social model, it is important to discuss the various concepts and definitions that have influenced the academic debate on disability, and to contrast what makes the social model significant in comparison to other concepts or definitions.

2.3.1 Definitions of Disability and Impairment in the Light of the Social Model

The so-called social model of disability is one of the most significant influences on definitions and views on disability. As mentioned above, the British disability activist organisation Union of the Physically Impaired against Segregation (UPIAS), one of the founding organisations of the activist-led disability movement, first developed its basic ideas in the document *Fundamental Principles of Disability* in 1975 (Oliver 2009, 42). This declaration played a key role: it formulated for the first time the notion that disability is not an issue of individual deficiency, but caused by barriers in the social environment that prevent disabled people from participation in society. Thus, it gave an important impetus to the development of the social model and its significance as a guiding

principle for disability studies (Thomas 2004, 32-33). Whereas the term 'social model' was actually coined later by Oliver (1983), UPIAS anticipated the conceptual framework that described relevant definitions of disability and impairment, and their relationship, with the analysis of social disablement in the following statement:

In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. To understand this it is necessary to grasp the distinction between the physical impairment and the social situation, called 'disability', of people with such impairment. Thus we define impairment as lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body; and disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. Physical disability is therefore a particular form of social oppression (UPIAS 1975, quoted in Oliver 2009, 42).

In this quote, impairment is defined 'as lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body' and disability as 'the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities'. These two definitions mark the typical distinction between impairment and disability in the social model. The UPIAS definition locates impairment in a medical sphere and relates it to individual bio-physical conditions (Barnes 1996, 46). Disability, by contrast, is not categorised as an individual problem of the disabled person, but as the consequence of an exclusionary social organisation that creates avoidable barriers, because it inherently disadvantages disabled people. In the context of the social model, disability is not a consequence of individual impairments, but, as the definition highlights, is imposed by society on top of impairment. But whereas the original UPIAS usage of disability strongly referred to physical impairments, the adoption of the social model by other organisations, such as the national umbrella organisation the British Council of Organisations of Disabled People (BCODP), later the United Kingdom's Disabled People's Council (UKDPC), led to the inclusion of all forms of impairment – physical, sensory, and intellectual (Barnes 1996, 46).

2.3.2 The ICF and Definitions of Impairment and Disability

The World Health Organisation (WHO) provides a widely recognised definition of disability that reflects some of the influence of the social model. In 2001, the WHO developed the classification framework *International Classification of Functioning*,

Disability and Health (ICF) as a revision of its previous framework *International Classification of Impairments, Disabilities and Handicaps* (ICIDH) from 1980. Whereas the ICIDH was based on a primarily medical approach to disability, the ICF tried to respond to former criticism on that issue by disabled people, for example the European Disability Forum, and changed its theoretical underpinning from a medical-biological approach to a bio-psycho-social one that takes into account environmental and personal factors as well (Dahl 2002, 201-202). In its revised version, the ICF defines disability

as an umbrella term for impairments, activity limitations and participation restrictions. Disability is the interaction between individuals with a health condition (e.g., cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g., negative attitudes, inaccessible transportation and public buildings, and limited social supports)

whereas

Impairments are problems in body function or structure such as a significant deviation or loss (World Health Organization 2001, 10).

Like the social model approach, this revised ICF marks a difference between disability and impairment. However, whereas the rather political nature of the social model is grounded in the understanding of disability as the influence of external disabling barriers on people with impairments, the bio-psycho-social model of the ICF explains disability as the impaired functional capability of a person. The impaired functional capability results from the interdependency between a health condition and related contextual factors, which can be environmental as well as personal, and impairment is seen as part of the interplay with these other influences. Within the bio-psycho-social model the contextual factors are not limiting per se, but can have negative as well as positive consequences and become either barriers or conveyance factors (Wenzel and Morfeld 2016, 1125). To sum up, whereas the social model centres on disability as the result of oppressive social arrangements, the ICF shifts partially away from the interpretation that environmental factors are necessarily restrictive, and gives up the strict separation between impairment and the impact of external factors. Therefore, this model can be seen as a synthesis of medical and social approaches to disability (Bickenbach et al. 1999, cited in Thomas 2004, 37).

The Disabled People's International (DPI), the international non-governmental organisation run by disabled people and with national assemblies in over 130 countries, has endorsed the ICF definition. Although the organisation has long refused to adopt a generally recognised definition due to the potential problems of implementation in differing countries, it has declared the ICF model its guiding working definition in an

undated position paper addressing the revised classification framework. Similar to the interdependency approach of the bio-psycho-social model, the DPI describes 'disability as the outcome of the interaction between a person with an impairment and the environmental and attitudinal barriers he/she may face.' In its position paper, the DPI welcomes the influence of the social model on the revised ICF, because it is in agreement with their own human rights-based approach to disability (Disabled Peoples' International n.d.).

2.3.3 Social Legal Definitions in Germany and the UK

Regarding legally binding definitions in social legislation, positions that are reflected in the social and the bio-psycho-model have at least partially influenced legally recognised interpretations. While entitlement to welfare in the British system is still strongly centred around a medical perspective to disability, the present German understanding has engaged with the viewpoint that environmental factors and/or the interaction with them have a significant effect on disability.

The established definition of disability in the British welfare system is based on the *Equality Act* 2010 and is decisive for the granting of benefits through the Department for Work and Pensions (DWP). Its explanation reads as follows:

A person (P) has a disability if – (a)P has a physical or mental impairment, and (b)the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities (DWP, 2010).

In this context, disability is solely caused by impairment: the recognition of disability is dependent on physical or mental impairment, but does not acknowledge the effect of any other external or non-impairment-related factors and/or the interaction with them. As a consequence, this definition characterises disability as an individual deficiency and supports a medical view. At the same time, the criteria for recognition leave scope for a potentially restrictive interpretation and apply only to impairments with a 'substantial and long-term adverse effect'. This excludes minor disabilities from any entitlement and simultaneously ignores the fact that environmental and attitudinal factors have an impact on the extent of the condition as well. In contrast, similar statutory definitions in Australia or Ireland are far more inclusive, because they do not insist on the criteria of substantial or long-lasting effect on day-to-day activities (Lawson 2011, 361).

The German social law refers to the binding definition that is codified in the *Social Security Act* (Sozialgesetzbuch, §2 Abs. 1 SGB IX):

Persons with disabilities are persons with physical, psychological, intellectual or sensory impairments, which, in interaction with attitudinal and environmental barriers, can prevent them with high probability from equal social participation for more than six months. An impairment according to sentence 1 ('Satz 1') is given, if the physical and health state deviates from the condition typical for the age. People are likely to be disabled, if an impairment according to sentence 1 ('Satz 1') is to be expected (my translation, BN)² (Bundesministerium der Justiz und für Verbraucherschutz 2016).

The definition above was revised as recently as 2018 to adopt the changed legal perspective on disability as specified by the *Federal Participation Act* (*Bundesteilhabegesetz*) (2016, 3234 and 3238). The new wording is a mixture of elements of the previous understanding of the social legislation from 2001 and elements of the later UN Convention on the Rights of Persons with Disabilities (CRPD) from 2008.

The acknowledgement that disability is generated through the 'interaction with attitudinal and environmental barriers' indicates the influence of the CRPD on the updated codification. According to the CRPD, which is modelled after the human rights model of disability, the aim is to take into account any external material or social access problems, regardless of individual impairment, and to work towards their elimination as a task for society as a whole to allow for the equal participation of disabled people (Allgemeiner Behindertenverband in Deutschland). The ratification of the CRPD in Germany in 2009 led to a revised definition of disability in social legislation that is designed to reflect the position of the CRPD on disability as a human rights issue.

At the same time, the updated version still keeps elements of the older text that associate medical concepts with the idea of participation ('equal social participation') as expressed by the ICF. The phrases 'can prevent them with high probability...for more than six months' and 'an impairment according to sentence 1 (Satz 1) is given, if the physical and mental state deviates from the condition appropriate to age' provide a primarily medical indication. For the purpose of a working definition, the six-month timeframe is supposed to clarify the difference between a permanent disability and a temporary impairment due to illness. However, the rather formal and arbitrary timeframe and the criterion 'appropriate to age' are problematic, because they carry with them an inherent risk that health conditions may be misinterpreted; for example, when it comes

2 German original version: 'Menschen mit Behinderungen sind Menschen, die körperliche, seelische, geistige oder Sinnesbeeinträchtigungen haben, die sie in Wechselwirkung mit einstellungs- und umweltbedingten Barrieren an der gleichberechtigten Teilhabe an der Gesellschaft mit hoher Wahrscheinlichkeit länger als sechs Monate hindern können. Eine Beeinträchtigung nach Satz 1 liegt vor, wenn der Körper - und Gesundheitszustand von dem für das Lebensalter typischen Zustand abweicht. Menschen sind von Behinderung bedroht, wenn eine Beeinträchtigung nach Satz 1 zu erwarten ist.'

to old age, people generally show atypical disruptions in bodily functions and social participation (Welti 2010, 40). Minor impairments are also not included by this definition. Medical classifications as an underlying reference can lead to further problems, because imprecise attributions to operationalise disability can cause more ambiguity and potential exclusions; for example, in the grey area of psychological conditions (Kastl 2017, 39-40).

To conclude, legal definitions in both Germany and the UK are weakened by their adherence to debatable medical criteria. Although the UK ratified the CRPD as well, it has still not transferred it into current legislation. Instead, the text still focuses on an individualised, deficiency-orientated approach to disability that ignores critical debates of this medical view. The revised German definition caught up with CRPD and integrates key points in its explanation of disability. However, the underpinning of the social legislation with factors that still make the assessment of disability dependent on deficiency-orientated discretion, limits the impact of the UN CRPD.

2.3.4 The UNCRPD and the Human Rights Model of Disability

The CRPD came into force in 2008, when it reached the required number of 20 ratifications in accordance with article 45(1) of the convention (Degener 2017, 31). Important documents that initiated the drafting of the convention were the 1993 report Human Rights and Disabled Persons by the UN special rapporteur (Despouy 1993), which illustrated massive human rights violations against disabled people worldwide, and the 2002 UN study Human Rights and Disability (Quinn and Degener 2002), which recommended the establishment of a UN human rights convention on disability. Eventually, long-standing negotiations between governments, NGOs, and national human rights organisations led to the adoption of the final version of the convention in 2006 (Arnade 2011, 1-3).

The CRPD is very closely aligned to the social model of disability. It shares its analytical approach to discriminatory and oppressive structures in society (Degener 2017, 34). However, in contrast to the social model, the CRPD is built on four major values that define its commitment to a human rights approach in the context of disability. 'Dignity, autonomy, equality and solidarity' are the guiding values for the agenda of the convention and they are interwoven with the acknowledgement of unconditional and inherent self-worth for all disabled people (Quinn and Degener 2002, 14). This is of particular importance, because due to widespread marginalisation, the access to equal rights and participation has been widely denied or has had to be fought for. Even if

disabled people had equal rights in theory, in practice this has often not been a given. This is expressed in the definition of disability in Article 1:

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (UNCRPD, Article 1 Purpose 2006).

It is noticeable that, although the CRPD has been further developed from the social model, a definition of impairment is absent from the convention text and it is barely even mentioned. This strengthens the view that ‘all human rights and fundamental freedoms by all persons with disabilities’ (Degener 2017, 35) are shared; therefore, it is an inclusive and universal approach that is not dependent on the kind or degree of impairment. The responsibility for full inclusion lies with the society and not with the disabled persons, regardless of their impairment. Hence the principle of inclusion is a guiding value that is binding for the whole convention. Additionally, the absence of distinct medical criteria is supported by the preamble that describes disability as an ‘evolving concept’ and stresses the significance of the interaction with attitudinal and environmental barriers (UNCRPD, Preamble 2006), contradicting the persistence of static criteria. The preamble hints at debates around the great range of diversity of impairments and disabled people when it recommends to recognise ‘*further* the diversity of persons with disabilities’ (UNCRPD, Preamble 2006).

Overall, the convention is underpinned by eight general principles, set out at the beginning of the text. These principles comprise inherent dignity and autonomy; non-discrimination; full participation and inclusion; respect of human diversity; accessibility; equality of opportunity; equality between men and women; and the ‘respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities’ (UNCRPD, Article 3 General Principles 2006).

Another significant aspect of the convention is its focus on the multiple discrimination of disabled women, which was achieved by women-led campaigns and the initiatives of women delegates from various countries during the draft period. The main aim was to make disabled women visible in the UN convention and to highlight that the situation of disabled women is subject to specific circumstances that cannot be appropriately grasped by either subsuming them as disabled persons or generally as women.

To solve the lack of representation of disabled women in previous documents, the CRPD implemented a twin-track approach throughout the convention. That means there is one article dedicated to disabled women; as well, all key articles for women are complemented by a gender perspective (Disabled Peoples' International 2005). Article 6 of the CRPD obligates so called 'states parties', meaning states that have expressed consent to be bound by a treaty through acts of ratification or acceptance (cf. Human Rights Treaty Bodies: Glossary of Treaty Body Terminology), to recognise the multiple discrimination of disabled women and girls and to take appropriate measures to guarantee their human rights and fundamental freedoms and to ensure their 'full development, advancement and development' (CPRD Article 6). The targeted gender perspective is enshrined in the preamble and in various articles, for example in the general principles in Article 3; in the article on freedom from exploitation, violence and abuse (Article 16); on the standard of living and social protection (Article 28); or in the article on home and family planning, which also deals with reproductive rights for disabled people (Article 23) (Arnade 2011, 13).

The CRPD has been well received by German disability organisations. For example, ISL e.V. (*Interessenvertretung Selbstbestimmt Leben in Deutschland e.V.*), the umbrella for independent living organisations in Germany, which is also a member of the DPI, adopted a human rights-orientated approach from its beginning in 1990. When it came to the creation of the CRPD, members of ISL e.V. were among the contributors to the development of the CRPD and the present director, Sigrid Arnade, was involved in negotiations on the CRPD as well (Arnade 2011). The organisation's current definition of disability is informed by the work of disabled legal experts and commentators on social participation legislation (the *Forum behinderter Juristen und Juristinnen*). The text therefore shows parallels to the newly adopted definition in German social law (itself informed by the convention); however, ISL e.V. omits the rule of a six-month difference from the condition typical for a certain age. In this way, its definition draws a clearer line with potentially contested medical criteria and is closer to the inclusive approach of the CRPD:

Persons with permanent impairments have a disability if the interaction with various barriers causes prevention from equal social participation. A period presumably longer than 6 months is considered permanent. An impairment is the effect of the restriction of a physical function, intellectual ability, psychological health or faculty of perception based on a deteriorated health condition in

interaction with common requirements (my translation [BN])³ (ISL e.V., ABC des selbstbestimmten Lebens).

The *Allgemeiner Behindertenverband in Deutschland e.V.* (ABID), a national self-help organisation of disabled people, favours a similar approach to that of the ISL e.V. The group commits to a human rights approach and demands the full implementation of the CRPD in German law and all aspects that affect disabled people (ABID e.V., *Vereinsdokumente*). Similarly, the *Deutscher Behindertenrat* (DBR), an action alliance of German organisations of disabled people, welcomes the redefined definition of disability in German social legislation and its recognition of the CRPD and the ICF (DBR, *Behinderungsbegriff*). Additionally, the *Bundesverband Selbsthilfe Körperbehinderter e.V.* (BSK), a national self-help organisation of physically disabled people, cites the CRPD as one of the basic principles of their work and has declared a voluntary undertaking to enforce the convention within their own ranks (BSK, *Unsere Schwerpunkte*).

While German organisations of disabled people endorse the CRPD in general, there has been some conflict about the official German translation as agreed between Germany, Switzerland, Austria, and Liechtenstein. A major point of criticism centred on inaccurate translations of established technical terms within disability activism and disability studies, like ‘accessibility’ or ‘independent living’. However, the main focus was on the chosen wording for ‘inclusion’ (*Inklusion*), because it was translated as ‘integration’ (*Integration*) instead of inclusion. The phrase was rejected, because it was not just technically incorrect, but simultaneously signalled a shift in meaning which could influence the approach to disability in a German interpretation. ‘*Integration*’ and ‘*Inklusion*’ represent a significant semantic difference in the translated version. ‘*Inklusion*’ stands for the incorporation and equal participation into a greater union, indicating inclusion does not impose potentially excluding preconditions for equal participation. In contrast, ‘*Integration*’ means incorporation into a bigger existing entity and implies a hierarchy⁴. The responsibility to adjust to the order of an established collective lies on the part of the integrating person and, consequently, pre-defined

3 German original version: ‘Eine Behinderung liegt vor bei Menschen mit langfristigen Beeinträchtigungen, wenn sie in dem Wechselverhältnis mit verschiedenen Barrieren in der gleichberechtigten gesellschaftlichen Teilhabe eingeschränkt sind. Langfristig ist ein Zeitraum von voraussichtlich länger als 6 Monaten. Eine Beeinträchtigung ist die Auswirkung der auf einer gesundheitlichen Schädigung beruhenden Einschränkung einer körperlichen Funktion, geistigen Fähigkeit, seelischen Gesundheit oder Sinneswahrnehmung im Wechselverhältnis zu üblichen Anforderungen.’

4 Cf. for example the definitions as suggested by the authoritative German language spelling dictionary *Duden*: Inklusion: ‘das Miteinbezogenessein; gleichberechtigte Teilhabe an etwas; Gegensatz Exklusion’ and Integration: ‘Einbeziehung, Eingliederung in ein größeres Ganzes’.

conditions can restrict the possibilities for integration. Therefore, the core of this discussion was not just about the question of which version would be legally binding, but also whether a misleading terminology could even be useful to communicate an appropriate understanding of the issue to a German-speaking audience. A consequence of this debate was the publication of a 'shadow translation' (*Schattenübersetzung*) by the nationwide human rights-orientated equality network *Netzwerk Artikel 3*, which published the official version with clearly marked corrections⁵. These suggested changes highlighted preferred alternative phrases, which would reflect the position of the German disability movement and be more faithful to the original CRPD text (*Netzwerk Artikel 3, Schattenübersetzung*; Arnade 2011).

2.3.5 Academic Application of Common Definitions

This section will be a short summary of important cornerstones contextualising academic concepts and definitions, in order to carve out their characteristics, but also to depict crucial influences from institutions and developments outside academia. Relevant approaches are contrasted in more detail in the literature review. The following overview aims to introduce decisive frameworks and collaborations that are important to consider when describing academic understandings.

It is difficult to refer to one authoritative definition on disability or impairment within disability studies. The field is characterised by two major aspects. Firstly, historically there has always been an overlap between disability studies and disability activism. Therefore, discussions and current definitions in the disability movement are picked up in the academic environment and applied to theorising. The entanglement with disability activism explains the hegemony of social model explanations up until the 1990s, before postmodern or cultural approaches became more prominent, which began a re-

5 The two German versions make it clear that there is a general discrepancy about the use of technical terms. Characteristically, the 'shadow translation' tries to stick closely to recognised terms as used in disability studies and points out the lack of them in the official translation. For example, the use of 'Integration' is disputed in Article 24(2e) on education. The original phrase reads '...consistent with the goal of full inclusion'. This is officially translated as 'in Übereinstimmung mit dem Ziel der vollständigen Integration', whereas the 'shadow translation' displays its corrections as 'in Übereinstimmung mit dem Ziel der vollständigen ~~Integration~~ **Inklusion**'. Again, another contested term, 'accessibility', is expressed first with the rather neutral 'Zugänglichkeit', for example in the directive General Principles in Article 3. The alternative translation replaces it with 'Barrierefreiheit', as widely recognised in a disability context (and which is also much closer to the notion of overcoming existing barriers than 'Zugänglichkeit', which is less strong and more focused to having access to something in general). Similarly, the 'shadow translation' uses 'Assistenz' instead of 'Hilfe' to translate 'assistance', or 'selbstbestimmtes Leben' instead of 'unabhängige Lebensführung' in the official version to approach the intention of 'independent living' in the CRPD. The terms as applied in the 'shadow translation' and in disability studies pursue the idea of using wording that places disabled people at the centre. The rather non-technical wording of the official translation tends to push this perspective into the background and was therefore criticised by disability organisations.

evaluation of the social model and its perceived shortcomings. But secondly, connected with these discursive changes, there are also diverse opinions on and approaches to the appropriate understanding of disability and impairment, even among disabled scholars. The social model has come under heavy scrutiny and concepts like intersectionality, feminist or queer theory are now part of theorising in disability studies. Exemplarily, I want to describe the political/relational model as suggested by Alison Kafer, who cites feminist and queer critiques as references for her conceptual framework (Kafer 2013, 4-10). Although she shares the social model's critique of the medicalisation of disability, she rejects its impairment/disability division, because Kafer sees both areas as socially constructed and both definitions likewise determined by constantly changing social meanings and understandings. Disability under a political/relational model is 'located in inaccessible buildings, discriminatory attitudes, and ideological systems that attribute normalcy and deviance to particular minds and bodies' (Kafer 2013, 6).

Therefore, the solution to disabling conditions lies not in medical intervention or surgical normalisation, but, in Kafer's words, 'through social change and political transformation' (2013, 6). On the one hand, this approach strives to revive disability as an explicitly political category and, on the other, explores the relational processes that use disability as a justification for interventions, regulations or oppressive hierarchies (Kafer 2013, 9-10).

Understandings of disability and impairment have also been influenced by the interplay between academia and authoritative non- or inter-governmental organisations like the UN or the WHO. These organisations have addressed critique on medical views of disability as deficiency, as expressed within disability activism or disability studies, and started to formulate relational concepts, for example in the form of the ICF. Modified and modernised concepts like the ICF or the CRPD (which basically incorporates the ICF) have in turn led to an increasingly reciprocal relationship with academia, providing a reference point for discussion of relational definitions of disability and impairment. Tom Shakespeare, for example, uses the definition of the ICF as a starting point for further discussions and in this sense describes disability as the 'outcome of the interaction between individual and contextual factors, which includes impairment, personality, individual attitudes, environment, policy, and culture' (2014, 77).

The CRPD has been well received in Germany where it has been strongly promoted by politically active academics like Theresia Degener and endorsed by the aforementioned

disability organisations. Degener is also a good example of academic interaction with the inter-governmental sphere: she is a professor of law and disability studies, but as a legal expert was also heavily involved in the creation of the CRPD, and has served as chair of the UN Committee on the Rights of Persons with Disabilities. The convention, with its strong focus on participation and inclusion, has also been a driving force behind the development of participation research (*Teilhabeforschung*) in Germany (Brütt 2016, 1-2). The field aims to investigate the area from an interdisciplinary perspective (*Ausschuss 'Reha-Forschung'* 2011, 2). It has been implemented in various ways at regular universities and universities of applied sciences; for example, as a Center for Participation Research at the North Rhine-Westphalia Catholic University of Applied Sciences; as an interdisciplinary work group at the Bielefeld School of Public Health; or as a research cooperation between Fulda University of Applied Sciences and the University of Kassel. Additionally, a nationwide action alliance for participation research (*Aktionsbündnis Teilhabeforschung*), formed in 2015, has since developed into a network of around 140 researchers, disabled persons and related interest groups, as well as other professional associations or charities. The alliance wants to promote better interconnectedness and funding of participation research in Germany.

In principle, academic definitions and concepts are diverse and usually intertwined with specific approaches to disability and impairment. In addition, disability studies is not a purely academic field, but often interacts with related activist or political/policy environments. On the one hand, the various approaches reflect the diversity of impairments, lived realities, and backgrounds connected with disability studies, with opposition to an authoritative framework an overarching guideline. On the other hand, this makes it all the more important, when discussing the subject, to clarify presuppositions and related understandings of disability.

2.3.6 Conclusion/Final Remarks

Contemporary models like the human rights approach of the CRPD work holistically when they focus on the disabling conditions for participation in all areas of life. They aim to grasp the relational factors and the extent to which exclusionary attitudes, physical barriers and oppressive structures permeate the whole of society, and move away from seeing disability as a mere indicator of oppression. As with the social model, there is a strong focus on environmental conditions and what effect they have on the disabled person, despite differences in individual impairments or chronic illnesses. While newer approaches have elaborated methods to work out individual influences on disability,

systemic questions – as raised by the social model – have been pushed into the background. Although structural factors are taken into account, the social model, especially in its early stages, has a specific emphasis on systemic circumstances and capitalist conditions that dissects disabling processes from a more superordinate level. For this reason, the concept of the social model, despite its flaws, can still add value to current understandings of disability that other approaches often lack. At the same time, the presuppositions of the social model have been rightly criticised. Therefore, the following discussion will contrast the social model with other theoretical frameworks in order to develop a comprehensive approach.

Chapter 3: Theoretical approaches

3.1 The Frankfurt School's Critical Theory and Disability

3.1.1 Introduction: Disability and Critical Theory

Although Critical Theory has not concerned itself directly with disability as a topic of theoretical discussion, its analysis of enlightened Western capitalist society can provide valuable insights into how disability has come into being as a social category. Critical Theory's particular brand of connecting materialism to the investigation of the influence of the history of ideas has proven useful in understanding basic mechanisms of modern industrial society; it helps to explain how this movement has, from the outset, massively moulded current societal conditions. This process, consequently, has also had repercussions on the status and the marginalisation of disability in enlightened society.

In this section I argue that there are connecting factors between Critical Theory and disability studies, especially the Marxist underpinnings of the early British social model. As discussed in previous chapters, the social model has been criticised for falling short on its theoretical underpinnings. In contrast, Critical Theory's interdisciplinary theoretical approach can contribute significantly to revitalising the British social model's critique of society. The following chapter discusses this argument in detail and provides further context to Critical Theory. The chapter outlines the relevant concepts of Critical Theory and concludes with a discussion about its relevance for the social model and disability studies.

3.1.2 Disability, Dialectic of Enlightenment, and Negative Dialectics

Critical Theory's basic ideas were first developed in detail in the Frankfurt Institute for Social Research journal *Zeitschrift für Sozialforschung* through a variety of contributions, most prominently Max Horkheimer's 1937 essay, *Traditional and Critical Theory* (Horkheimer 1937). This continues ideas first expressed in his inaugural speech as director of the Institute of 1931. The aim was to establish epistemologically and philosophically the intent and basic assumptions of Critical Theory as a new approach to social-scientific practice (Honneth 2006, 229). Within this context the argument was guided by the key question of why the Enlightenment and the dominance of reason had not changed society for the better, but had led instead to a modernised form of oppression and inequality. In his essay, whose central ideas became paramount for the

Institute's work in the following years, Horkheimer elaborates his notion of critical thinking in contrast to and as a negation of what he called traditional theory.

The main concern about traditional theory was the dominance of scientific positivism in research that focuses solely on methodological aspects and factual investigations, but lacks awareness of the societal context and practical aims of scientific activity. Positivism presents science as a detached endeavour that is completely independent from any practical interests or external influences. Horkheimer identified the main problem in the institutionalised separation between empirical research and philosophical thinking; this stance had turned empiricism into mere fact-finding research without any transcendental reflection beyond that about its role and entrenchment in society (Honneth 2006, 230-231). For this reason, traditional theory did not consider the influence of internal and external tensions inherent in the modern capitalist commodity economy and, consequentially, inequality and oppression continued to exist alongside new forms of barbarism, despite scientific progress (Horkheimer 2002, 227). Moreover, empirical science including its methodology was determined by the demands of rationalised work in society. Consequently, science and the pre-scientific area of labour were both guided by the same interest – the domination and subjugation of physical nature – and, therefore, traditional theory had been transformed into a tool of the self-preservation of the social apparatus (Korte and Schäfers 2017, 156).

In principle, Horkheimer's critique of traditional theory was based on a Marxist materialist understanding of history, which meant taking into account the underlying economic structures that were constitutive of class relations and society as a whole (Korte and Schäfers 2017, 156). In this context it was not about simply remedying one abuse or the other with traditional thinking. Critical Theory dealt with society itself as a research object and understood that shortcomings were built into the organisation of social structures and, therefore, was suspicious of traditional approaches with categories like 'better, useful, appropriate, productive, and valuable', because they were still determined by the present order (Horkheimer 2002, 206-207). In contrast, critical thinking needed to evaluate its roots in society and make this reflection an integral part of further analysis, as Horkheimer elaborates in his essay:

A consciously critical attitude, however, is part of the development of society: the construing of the course of history as the necessary product of an economic mechanism simultaneously contains both a protest against this order of things, a protest generated by the order itself, and the idea of self-determination for the human race, that is the idea of a state of affairs in which man's actions no longer flow from a mechanism but from his own decision. The judgment passed on the

necessity inherent in the previous course of events implies here a struggle to change it from a blind to a meaningful necessity. If we think of the object of the theory in separation from the theory, we falsify it and fall into quietism or conformism (2002, 229).

Critical theory does not have one doctrinal substance today, another tomorrow. The changes in it do not mean a shift to a wholly new outlook, as long as the age itself does not radically change. The stability of the theory is due to the fact that amid all change in society the basic economic structure, the class relationship in its simplest form, and therefore the idea of the supersession (misprint in original, BN) of these two remain identical. The decisive substantive elements in the theory are conditioned by these unchanging factors and they themselves therefore cannot change until there has been a historical transformation of society (2002, 234).

In Horkheimer's understanding, traditional theory is part of the societal division of labour and, occurring partly as formal logic, serves the goal of the exploitation of nature. The role of the 'oppositional' intellectual in this scenario is to develop theory as means for new social forms, theory which works to overcome the misery of the present and does not serve the existing conditions, and not to pursue theory as a wheel in the current mechanism, because '[h]is profession is the struggle of which his own thinking is a part and not something self-sufficient and separable from the struggle' (Horkheimer 2002, 216). Although researchers and their work and findings are also mired in society, their motivation should be to use contradictions fruitfully and expose conflicts to formulate their critique of society (Decker and Schwandt 2018, 14).

3.1.3 Critical Theory, Negative Dialectics, and Disability

Critical Theory deals extensively with the mechanisms of the reification of social relations and explores the interdependence of rationalism and economisation. In this respect the social model of disability shows parallels to the Frankfurt School's Critical Theory. The perception of the early social model led to recognition of the compulsion to functionalisation in capitalism and the economisation and competitive orientation in nearly every aspect of life as a fundamental problem for disabled people. In this respect, UPIAS' critique of the 'contemporary social organisation' (Oliver 2009, S. 42) heads in a similar direction as Horkheimer's verdict that Critical Theory will remain stable despite any changes as long as there is no radical 'historical transformation of society'. However, the Critical Theory of the Frankfurt School was much more grounded in social philosophy and social theory than was the social model.

One of the main works of Critical Theory was the monograph *Dialectic of Enlightenment* (DA). Max Horkheimer and Theodor W. Adorno elaborated in-depth how, in their view, the Enlightenment had failed and could not fulfil the promise of 'the disenchantment of

the world' (Horkheimer and Adorno 2002, 2). It had not succeeded in creating a progressive modern order through the advancement of knowledge and reason that would make the world 'less arbitrary and unjust' (Wiggershaus 1994, 39) and replace irrationality and superstition. Therefore, the motivation of DA was to address the question of which factors facilitated the discrepancy between the alleged dominance of enlightened and progressive reason and the actual unjust conditions that still constituted the foundations of society. An analysis of the Greek myth of the Odyssey is one of the centrepieces of DA. To outline Adorno's and Horkheimer's reasoning in more detail the following section discusses exemplarily Horkheimer's and Adorno's analysis of the Odyssey myth and the implications of these findings for disability.

Odysseus and his men have to find their way back home to Ithaca after the Trojan war and face encounters with various mythical creatures during their journey. One of the main reference points for the DA that will be discussed here is Odysseus' sailing past the island of the Sirens. The Siren song is considered as especially dangerous, because it is said to be so irresistibly seductive that passing seamen are inevitably drawn to its magical attraction, only to then shipwreck on the rocky island. Odysseus, warned by the sorceress Circe about the potentially deadly encounter with the Sirens, orders his men to plug their ears with beeswax to be immune against the Sirens' manipulation, but also against their master's commands. As Odysseus himself is tempted to listen to the infamous Siren song, he orders his men to bind him to the mast while the ship passes the Sirens' island. In this way Odysseus can satisfy his curiosity without being lured into the Sirens' trap or, as a forecast of the self-disciplined, civilised bourgeois citizen, 'not to succumb to them even while he succumbs' (Horkheimer and Adorno 2002, 46).

In the context of the DA the Odyssey myth is described as an example of the interdependence of enlightened society and bourgeois rationality, but it can also serve as an analogy between the compulsion to functionalisation of the members of society and the interplay with the effects of a disabling environment in a social model sense of the word. Although the oarsmen deliberately impair their hearing, which would otherwise be considered disruptive, it is rendered productive in this context, because it can be exploited to fulfil a required task. The men can be exposed to the Siren song without falling into the Sirens' trap at the same time and without being distracted from their assigned task. In contrast, their master Odysseus' physical and personal mobility is deliberately restrained to allow him the experience of listening to the seductive chant,

while preventing him from becoming prey to its destructive charm. In this way the existing order with its related social hierarchies and roles can be safely maintained despite the encounter with the primeval creatures and their chaotic forces. 'Workers must look ahead with alert concentration and ignore anything which lies on the side. The urge toward distraction must be grimly sublimated in redoubled exertions. Thus the workers are made practical' (Horkheimer and Adorno 2002, 26) concludes the DA. Even Odysseus himself, the master and landowner, 'cannot step outside his social role' and the Sirens' 'lure is neutralized as a mere object of contemplation, as art' (Horkheimer and Adorno 2002, 27).

To understand why this behaviour complies with Horkheimer's and Adorno's analysis of capitalist enlightened society, one must look at their understanding of a society that is transformed from a mythical world to a rational social system. Odysseus and his men represent the new order of things, whereas the primeval creatures equate to the ancient myths that the Enlightenment seeks to overcome. The DA refers to human history as a history of the subjugation of nature, external nature as well as the inner nature of superstition and untamed drives and desires. Whereas the thinking of ancient men was intertwined with an animistic perception of the world and made no separation between men and the outside world, rational thinking established the differentiation between subject and object, which also led to the origin of the self. Consequently, men themselves internalised the relation of order and subjugation. The self that evolved from the rational being learned to determine truth through classifying concepts and mind-sets. Through co-opting rationality through capitalism, which exploited the expansion of enlightened reason for its own purposes, rationality lost its potential for true enlightenment and the liberation from oppression; instead, it permeated society completely as instrumental reason.

Overall, the DA describes the corresponding rational order as follows:

In the bourgeois economy the social work of each individual is mediated by the principle of the self;...[b]ut the more heavily the process of self-preservation is based on the bourgeois division of labor, the more it enforces the self-alienation of individuals, who must mold themselves to the technical apparatus body and soul.... The technical process, to which the subject has been reified after the eradication of that process from the consciousness, is as free from the ambiguous meanings of mythical thought as from meaning altogether, since reason itself has become merely an aid to the all-encompassing economic apparatus. Reason serves as a universal tool for the fabrication of all other tools, rigidly purpose-directed and as calamitous as the precisely calculated operations of material production, the results of which for human beings escape all calculation. Reason's old ambition to be purely an instrument of purposes has

finally been fulfilled. The exclusivity of logical laws stems from this obdurate adherence to function and ultimately from the compulsive character of self-preservation (Horkheimer and Adorno 2002, 23).

In Horkheimer's and Adorno's interpretation, the precautionary measures taken by Odysseus and his oarsmen reveal the vital component of self-control in the struggle for the domination of nature. Odysseus cannot surrender fully to the pleasure of the Siren song, because he is aware of the risk of losing the self, which threatens to destroy the sense of self-preservation that is necessary for the protection of civilisation. Thus, it remains a 'mere illusion' from afar, 'a beauty deprived of power' (Horkheimer and Adorno 2002, 26). Odysseus and his men have internalised the knowledge that domination of nature means the purposive restraint of their senses at the same time. Like the sensually impoverished masses in rationalised capitalism who are subdued by a 'social, economic and scientific mechanism' (Horkheimer and Adorno 2002, 28), the disability of the men lies in their enforced inability to hear things that are outside their social and working routine and to experience anything that is outside known perceptions (Horkheimer and Adorno 2002, 28-29).

At the same time the purposive and self-inflicted sensuous regression of Odysseus and the oarsmen reveals the contradictions of the pressure to frictionless functionalisation and the demands of self-preservation when it comes to disability. Disabled people's wide and diverse range of physical, intellectual, or sensual impairments can be adapted only to a degree to the requirements of the domination of inner and outer nature. Within this new order non-purposive and non-controllable impairments are rendered arbitrary, defective and non-integrable. The deafness of the seamen fulfils a desired capacity because their self-induced impairment is crucial to making their labour exploitable. In contrast, deaf people's condition is not created to comply with a functional purpose in the same way. In respect to Horkheimer's and Adorno's analysis, 'random' deafness is disruptive because it is not the product of internalised subjugation under a complex social, economic, and scientific system and associated system of production that has 'attuned the body' to its needs (Horkheimer and Adorno 2002, 28). Whereas the seamen's restraint is calculable, standardised, and implacable in its regularity, deaf people's condition does not derive from and obey the same targeted repetition. Therefore, deaf people (and, beyond that, disabled people in general) are deemed deficient in a medical sense and their deviance is pathologised, despite efforts to ascribe to sign language the linguistic equivalence of languages of hearing people (cf.

Bruhn und Homann 2013, 140). In the case of deaf people this kind of negative differentiation already starts at a school age, when, through therapists and teachers,

the child learns to cooperate in promoting a view of himself or herself as disabled. Teachers label large numbers of these deaf children emotionally disturbed or learning disabled...In the end, the troubled-persons industry creates the disabled deaf person (Lane 1995, 177).

Overall, the 'disabling' principles of modern enlightened society in the understanding of Critical Theory dominate the social relations of all its members and force everyone to adjust to its requirements, but especially lead to the marginalisation of more vulnerable groups like disabled people in the process. This mechanism is expressed and reproduced by the hegemony of rationalism and identitarian thinking, as determined by the formal logic of traditional reasoning. This means that things are defined in the context of their subordination as mere representations and exemplifications under standardised and pre-determined categories, instead of there being a pursuit of fully understanding the nature of a thing with all its inconsistencies (Adorno 1973, 149). Horkheimer and Adorno believe that it is an inevitable corollary of formalistic enlightened thinking that it rigorously aims to strip matter of any alleged irrational conceptions of powers or hidden properties, reducing it to its bare existence (Horkheimer and Adorno 2002, 3). In this way, rationalised categories like calculability, usefulness, and standardisation can be applied and taken over to define the norm. Consequently, an unleashed Enlightenment becomes 'totalitarian', because rationality as a principle pervades all areas of society to such an extent that it either does not leave any room for deviance or any deviance is declared suspicious (Horkheimer and Adorno 2002, 3). The DA concludes that

[t]he multiplicity of forms is reduced to position and arrangement, history to fact, things to matter' (Horkheimer and Adorno 2002, 4).

The principle of immanence, the explanation of every event as repetition, which enlightenment upholds against mythical imagination, is that of myth itself. The arid wisdom which acknowledges nothing new under the sun, because all the pieces in the meaningless game have been played out, all the great thoughts have been thought, all possible discoveries can be construed in advance, and human beings are defined by self-preservation through adaption – this barren wisdom merely reproduces the fantastic doctrine it rejects: the sanction of fate which, through retribution, incessantly reinstates what always was. Whatever might be different is made the same (Horkheimer and Adorno 2002, 9).

In the context of Critical Theory traditional reasoning falls back to rigorous and dull identitarian thinking, because it regresses to abstraction and 'pure thought' without any self-reflection of its own (historical) entanglements and dependencies. Therefore,

Adorno comes to argue that '[t]o define identity as the correspondence of the thing-in-itself to its concept is hubris' (Adorno 1973, 149). In his *Negative Dialectics* (ND) he discusses the relationship between identity and nonidentity and investigates the question of how traditional thinking shapes our notion of identity. He describes nonidentity as the dialectical counterpart to identity and defines it as a remaining contradiction under the aspect of identity (Adorno 1973, 5). Nonidentity marks the existing remainder that is left in identity thinking, because, according to Adorno, objects are never completely consistent with their definition. There is always a part that is not captured by its definition, thus, the thing itself tends to be either less than that or to exceed the concept of it (Adorno 1973, 150-151). In this sense objects contradict the traditional expectation of adequacy, similarity, and comparability (cf. Adorno 1973, 5). Adorno concedes that identifying things as well as the 'appearance of identity' are part of the usual thought process, but points out that the approach of traditional thinking is flawed, because it takes identity 'for the goal' and does not recognise nonidentity (Adorno 1973, 149). He concludes that even if we 'see through the identity principle', we are not able to perceive the world without identifying thinking (Adorno 1973, 149).

The example of the Odyssey myth and its section on the Sirens' song also reflects the tension between identity and nonidentity. However, it can serve to only a limited degree as an analogy for disability itself because the impaired oarsmen in the Odyssey myth do not actually fit into disability as a social category, but rather reveal contradictions to it themselves. In the context of Critical Theory, it is more appropriate to say that the oarsmen and disabled people complement each other as representations of either the concept of functional able-bodiedness as a standard in industrialised capitalism, or as the remainder and the contradiction to it. Whereas the oarsmen despite – or because of – their impairment express enough similarity to this concept to correspond adequately to its requirements, the inconsistencies of disabled people cannot be reconciled with the identitarian definition and stand for the existing remainder. As indicated before in the excursus on deaf people, in contrast to the oarsmen disabled people's impairments are not primarily tied to a purpose that can be exploited or is subordinated to self-preservation, because their impairments exist beyond the formation of an economic, social or scientific apparatus or a specific mode of production. However, in analogy to Adorno's analysis the nonidentitarian extent of disability gives a much more comprehensive and diverse outlook on the social category than the rationalised

impairment of the oarsmen and Odysseus, which works rather as description of the state of enlightened civilisation:

Dialectically, cognition of nonidentity lies also in the fact that this very cognition identifies – that it identifies to a greater extent, and in other ways, than identitarian thinking. This cognition seeks to say what something is, while identitarian thinking says what something comes under, what it exemplifies or represents, and what, accordingly, it is not itself (Adorno 1973, 149).

To sum up, the idea of nonidentity makes clear that disability is the remainder that highlights contradictions of functional able-bodiedness and expectations of functionality, especially under capitalism. However, the shortcomings of the concept of functional able-bodiedness highlight not just issues in an enlightened and capitalist context, but point to a fundamental problem of definitions and concepts in a representative system that aims to be authoritative. Functional able-bodiedness as a concept can both show disability as a marker of nonidentity and itself stand for nonidentity and inconsistency in the concept of 'disability'. The functional deafness of the oarsmen, which still represents a sensory impairment in this context, also points to ambiguous areas in the concept of 'disability' which cannot be clearly distinguished and which exhibit smooth transitions to functionality or ability. Both disability and functional able-bodiedness as concepts stand for a subjective point of view that always leaves a remainder and a contradiction to the objects of interest they are describing. Therefore, definitions of disability also convey notions about disabled people and their actual or assumed abilities (or lack of abilities) that potentially curtail or exclude particularity and leave a remainder that is not covered. Adorno addresses the universal problem of identitarian concepts and definitions in his critique on subjectivity and identity thinking. He points out that 'a precise, clear and distinctive demarcation between concepts can lead to a highly "refined" but fixed definition ... the concept becomes static, or "rigid" and prevents further thought (and so undermines itself)' (Sherratt 2002, 138). Therefore, the ambiguity of functional able-bodiedness also proves Adorno's point that rigidity of fixed definitions and concepts actually leads to stagnation, because it eliminates contradiction (Sherratt 2002, 138).

In this context it is also helpful to recall Adorno's conception of the dynamic nature of the subject-object relationship whose understanding he deems significant for the recognition of nonidentity. Adorno dismisses a subject-orientated point of view, because it stands for the basic priority of the concept or category over the object defined by it. The problem arises because the subject assigns meaning to an object in advance and, therefore, renders concepts and thus the priority of the thought universal. This process dismisses the particularity of the object and, as a consequence, also any nonidentity

with the concept. But according to Adorno this is untenable, because objects are contradictory and irreducible to concepts and, therefore, cannot be identical with them. Instead, he advocates for the priority of the object, which he deems necessary to establish a subject-object relation that takes particularity into account and allows for the recognition of nonidentity (O'Connor 2004, 45-46). Subject and object are not separate parts of a hierarchical relationship, but rather constitute each other and 'reciprocally permeate each other' (Adorno 1973, 139) in a meaningful way through constant interaction (O'Connor 2004, 48-49).

This in turn applies to the interactive relationship of disability and functional able-bodiedness, which both, as the example of the oarsmen has shown, are never completely congruent with their concepts, and which at the same time always show remainders of contradictions and particularity. In this respect Adorno's reflections are also relevant to disability studies where there are also approaches to discuss the complex nature of the interplay between ability and disability in the form of the split term 'dis/ability' (cf. Goodley 2014, xiii).

3.1.4 Conclusion

Critical Theory's analysis asserts that the dominance and the establishment of rationalism in the process of Enlightenment is closely connected with the introduction of the capitalist economic system. At the same time enlightened thinking transcends the mere economic system because it has become the standard for the whole social order and – closely connected with the reification of social relations through the capitalist exchange system – has had an impact on social relations. The nature of a 'totalitarian' Enlightenment itself prevents the acknowledgement of disability in all its heterogeneity as equivalent. In this context disability is a deviance from the measure and from the attached principle of 'repetition' as described in the DA. Embodiments of disability do not correspond to identitarian definitions, because they are diverse, wide-ranging, and individual, as well as potentially contradictory and ambiguous. At the same time the diverse social and gender-specific locations are always intersectional.

To conclude, from a dialectical perspective disability is affected by two major aspects. On the one hand, the status of disabled people in society is marginalised, because their labour can be exploited to only a limited degree due to the performance requirements of the capitalist mode of production. On the other hand, the ambiguity of disability eludes the push to essentialist definitions according to the legality of formal logic. Disability is intrinsically deviant and thereby elucidates the contradictions and limitations of identity

in traditional thinking. It illustrates the tension between identifying, classifying thinking and the object itself. One solution to reconcile identity and nonidentity would be to abandon present identitarian thinking and aim to transcend it. Critical Theory's undogmatic approach and its critical distance from traditional thinking leaves room for diverse lived realities beyond fixed categories and exploitability; in this way the application of Critical Theory can enrich the concept of the social model and its materialist stance. The inclusion of Critical Theory makes clear that the history of the impact of ideas and a systemic critique of society can complement each other in a meaningful way. As Adorno stated in his *Negative Dialectics*, '[u]topia 'would be above identity and above contradiction; it would be a togetherness of diversity' (Adorno 1973, 150). Following this approach, the combination of the social model with Critical Theory could take up critique of the social model and offer new perspectives for a materialist analysis in disability studies.

Simultaneously, the example of the Sirens' song episode reveals that, despite its overarching debate on enlightened society, Critical Theory can offer only limited insight into gender-specific relations and inequalities. The Sirens are depicted as equivalent to stereotypical notions of women as destructive seductresses of men, hence Odysseus needs to be bound to the mast in order not to fall for their deadly charm or give in to an irrational frenzy. In the case of the Siren episode a Critical Theory stance is not applied to question or deconstruct the use of gender roles or gender categories and their intended or implicit effects within the narrative, despite the strong objection to traditional thinking and its lack of awareness of its historical situatedness. The myth is being used for illustrative purposes to demonstrate Horkheimer's and Adorno's interpretation of enlightened civilisation, but the conveyed connotations and the conceptual use of gender stereotypes in this context are not being scrutinised. Similarly, the use of disability as a signifier to gain socio-philosophical insights into the harmful effects of self-preservation is double-edged as well. Deafness is framed negatively as a projection of the consequences of the submission to civilisation. Disability and impairment are used as tools to put across the point of damaging and restraining societal conditions. The analysis of the Odyssey myth does not interrogate how the negative stereotyping and the marginalised status of being disabled in rationalised capitalism is connected to the very same conditions that Critical Theory rightly denounces as shaping society as a whole. Instead, clichés and stigmatising attitudes about gender and disability tend to be reproduced again despite being embedded in critical discourse on society, because

their critical consideration is not part of the discussion. This neglect relates to a similar critique raised by Michel Foucault. He believed that Critical Theory would apply an unchallenged concept of the 'subject' in a rather traditional sense without reflecting on it (Foucault 1991, 120-121). In hindsight, Critical Theory has provided profound recognition from the perspective of social philosophy on traditional theoretical thinking, but, as the example of disability shows, still lacks self-reflection on its own entanglements with traditional thinking. Postmodern authors like Foucault or feminists like Donna Haraway, who are at the centre of the following chapters, have dealt later and in greater depth with the deconstruction of discourses on our perception of things, including ideas on disability and gender.

3.2 Foucault's Postmodernism, Biopower and Disability

3.2.1 Introduction

Similarly to the critique of enlightened reason in *Dialectic of Enlightenment* and to Adorno's conception of the nonidentical, later postmodernists such as Michel Foucault investigated the phenomenon of difference in modern positivistic society. In doing so his general research approach was to take into consideration the influence and context of the relation between power and knowledge in society, thus critiquing the subject from a different angle. His particular focus was on the entanglement of biopolitics, discipline and regulation that followed from this and which was also very prescient for disability studies (cf. Campbell 2013, 49-54 and 76-77; Tremain 2019, 137-138). Foucault located enlightened rationality at the heart of what he perceived as normalisation and standardisation of newly established modern society. He discovered the findings of the Frankfurt School rather late in his life, despite their striking and apparently accidental similarities to his own work. On the one hand – as has become characteristic of a postmodern point of view – this is due to Critical Theory's Hegelian-Marxist stance which was deemed to be part of dismissed generalising and totalising meta narratives (Breines 1994, 50-51). Simultaneously, on the other hand, postmodern thinkers such as Foucault distanced themselves from Marxist-based theories for a long time. In Foucault's case, this had partly biographical reasons as well. He himself was a temporary, but not very committed, member of the French Communist Party (PCF) in the early 1950s and left not only because of his disillusionment with the dogmatic and authoritarian Stalinist direction the party took and its gross display of anti-Semitism, but also because of the bigotry and homophobia he encountered there (Macey 1994, 37-43; Miller 1993, 58).

3.2.2 Foucault and the Standardising Society

Originally, Foucault's analysis came from a very different background, which inherently led to a few divergences from the Frankfurt School. Foucault disagreed on the way historical research was used by Critical Theory to analyse societal and historical developments. In his view research that had been conducted by others before had already been assessed and interpreted as well, therefore socio-economic analysis that relied on this kind of research was biased in its findings and could not claim to itself be explanatory (Foucault 1991, 124-125). He also did not believe that there was something like a static 'human essence' or a 'lost' identity (Foucault 1991, 121, 123). Men had constantly been constructing themselves and consequently their subjectivity was permanently transformed and transfigured, so that in the end there had never been one subject, but a multiplicity of changing subjects (Foucault 1991, 123-124). For that reason, he rejected Critical Theory's notion of the origin of the subject, because it would adhere too closely to an essentialistic Marxist humanism that was influenced by Freudian concepts (Foucault 1991, 120-121).

Following on from this, Foucault also strongly questioned the psychoanalytical concept of repression that played an important part in Critical Theory. He rejected repression as an explanatory model for power relations, because his understanding of power dismissed mechanisms of repression as part of a power relationship. He believed that in modern Western societies power was exerted not so much through a sovereignty that used repressive force, but through a power that was productive and that, in contrast, was based in regulation, control, and discipline, and was expressed 'through, on the basis of, and in the very play of the heterogeneity between a public right of sovereignty and a polymorphous mechanics of discipline' (Foucault 2004, 37-38).

However, despite these differences Foucault showed also a significant accordance with Horkheimer's and Adorno's analysis of Enlightenment thinking and his work was guided by the conclusion that the impacts of power and rationality were inextricably connected. Foucault even went so far as to believe that the mechanisms, procedures, techniques, and effects of power would now determine rationality in return (Foucault 1991, 118). The West, he stated, 'could never have attained the economic and cultural effects that are unique to it without the exercise of that specific form of rationality' (Foucault 1991, 117). Instead of fulfilling the promise of achieving freedom through reason, the Enlightenment had been limiting freedom more and more and had led to a kind of oppression that was

characteristic of capitalist forms of society. This was a decisive insight that he identified as one of the major achievements of Critical Theory (Foucault 1991, 118).

3.2.3 Biopolitics and Mechanisms of Social Control and Disciplining

In order to understand the analysis of disability from a Foucauldian perspective, it is important to look first at Foucault's understanding of power. In Foucault's analysis, the change from sovereign power to biopower had a major impact on the governance of the population from the second half of the eighteenth century onwards, introducing new technologies and strategies of power that affected people on an individual and on a population-based level. He believed that concepts of power that were rooted in a sovereign imposing his will from the top down was no longer compatible with conditions in modern societies, because their dynamics and the way power was used and distributed had changed. Instead, he argued, a new understanding of power that had transformed into biopower was needed to understand the societal shifts that emerged from the eighteenth century. Foucault described biopower as a technology of power over the population as such; while sovereign power was based on being able to take lives, biopower or biopolitics focused on 'making' and shaping life. Foucault characterised it as 'continuous' and 'scientific' (Foucault 2004, 247; Tremain 2001, 618). Important components were the concepts of technologies of discipline and regulation, which were indispensable for the nature of power and power relations in bourgeois societies.

Foucault based his concept of power on enlightened, bourgeois modernity from the nineteenth century onwards (Foucault 2004, 37), distancing it from more traditional notions of power where power was understood as being exercised hierarchically by or concentrated in one individual. It was an understanding of power as a commodity that could be possessed and transferred or alienated from one individual to another (Foucault 2004, 13). Foucault rejected the notion of power as something static that was held in the hands of one person or group. Instead, power was defined as dynamic, distributed and exercised in a network-like manner through and by individuals. In this concept, individuals were not purely passive and submissive recipients of hierarchical power relations, but rather they functioned as a relay for power, being themselves part of a network of power. They simultaneously passed on and exercised power and in this way acted as so-called 'power effects'. Power and the power relations that depended on it were, in Foucault's understanding, decentralised, network-like or even capillary, and multipolar (Foucault 2004, 29-30):

[Power] is part of a chain. It is never localized here or there, it is never in the hands of some, and it is never appropriated in the way that wealth or a commodity can be appropriated. Power functions. Power is exercised through networks, and individuals do not simply circulate in those networks; they are in a position to both submit to and exercise this power. They are never the inert or consenting targets of power; they are always its relays. In other words, power passes through individuals. It is not applied to them (2004, 29).

Foucault used the example of madness, among other things, to analyse the ways in which the phenomena, techniques and procedures of power became effective at the lowest levels (Foucault 2004, 30-31). In his view, the bourgeoisie was not primarily interested in suppressing madness, but in the techniques and mechanisms of power and control associated with it. This referred to mechanisms of exclusion, the surveillance apparatus and, among other things, the medicalisation of sexuality and madness. Analyses of power should therefore focus on concrete processes and forms of oppression. This meant that on the one hand, his concern was with both the connections between and the benefits of local systems of subjugation and on the other hand with the apparatuses of knowledge and their function within power structures (Foucault 2004, 32-34).

Biopower or biopolitics was decisive in Foucault's analysis of modern forms of power. It could be defined as

all the specific strategies and contestations over problematizations of collective human vitality, morbidity and morality; over the forms of knowledge, regimes of authority and practices of intervention that are desirable, legitimate and efficacious (Rabinow and Rose 2006, 197).

In describing biopolitics, Foucault referred specifically to how phenomena such as birth and death rates or longevity and public health (which, as the historical outline in Chapter Two points out, was also closely connected to eugenics) became increasingly important in the second half of the eighteenth century as objects of knowledge and control (Foucault 2004, 243). It changed strategies of governance and brought about the view that populations could be moulded and regulated to shape life according to emerging notions of norm and public health. Closely connected to the emergence of biopolitics were the technologies of discipline and regulation. Discipline or disciplinary measures in a Foucauldian sense referred to the trimming and training of the body of the individual, whereas regulation covered regulatory measures concerning the population and the control of life of man as a species (Foucault 2004, 246-247). Both technologies were directed at the body for increasing economic productivity amid changing economic conditions, and new tactics and techniques in government were now occupied with the

manipulation of the body of the individual as well as the body of the population to achieve this goal (Campbell 2013, 31).

This development was strongly driven by the emergence of the norm and the operationalisation of normality and the average as the guiding measures it entailed (Campbell 2013, 35). This happened against an historical backdrop in which, after the extremes of the French Revolution, temperance and moderation became new societal ideals. The norm became a crucial factor in regulation and discipline, because it 'allowed for the cultivation of attributes in a population to be measured, acted upon and the success of the act to be judged' (Campbell 2013, 31).

This was significant in the context of disability and 'deviant' bodies, because on the one hand normality created a new measure that had to be surpassed in order for one to be deemed successful, but on the other hand bodies that failed to meet the standards established by the norm were categorised as non-functional (Campbell 2013, 31).

Fostered by the development of biopower and the governmental shift to population control and regulation was the emergence of the 'apparatus' or '*dispositif*' (Foucault 1980, 194). Foucault defined this as a 'thoroughly heterogeneous ensemble consisting of discourses, institutions, architectural forms, regulatory decisions, laws, administrative measures, scientific statements, philosophical, moral and philanthropic propositions' (1980, 194). To Foucault the apparatus was 'the system of relations that [could] be established between these elements' as well as 'the nature of the connections' that could occur between the different components (1980, 194). But he also saw an additional function of the apparatus as a formation across society that was supposed to strategically address an 'urgent need' and fulfilled a regulating function in historical circumstances – for example, to secure order in a mercantilist economy when there was a demand for the repression of madness, mental illness, and neurosis (1980, 195). In the context of disability, the apparatus represented the coping of modern society with physical and mental impairments through differentiation and therapisation that should become integral to the whole of medical institutionalisation (Waldschmidt 2012, 38). Thus, the apparatus was characterised through the interplay of heterogeneous elements and by its origin as a strategic formation that addressed the emergence of a need for action within a certain historical context, for example with the formation of the apparatus of disability or sexuality (cf. Foucault 1980, 194-195).

Foucault also emphasised the role of architecture in the context of the apparatus as an essential element that embodied the fundamental change in modern society. This

became significant not just in regard to detention and surveillance, but also for institutionalisation and control. Architecture incorporated the new paradigm of centralised and individualised observation and, therefore, aimed at the 'visibility of bodies, individuals and things' in its design (Foucault 1980, 146). In this context he investigated several architectural projects and had a closer look at the significance for the reformed hospital. Apart from specific features like avoiding contagion or allowing sufficient ventilation, it was important to divide the available space and simultaneously leave it permeable enough to allow for surveillance that functioned on global and individual levels, and for the segregation of the observed individuals (Foucault 1980, 146). The concept of the panopticon, as outlined by Jeremy Bentham, became a major focus as a symbol of the incorporation of a 'technology of power designed to solve the problems of surveillance' (Foucault 1980, 148) and, consequently, as a forerunner of the 'police society' (Foucault 1995, 225).

The panopticon itself turned out to be a symbol of this new era because of its design, which epitomised absolute control and visibility of inmates and patients within an institution. It comprised an annular shape with a tower in the centre of the building. Between the outer wall of the building and the tower were cells furnished with windows to the outside as well as towards the inside of the tower. The tower in turn was also equipped with windows facing the inside of the ring and the cells, which were inhabited, for example, with 'lunatics' or patients. This design allowed the overseer in the tower to monitor all inhabitants efficiently at once, while at the same time providing the cells with daylight (Foucault 1980, 147). The panopticon's efficient design was an example of the application of enlightened rationality. Regarding the level of control and surveillance, some parallels can also be drawn to increasingly advanced assistive technology for disabled people and dependence on it. As Donna Reeve remarks, assistive technology has features that bring it close to the omnipresent gaze of authority, as epitomised by the panopticon, for example, when the disabled person needs to rely on the 'carer' not to misuse the technology, or when a remote operator can take over control of a wheelchair and is able to override the disabled user's right to access to privacy and spontaneous intimacy (Reeve 2012, 98).

However, as was already mentioned in Chapter Two on disability history, therapeutisation and categorising people into separate groups informed and characterised the apparatus that dealt with physical and mental impairments, and the problem of alleged irrationality. Bourgeois society tried to deal with this through institutionalisation for healing,

education, and betterment (cf. Waldschmidt 2012, 38). A central element of medical apparatus was a specific form of observation that Foucault described as the medical gaze.

Similarly to the panopticon, the medical gaze expressed the power to discipline and control, to standardise and to pathologise, which was representative of the new order of biopolitics. The notion of the medical gaze was developed when Foucault investigated the origin of clinical medicine. He was interested in how the medical gaze was inscribed in social space – for example, as we have seen, through architecture – how it was institutionalised and how, on the one hand, this new kind of hospital was produced by the gaze, but also, on the other hand, reproduced it at the same time (Foucault 1980, 146). The medical gaze stood for an enlightened medical practice that consisted of two levels of medical consciousness. A low-threshold level of immediate observation became refined through confrontation with the superordinate level of dogmatic judgment and knowledge. The framework of this twofold consciousness provided the foundation for medical authority within the centralised clinical structure (Foucault 2003, 30). In addition, the dominant and regulating character of the medical gaze was illuminated by the fact that its medical authority was responsible only to itself, but simultaneously this meant that the medical gaze amassed knowledge as well as disseminating it centrally to daily medical experience (Foucault 2003, 31).

In addition to the way knowledge was organised around a central authority within the medical apparatus, Foucault believed that power was exercised through a dual modality. According to his observation, all authorities – including medical institutions – executed individual control in the form of binary divisions and branding influenced by the scientific positivism of enlightened thinking. Similarly to Adorno's notion of nonidentity as a contradiction to formalised conceptual thinking, Foucault understood pathologisation through rationalised standardisation as a means of power in the context of institutionalisation. He was referring to coercively attributing binary labels like 'mad' or 'sane', 'normal' or 'abnormal' to individuals, and further differentiations with descriptors like the appropriate location, characterisation or recognition of an individual, or the adequate and individualised mode of surveillance carried out over a person (Foucault 1995, 199).

The way that Foucault judged the asylum for 'mad men' could be applied to other areas:

The asylum is a religious domain without religion, a domain of pure morality, of ethical uniformity. Everything that might retain the signs of the old differences was

eliminated. The last vestiges of rite were extinguished...Now the asylum must represent the great continuity of social morality. The values of family and work, all the acknowledged virtues, now reign in the asylum (2001, 244).

Tuke and Pinel opened the asylum to medical knowledge. They did not introduce science, but a personality, whose powers borrowed from science only their disguise, or at most their justification...[A]nd what for positivism would be an image of objectivity was only the other side of this domination (2001, 258).

Adorno and the Critical Theory of the Frankfurt School had developed a comparable viewpoint on how enlightened society unfolded, but their analysis had an explicit focus on the commodification and reification of social relations, where human beings were valued by their function for the means-end rationality of exchange society (cf. Benzer 2011, 27). Foucault, however, approached the subject from a different angle. His theory acted on the assumption of the Enlightenment as a project for the advancement of reason and the autonomous individual. As with Critical Theory, he perceived the significance of reason and rationality in bourgeois society as tools of domination and subjugation. Even if Foucault did not mention disability explicitly in his writings, the parallels between the infantilisation of disabled people and the paternalistic treatment of the 'mad' in the asylum became abundantly clear in the individual and medical view of disability as described by disability scholars:

For this new reason which reigns in the asylum, madness does not represent the absolute form of contradiction, but instead a minority status, an aspect of itself that does not have the right to autonomy, and can live only grafted onto the world of reason. Madness is childhood. Everything at the Retreat is organized so that the insane are transformed into minors (Foucault 2001, 252).

The power relationship Foucault describes followed certain mechanisms and a specific modality. It coincided with Foucault's understanding of power, that it was not just 'owned' by a ruling class or an individual, but was simultaneously mediated and exercised by and through each individual. The example of madness and the role of the asylum as an institution illustrated how the technology of discipline formed the individual, but it also expressed how internalised power relations were constantly performed, transmitted and reproduced. For example, Foucault delineated the role of the keeper in the asylum to demonstrate how authority replaced repression and material force in dealing with the 'mad'. He illustrated an encounter between a so-called keeper and a patient at an asylum. The patient threatened to throw a stone towards him, but the keeper managed to ease the situation with just a display of his authority and without using any constraint. Foucault explained that, unlike in earlier times, when inmates were chosen to guard inmates, guards were now recruited from the outside. 'Sane' personnel represented the validity of the authority that was able to confine, as well as the rule of

the reason that was in the position to judge. The keeper had come to be deemed an authority of reason, while the subordination of unreason had already been inscribed in the hierarchical relationship between guard and patient (Foucault 2001, 251-252). As Foucault stated in the asylum context, '[t]he absence of constraint in the nineteenth-century asylum is not unreason liberated, but madness long since mastered (Foucault 2001, 252).

Foucault believed this was possible because in the new era of the Enlightenment power was invested, transmitted, and exercised through and by individuals. He described the transformed form of power as micro-power that was ingrained and performed in all social relations. This meant power was, as indicated above, not something to be possessed, but a phenomenon practised, on the one hand, by the so-called dominant class by virtue of its strategic position and, on the other hand, was affirmed and sometimes also expanded by the dominated themselves, who were pressurised as they simultaneously tried to withstand the constraints of power imposed upon them. However, as Foucault emphasised, power was not just a mere characteristic in a dominator-and-dominated relationship, but was present in the form of micro-power throughout society. It influenced the nature of social relations, which entailed the transcendence of a mere reproduction at the level of individuals, bodies or gestures, behaviour, or the general form of the law or government (1995, 27). As the relationship between keeper and patient made clear, power structures and mechanisms were simultaneously internalised, recalled and performed. Foucault dismissed traditional notions of the relation between power and knowledge, namely, that knowledge could be produced only in the absence of power, and that knowledge was seen just as a tool to be used by or to preserve power (1995, 27). He was convinced that power relations were immanent everywhere, and that nothing in society existed outside of their sphere of influence (Breines 1994, 46). This, of course, affected the production of knowledge and also its effects on the exercise of power.

The positivism of Enlightenment thinking continuously produced knowledge that affected the fabric of society. In this framework knowledge supported power structures that granted authority over the 'unreasonable' as well as over the 'disabled' patient. The 'myth of Enlightenment' created not only the belief in rational thinking as a new superstition, but also justified the inequality of the dominated using scientific reasoning. Foucault defined the connection between power and knowledge as a reciprocal relationship, where the exercise of power itself created and caused the emergence of

new objects of knowledge and accumulated new bodies of information. Consequently, he stated,

one can understand nothing about economic science if one does not know how power and economic power are exercised in everyday life. The exercise of power perpetually creates knowledge and, conversely, knowledge constantly induces effects of power (1980, 51-52).

The complex of disability and impairment surfaced as a prime example of the power-knowledge relationship. As a consequence of biopower as a new technology of government, disability became an object of knowledge that formed a new apparatus. Initiated through the dynamics of a historically specific political discourse, impairment was generated as a new power-effect. It was the specific historical development of eighteenth-century clinical discourse that made the body an effect and an object of medical examination (Tremain 2001, 618) and allowed impairment to emerge as a separate, defined category and a power effect. But a genealogical enquiry that uncovers this background and points out the discursive formations behind it puts the alleged pre-discursive state of impairment into question (Tremain 2001, 631-632). To understand why a postmodern perspective problematises the view of impairment as pre-discursive, it is essential to look at how Foucault used the method of genealogy to dissect apparently irrefutable knowledge bases and their intertwinement with power. He was interested in questioning how their formation was shaped and influenced by historically conditioned forces and developments, and how and why this had changed over time. Foucault questioned the existence of universal truths, and believed that anything that was taken for truth had to be critically explored in relation to the procedures of its production. The aim of genealogy was rather to criticise, diagnose and demythologise 'truth phenomena' (Tamboukou 1999, 202). Consequently, the use of genealogy '[was] concerned with the processes, procedures and apparatuses by which truth and knowledge [were] produced', and it investigated 'which kinds of practices tied to which kinds of external conditions determine[d] the different knowledges in which we ourselves figure' (Tamboukou 1999, 202). Looking into knowledge and how it was intertwined with power in this way allowed the exploration of discursive regimes from a Foucauldian perspective.

Genealogy can help to uncover how, besides the medical gaze as a dividing practice that pathologised and marked deviance, technologies of normalisation defined and created the category of impairment. This separation and effect of impairment as a category was possible by allowing the systematic creation, identification, categorisation

and control of alleged social anomalies, thus enabling the division of subjects from others (Tremain 2001, 619). As Shelley Tremain deduced from the application of genealogy to impairment:

impairments are materialized as universal attributes (properties) of subjects through the iteration and reiteration of rather culturally specific regulatory norms and ideals about (for example) human function and structure, competency, intelligence, and ability. As universalized attributes of subjects, furthermore, impairments are naturalized as an interior identity or essence *on which* culture acts in order to camouflage the historically contingent power relations that materialized them as natural (2001, 632; emphasis in original, BN).

However, the binary structure that underlies the understanding of sex and gender, which is still very prevalent, works in a similar way and went through a comparable development. Gender is the counterpart of sex that has the status of a social or cultural construct, and often represents gendered norms of masculinity and femininity, whereas sex seems to materialise biological determinism associated with universal attributes, similarly to impairment. Donna Haraway points out that this was a problematic distinction often made by feminists, because under the sex-gender dichotomy, it seemed to be useful to dissect gender as socially and culturally constructed, and to argue against the biological determinism of sex (1991b, 134). But Haraway laid bare the construct of the nature/culture distinction. It had consequently undergirded this distinction as well and had been shaped by the political-social history of binary categories in Western discourse (Haraway 1991b, 134). The biological determinism of sex was rooted in the formulation of the concept of gender identity within the framework of the biology/culture distinction. The cultural impact of this discourse linked sex to biology and gender to culture, and in this way fostered the male/female binary. 'The product of culture's working of biology was the core, achieved, gendered person – a man or a woman', as Haraway concluded (Haraway 1991b, 134).

In a similar way, Judith Butler, whose own approach to gender deconstruction was influenced by Foucault's thinking, coined the term 'the heterosexual matrix'. This refers to a cultural understanding of bodies and identities that establishes them as unambiguous male or female sex through binary gender roles and against the background of a compulsory practice of heterosexuality (Tremain 2001, 627). However, both Butler and Haraway faced criticisms that their concepts of embodiment and corporeality would neglect the reality of the impaired body and the materialised experience of impairment (Köbsell 2012, 8; Reeve 2012, 94-99; for a more detailed discussion in reference to Reeve, see section 3.3 below).

Foucault's own approach described bodies as the result of discursive practices. Sex as a biological manifestation was something he found discursively produced in the nineteenth century, because

the notion of 'sex' made it possible to group together, in an artificial unity, anatomical elements, biological functions, conducts, sensations, and pleasures, and it enabled one to make use of this fictitious unity as a causal principle, an omnipresent meaning, a secret to be discovered everywhere (Foucault 1978, 154).

Therefore, similarly to the classification of impairment, the production of sex and the forming of the apparatus of sexuality were an expression of hegemonic power, which created sex as a pre-discursive, naturalised condition, and defined it as a manifestation of heterosexual desire, which could be systematically created, identified, categorised and controlled.

Foucault referred to queer politics not just when he discussed gender norms, but also in the context of resistance as plural, mobile and transitory (Breines 1994, 47-48), by which he also meant a dismissal of so-called totalising ideas like revolution as a 'Great Refusal' (Breines 1994, 48-49). Foucault's approach included a critique of reified categorisations of sex and the naturalisation of heterosexuality (Breines 1994, 51). However, it was no coincidence that Foucault's corresponding *History of Sexuality* was published in 1976, just a few years after the 1969 Stonewall Riots in New York, a dramatic event for the initiation of the gay liberation movement. The book was influenced by the aftermath of this event and dealt with assumed social normalcy and the normativity of heterosexuality. Thereby, Foucault questioned the supposed naturalness of the binary gender model as a construction and postulated that the category of 'sex' was rather an effect of the hegemonic powers that, in this context, were situated as the cause of an alleged natural human desire (Tremain 2006, 190).

However, Foucault's theses already had a forerunner in one of the theorists of the Frankfurt School, Herbert Marcuse, who had also critically investigated heteronormativity. Whereas he did not fundamentally challenge the established binary classification of gender, he expressed a clear affirmation of a gay, 'polymorphous perverse' sexuality (Breines 1994, 50). In contrast to Foucault, who questioned the concept of repression, his thinking was deeply rooted in Freudian psychoanalysis, and he saw the bourgeois heterosexual family as a haven for repressed sexuality and the reproduction of heterosexuality, generated by its dominant position in society and its genitally organised, patriarchal structure. Therefore, Marcuse already had some influence on the gay liberation movement before Foucault. Admittedly, there had been

considerable theoretical differences between both, not only because of Marcuse's Freudian-Marxist background, and of his adherence to the Frankfurt School. However, as discussed before, Foucault partially relativised his early distance from Critical Theory and the Frankfurt School when he praised Horkheimer's and Adorno's critique of the dominance of Enlightenment rationality in Western societies and its connection with power, or when he explored Otto Kirchheimer's discussion of penal problems and the mechanisms of punishment (Foucault 1991, 117-118).

3.2.4 Conclusion

Foucault's own theorisation of mediated power and how biopolitics were conveyed through standardisation and rationalisation should pave the way for the further development of postmodern analysis and critique of social processes in disability studies. For example, Anne Waldschmidt (2010) based her examination of the so-called 'Ashley Treatment' (see Chapter One) on Foucault's ideas. In 2006 the case attracted wide attention, because a nine-year-old girl called Ashley, with multiple physical and learning impairments, was subjected to oestrogen therapy and severe surgical interventions. The aim was to stop long-term growth attenuation as well as the development of secondary sexual bodily characteristics, because the family feared that the body of an adult disabled woman could lead to unbearable problems for future care and family life, and for Ashley's own later quality of life. The procedure faced heavy criticism, because obviously negatively connoted attributions to the intersecting labels of 'disabled' and 'female' played an important role in making this decision, and were motivated by standardising notions of able-bodiedness (Waldschmidt 2010, 37-41). At the same time, Ashley's parents acted as power-effects in this situation. On the one hand, they were subjected to normalising ideas of ability and womanhood, and on the other hand, they themselves enforced disciplinary effects onto Ashley's body by subjecting her to invasive surgery (cf. Foucault 2004, 30). In line with Foucault's analysis of the 'mad' and the entanglement of omnipresent power relations, the girl Ashley was seen and treated as infantile, and as a minor that was not granted autonomy.

Such comprehensive critique and deconstruction of seemingly consistent theoretical concepts and dominant notions of social norms has influenced many scientists who became familiar with Foucault's work. This has been the case for the questioning of gender roles, but by now the construction of disability in the context of the cultural perception of gender is under scrutiny as well. Whereas representatives of the

independent living movement criticised notions of disability mainly from a materialist perspective, and in this way laid the ideological character of disability open to social categorisation, postmodern researchers influenced by Foucauldian discourse analysis have also investigated the made-up nature of the category of impairment.

As discussed above, the Canadian disability studies scholar Shelley Tremain argues that the employment of impairment, as used within the social model, is a 'chimera' (2006, 192). She states that impairment, in contrast to skin colour or gender (for example in reference to intersexed people who may have been surgically altered because of alleged physical 'abnormities'), is a necessary precondition for disability (2006, 191-192). For this reason she points to the arbitrariness of the definition of impairment, and asserts that the origin of this classification is shaped by the issue of bio-power in political discourse and current political arrangements. She even challenges proponents of the social model – strengthening and reproducing the power relations they oppose – by referring to an understanding of impairment that was created in the same discourse that objectifies disabled people and renders impairment a homogeneous and regulable category. Therefore, she vaguely dismisses the use of impairment as another designed term which is influenced by dominating and historically specific discourses (2006, 192). Of course, critics like Tremain have a point when they suggest that the definition and use of impairment is subjected to formation by the political arrangements and power structures that it simultaneously reflects. However, when we look back at the origin of contemporary understanding of disability and impairment, it is clear that the historical conditions of bourgeois capitalism had a decisive impact on the subsequent understanding of what was considered a disability or impairment. As discussed in the historical overview in Chapter Two, people who could not live up to the specific physical or intellectual demands of factory work and the enlightened ideal of the rational individual were singled out and often branded as disabled, because they were deemed not functional or productive in the new society. Therefore, the formation of impairment and disability was indeed constructed by contemporary scientific and political discourses, as well as being closely bound to the emerging capitalist modes of production and the then required abilities for modern work life. Tremain rightly points to the constructed nature of properties like disabled or impaired, or sex and gender. However, the argumentation on which her discussion is based does not engage in the impact of historic socio-economic conditions that have had a long-term material effect on the living circumstances of disabled people even

during changing discourses – for example regarding the restrictions many disabled people in Germany still face when trying to enter the primary labour market, despite growing discourses on diversity management and individualisation during the last few years. (From this perspective, discourses not only influence social reality, but they transform in material conditions or are significantly shaped by them and, as the unequal status of disability and impairment demonstrates, also reflect current power relations.)

Later postmodernists after Foucault would aim at a concept of gender that should overcome social norms altogether, especially postmodern influenced (queer) feminists. Donna Haraway, for example, who will be introduced in the next section, has worked towards a concept that would include the perspective of an undogmatic feminism and take up the heritage of a socialist feminism.

3.3 Donna Haraway's (Cyborg) Feminism and the Interplay between Nonidentity, Affinity, and Totalising Societies

3.3.1 Introduction

The theoretical and practical struggle against unity-through-domination or unity-through-incorporation ironically not only undermines the justifications for patriarchy, colonialism, humanism, positivism, essentialism, scientism, and other unlamented -isms, but ALL claims for an organic or natural standpoint. I think that radical and socialist/Marxist feminisms have also undermined their/our epistemological strategies and that this is a crucially valuable step in imagining possible unities...It is important to note that the effort to construct revolutionary standpoints, epistemologies as achievements of people committed to changing the world, has been part of the process showing the limits of identification...But what would another political myth for socialist feminism look like? What kind of politics could embrace partial, contradictory, permanently unclosed constructions of personal and collective selves and still be faithful, effective – and, ironically, socialist feminist? (Haraway 2004a, 15-16 [emphasis in original]).

With this strong statement Donna Haraway sets the programmatic direction for the Cyborg Manifesto. The quote echoes the postmodern postulate of the 'incredulity toward metanarratives' (Lyotard 1984, xxiv) and the contradiction of these positioned claims to absoluteness through scientific progress (Lyotard 1984, xxiii). The denouncement of the listed -isms clearly refers to that kind of thinking. In this respect, Haraway is rooted in the same tradition of critical distance towards the mechanisms of knowledge production as Michel Foucault, who had laid open the entanglement of knowledge and power and how they inform each other from a postmodern perspective. There is a strongly expressed scepticism towards terms and concepts that allegedly seemed to have originated in some kind of prediscursive or presocial value-free space; for Haraway, identity thinking that does not question its involvement in underlying

entanglements risks perpetuating the influence of hidden bias and power relations. In this sense she shares a fundamental rejection of dichotomous and (in her understanding) simplistic binary thinking in 'either/or' juxtapositions with intersectional feminism (cf. Collins 1993, 27-28); this is reflected in her recurring references to black feminism that places the complex interdependencies of race, class, and gender and their consequences for women at the centre of its analysis (cf. Haraway 1991, 140; Haraway 2004a, 27; Haraway 2004b, 47-61).

Following the approaches discussed above, which go along the lines of intersectional black feminism and the postmodern critique of dichotomous explanatory models to form vital parts of a coherent transgressive and non-binary cyborg concept, the rejection of 'ideological' biological determinism and the questioning of the alleged opposition between 'nature' and 'culture' becomes a logical consequence of this explanatory framework. Since Haraway believes there is no clear line between 'nature' and 'culture', she prefers to use the term 'naturecultures'. 'Culture' – or roughly everything that is a product of human intervention – also counts as a part of nature, because humans as the creators are a biological species (Bell 2007, 93).

Haraway questions the 'limits of identification' (Haraway 2004a, 16) and discusses her ambiguous relationship to socialist feminism. Any form of feminism that does not engage in critical self-reflection risks being complicit in the underlying power relations that it tries to call out. To stress this point, Haraway dissects these types of feminist epistemologies, which, in her view, are problematic, because they rely on the seemingly natural sex-gender difference as an argumentative starting point for their analysis. As already briefly discussed in the previous subchapter on Foucault, she argues that the use of the sex-gender binary is often deployed as a tool in feminist discourses to deconstruct the biological determinism of gender, but can only lead to false conclusions, because it does not question the political-social history behind the development of this binary (Haraway 1991b, 134). In this respect she derives her analysis from Foucault's concept of the 'incitement to discourse' where discourse functions as a new form and a technology of power (cf. Foucault 1978, 23-26; Haraway 1991b, 132-133), which also applies to discourses around 'sex' and 'gender'. Hence, Haraway concludes that 'gender identity' is the outcome of a social discourse on sexuality that is determined through the social order of a 'bourgeois, male-dominant, and racist society' (Haraway 1991b, 133).

The previous chapters discuss the constructedness of social norms and roles in capitalist and liberal society. However, since the new principles of modern society have been quite pervasive and totalising, the same applies not only for disability and the commodification of social relations, but also for other areas of society, particularly the performance of gender. The different waves of the women's movement dealt with and discussed gender roles and stereotypes, and discussions emanating from queer and trans feminist contributions (cf. Butler 2006; Ewert 2020; Serano 2007; Stone 1987) have questioned to a far-reaching extent the seemingly biological certainties of a social order based on a binary understanding of gender.

Haraway is one of the most distinguished advocates for a break-up of stark dualisms in recent feminism. She introduced the figure of the cyborg, a cross-border interface between human, animal, and technology. One of her intentions with the cyborg was to propose a counterview to seemingly irreconcilable differences within the feminist movement. Haraway wanted to dissolve the boundaries between materialistic, radical, and postmodern feminism, but also to question exclusionary identity thinking (Jabloner 2005, 40). Haraway's aim was to overcome the limitations of contemporary theoretical approaches, but also the normative restrictions of social codes. I want to take up this idea and would like to discuss her approach to gender roles as well as to normative ideas of disability. This is to say that my primary intent is not to talk about the technical possibilities of the cyborg and an actual fusion of humans and machines – which is also part of Haraway's analysis – but about the notions of social and cultural codes and the social and bodily transgressions that are associated with the metaphor of the cyborg (strictly speaking, the cyborg is not a metaphor, but at first approximation it should be understood in this way).

The motivation behind this chapter stems from different aspects. The aim is to provide a discussion of the significance of societal conditions and their effects and how they interact with the idea of the cyborg. The intention is to explore the discussion from a sociocultural angle and its possible implications for disability and gender without ignoring potential ableist notions of the medical model in the context of 'curing' and 'betterment' motivated by the technological aspects of the cyborg. But this is not to advocate a technology-averse position and to claim that medical progress is oppressive per se, or cannot provide the means of facilitating the lives of disabled people in an accommodating way – for example for people with degenerative conditions. As discussed in Chapter Two on disability and disability studies, disability researcher Carol

Thomas, for example, criticises the rigidity of many proponents of the social model and in contrast points out the consequences of impairment effects and how they can negatively affect disabled people's lives, in addition to the social model's focus on external barriers (Thomas 1999, 42-43). Alison Kafer, who tackles disability from a feminist perspective, even calls for a revision of the social model and advocates a renewed interrogation of medical approaches. Despite taking problematic aspects of medical approaches into account, in a similar way to Thomas, Kafer also wants to demand attention to the medical dimension of disability and to a more differentiated discussion on the issue (Kafer 2013, 6-7).

A discussion into the validity of the strict renunciation of medical issues and of the social model's clear distinction of disability and impairment is definitely significant for a further development of a politics of disability; the emphasis of my thesis, however, is not on this discussion, but on the transboundary social implications of the figure of the cyborg and what it could mean for the transgression of gender roles and ableist norms. Haraway's *Manifesto for Cyborgs* (2004a), where she outlines the possibilities of the cyborg metaphor for further debate, is my main starting point for the development of my argumentation. Of course, Haraway makes clear that it is not possible to separate social and technological processes, especially recent developments in communication technology, because they influence each other. However, I would like to focus on cyborgian feminism in the context of the normative impact of social codes, because they have helped to shape discriminatory inequality that came along with the implementation of repressive social norms.

The fact that Haraway sees herself as a socialist feminist is another important aspect of my argumentation (cf. Haraway 2004a, 15-16). She approaches socialism and Marxism critically and incorporates much postmodern criticism on the perceived flaws of Marxism, but, unlike many other postmodern theorists, positions her cyborg feminism in a socialist tradition. Closely connected to her ideas of bodily and social transgressions is the suggestion to move away from identity thinking and instead form new alliances through affinity, which, as discussed below, is a space produced not by forced or identitarian naturalisations, but one self-determined through chosen coalitions. These notions show some resemblance with Adorno's idea of nonidentity, where he disapproved of identitarian thinking that would not leave room for contradiction or deviation. I want to discuss possible cross-connections in further depth later. First, as a

starting point for analysis, I outline briefly Haraway's concept and understanding of the cyborg.

3.3.2 Cyborg Feminism and Identity Thinking

Generally speaking, Haraway's use of the cyborg metaphor stands for the disassembling of stereotypes and has a pronounced feminist connotation. Haraway often refers to the term cyborg feminism when she discusses the significance of the cyborg for a rethinking of postmodern and radical/socialist feminist views. This can mean cracking open constructed clean distinctions between organism and machine, but it can also be extended to unmasking concepts of clear-cut differentiations and dualistic categorisations which Haraway deems constitutive for the concept of the Western self and its totalising ideas of identity (2004a, 32). Cyborg feminism stands for the refusal of a seemingly 'natural' matrix of unity, and the cyborg metaphor rejects this constructed unity as a whole (2004a, 15-16), because, similarly to Foucault's concept of subjugated knowledges (see discussion in Chapter Four), it leaves out the experiences and voices of those who do not fit into this construction and creates a false sense of unity. In this context Haraway expresses a strong criticism of originally established models of feminism backed predominantly by white women that saw the lived reality of 'the woman' – as in white middle-class Western woman – as exemplary for all women and a role model for feminism, while ignoring the deviating living conditions and experiences of non-white women (2004a, 16). The multiplicity of 'women' in Haraway's reading expresses the acknowledgement of an innumerable variety of lived experiences that can never be captured by one concept of 'the woman'. Instead, she adopts an approach that is orientated towards black feminism, because it is based on the experience of 'otherness and difference' (2004a, 14; see also the prominent example of the radical black feminist organisation 'Combahee River Collective' which had already described the interlocking oppressions black women were facing in its text *Combahee River Collective Statement* (2017) from 1977). This way she hopes to create a model that centres open-ended and multitudinous partial identities, does not perpetuate traditional patterns of domination, and favours affinity over identity.

Haraway's aspiration is to define the cyborg from a distinct anticolonial standpoint that is in opposition to a supposedly natural or organic positioning which she associates with Western-related narratives. In agreement with general postmodern themes this critique is related to concepts like patriarchy, colonialism, humanism, positivism, essentialism, or scientism (2004a, 15). The cyborg is designed as an antithesis to the obfuscating

universalism of this set of supposedly totalising themes, and favours instead a unity of so-called 'fractured identities' (2004a, 13) that does not rely on normatively gendered assumptions and social norms. As Haraway suggests for a feminist positioning, 'the cyborg is a kind of disassembled and reassembled, postmodern collective and personal self. This is the self feminists must code' (2004a, 23).

Haraway clearly dismisses claims of identity, because she believes they tend to be reductionist and exclusionary. As an alternative, she introduces the approach of unity through affinity, not identity. Affinity in this context means a space that is not produced by forced naturalisations, for example like the family, but is grounded in political kinship, and allows for self-determined subjectivities through self-consciously chosen coalitions. To demonstrate her preference, she illustrates epistemological problems with the conventional understandings of the categories 'woman' and 'black'. In doing so, her approach also emphasises the importance of what we now call an intersectional approach. In this example 'woman' used to exclude black women, whereas 'black' referred only to black men, not black women. For Haraway, black women were neither recognised in categorisations of women nor of black people and, therefore, were not represented or included in these categorisations (1991, 156). Exemplary is the case of Sojourner Truth, a former slave, black abolitionist and women's rights activist from nineteenth century USA, a case highlighting the significance of the intersectional aspects of race and gender. In an account of a meeting where Truth held a speech at a women's right convention, a white male physician demanded she prove the femaleness of her body in front of the audience. Underpinned by a racist and sexist world view, to him the presence of her black body was 'indecipherable', 'out of place' and 'ungrammatical', and he needed anatomical proof that she was indeed a black woman (Haraway 2004b, 53). Haraway deduced from this incident that identity was produced and reassured through bodily difference. Black bodies were seen as manifestations of ambiguity and indefinability, as 'out of place' and 'confounding' (2004b, 53), hence their subjectivity was not acknowledged within the power relations of society. This example shows how Haraway questions the validity of identitarian attributions and outlines a model that embraces a multiple set of experiences and lived realities. Therefore, the strong emphasis of 'otherness and difference' are guiding ideas for her work (2004a, 14).

Similar thoughts can be applied to the estranged positioning of disabled bodies in society. They still have to struggle to be taken seriously as independent individuals.

Even as grown persons they are often infantilised and denied adulthood, which also affects the granted ability of decision-making, especially when it comes to adults with learning disabilities (cf. Gelech et al. 2019, 466-467; Köbsell 2010, 22-23; Trescher 2017, 6-8; Waldschmidt 2010, 56-57). Disabled bodies are negatively connoted and deemed awkward and ugly, they cannot live up to common expectations of performance and flexibility and need to permanently prove their sexuality as individuals and disabled persons. They are not predominantly seen as being able to contribute, but as being deficient, needy (which is also reinforced by the term 'special needs'), and costly. In the end, the stereotype of the 'super-crip', who can make outstanding performances and seems able to overcome any barriers, marks the exception that seems to rather confirm the rule of needy disabled people (cf. Purdue and Howe 2012, 914). Disabled people can never wholly meet the claims of established social norms and identities. Like black women they are different and deviant to identitarian classifications and for these reasons they can never gain the status of fully recognised subjects.

Disability is also a striking example of why intersectionality and its basic reliance on dominant analytical categories like race, class and gender is limited and cannot fully grasp certain forms of oppression and discrimination. Disability is not part of this common trinity and is easily neglected or overlooked when it comes to intersectional analysis and categorisation, although every individual can potentially become impaired at a certain stage in life (cf. Waldschmidt 2014, 181-182). Conversely, the concept of intersectionality was not taken up by feminist disability studies until the end of the 1990s. Until then, feminist disability studies mainly assumed the 'double' discrimination of disabled women (Waldschmidt 2020, 120-121). Additionally, disability as a unique characteristic is itself so variegated that it is difficult to pigeonhole it as a coherent category, which proves the point of Adorno's notions regarding nonidentity. There is always a gap between the objects and their concepts, which has the consequence that the objects are not absorbed within the concepts. Intersectionality, which examines interlocking oppressions, has led to valuable insights regarding the highlighting of the mutual influence of multiple oppressions, as black feminism has shown. The case of black lesbians is considered a role model for intersectional analysis (Robinson and Ross 2013, 92). However, through its introduction of categorisations as identifiers for different forms of inequality, and its strong roots in the established analytical categories – race/ethnicity, class, and gender – intersectionality runs the risk of creating new generalisations and essentialisms when analysing inequality. Superordinate forms of

oppression and power structures can be explored through this form of analysis; however, individual, complex or contradictory experiences and circumstances might easily be left out by broadly defined terms like 'disability' or 'woman', if these are treated like homogeneous group identities without any further differentiations (cf. Waldschmidt 2014, 184). This is what makes the cyborg as a figure of transgression interesting. It explicitly does not stem from identity-based or essentialist concepts, which, as Adorno (1973) has already pointed out in his critique of the formal logic of concepts, tend to exclude everything that differs from or contradicts the rationalised and subsumed object they describe.

Cyborg feminism advocates a rather fluid notion of affinity, and the corresponding idea of unity in affinity, which can easily accommodate grey areas. Nancy Hirschmann's approach of 'intersectionality within intersectionality' against the background of disability, for instance, points in a similar direction and is discussed below. Haraway's approach to identity and affinity shows in places remarkable resemblances to other discussions on identity that have already taken place. Adorno's examination of identitarian thinking and nonidentity in society, and Hirschmann's debate (2013) on identity among disabled people ('intersectionality within intersectionality') point to similar thoughts on the subject.

Hirschmann discusses the diversity of disability, referring not to only one common identity, but to a variety of coexisting identities for which disability works more like an umbrella term. She speaks of 'intersectionality within intersectionality' for example when she describes the fluid borders between (chronic) illness and disability or various impairments and their related lived experiences that often have even opposing effects and needs (Hirschmann 2013, 658-659). The example of myalgic encephalomyelitis (ME) makes the problem of this classification clear. A person with ME can be sensitive to light and noise at the same time, whereas a visually impaired person might find acoustic or high-contrast light signals helpful in their getting along in their environment. But despite many differences (even in the definition of disability and its coverage) and a wide range of differing impairments and barriers, it generally works as an overarching term. As Hirschmann makes clear, intersectionality in the context of disability is not only about differences and individual bodily struggles, but also highlights connections and commonalities (Hirschmann 2013, 661-662). It is here that Haraway's transgression of borders in her vision of a cyborg world and her idea of affinity can come into play. Haraway advocates coalitions by choice and affinity that include partial identities as well as contradictory standpoints.

There are significant overlaps with Hirschmann's thinking. Hirschmann also accommodates the many differences within the spectrum of disabled people, and takes into consideration that there are even disagreements among disability activists – for instance, whether chronically ill people should be included into the definition of disability or if that abets a discriminatory notion of disabled people as being 'sick'. The boundaries between illness and disability can be quite fluid, as illness can create a significant tendency to become impaired, and chronic illnesses like ME can cause disabling effects that seriously affect basic life functions. Simultaneously, the contrariness of definitions of disability can be prone to reproducing otherness within disability itself – for example, when the debate on illness becomes a projected area for the societal stigmatisation of disability. It seems there cannot be a one-size-fits-all approach. Hirschmann's view of a disability community that embraces multifaceted lived realities harmonically might appear to downplay the potential for conflict and opposing interests and needs in such a diverse environment, but her depiction also highlights the fact that the uniform use of disability as a generalising label has been imposed from the outside for a very long time on the people affected, with still considerable discriminating effects. Therefore, uncritically assuming that there is one superordinate category or identity for all disabled people in an identitarian sense of the word is problematic, because it neglects any deviance from a classifying concept of disability and impairment, and does not deal with the problematic context of the history of disability. In this respect the idea of 'intersectionality within intersectionality' affirms Haraway's preference of affinity. Affinities critically distance themselves from a predetermined idea of a greater identity, instead allowing room for the formation of socio-political coalitions that acknowledge the existence of distinct and maybe contradictory experiences and realities.

3.3.3 Implications of 'Gender' and 'Sex' as Intersectional Categories

Even though intersectional analysis brought to light considerable omissions and flaws in the investigation of the relation between women and inequality, and introduced a much more differentiated approach to the analysis, it still fails to grasp the complexities of gendered relations that are outside its own established categories due to their complexity.

Due to this insufficient discussion within intersectional analysis Jessica Greenebaum appeals for awareness of the 'relational nature of difference' in order to take into account the complex and diverse dimensions of inequality and discrimination that do not

always conform to simplistic assignments of oppressor and oppressed, or to neat classifications (Greenebaum 1991, 44). She illustrates the problem of the limits of intersectionality and its insufficient discussion – not only when it comes to disability – with the case of Jewish women and anti-Semitism, and their clashes with the traditional understanding of ‘woman’. Jewish women are in an ambiguous position, because despite antisemitic discrimination Jews could still have had relative economic and social success in liberal society. They are similar to and different from marginalised groups at the same time, and are usually not considered for intersectional analysis, which is also due to antisemitic stereotypes. Jews do not fit into prevalent images of race, because they have been wrongly equalised with being white and, therefore, privileged, which ignores the existence of non-white Jewish women (Greenebaum 1991, 48). Class and Judaism is not adequately embraced by intersectionality, because Jews are still perceived as rich and economically successful. However, there are also working class or poor Jews, especially among women, who are excluded by this perception (Greenebaum 1991, 52). Jewish women do not conform to any of the major intersectionality categories, because, although they (like other marginalised women) do not live up to the standard of the white Christian male in Western society, as Jewish women they are deemed too privileged to be considered an object of analysis (Greenebaum 1991, 47). Consequently, anti-Semitism and the positioning of Jewish women in society are still overlooked by intersectionality. Investigating anti-Semitism as another dimension of discrimination would seem to be an easy solution to this problem; however, this might also strongly undervalue the impact of anti-Semitism as a global conspiracy theory and how much it can pervade society.

The category of woman/gender is confronted with other problems. Although the influence of queer theory has led to gender-related identity politics being questioned in the past, the perception of ‘woman’ is still predominantly rooted in biological attributions, and thus has served as a reinforcement of the socially sanctioned man/woman-dualism. In reference to Judith Butler (cf. Butler 2006, 50-51 and 175-176), it can be said that even the seemingly natural materiality of bodily differences is shaped by historical, social, medical, cultural, and political discourses. That is not to deny that this materiality exists, but the interpretation of this materiality, around which society organises gender relations, is very much shaped by discourses in a society over a certain time. For example, the binary system may still be dominant in Western societies, but in other cultural areas more than two genders or a social change of gender roles are recognised

(Zehetner 2012, 84-85). The same goes for disability. What kind of impairment is perceived as a 'deviation' from a standardised norm (for example the introduction of the 'average man' as a guidance of 'social physics' in nineteenth-century France has also strongly influenced perceptions of bodily deviation and disability (cf. Davis 1995, 25-27)) is also strongly influenced by prevalent discourses, although in the case of disability the aspect of economic exploitability in capitalist systems plays a decisive role in the framing of 'functional' and 'healthy'.

An understanding of gender that is still strongly shaped by dualistic, standardised, and ableist assumptions tends to exclude deviant – or nonidentical under this concept of gender – lived realities of people who do not comply with these characteristics and do not fit into a binary understanding of gender. For example, this standpoint ignores the existence and experience of trans women who may not identify as their assigned gender, but are still being rejected by feminists at the same time, because they do not fulfil the required biological criteria of womanhood. As the case of trans people shows, feminism needs to question its involvement in exclusionary biologising discourses when it comes to definitions of gender. This is not to say that all feminists share the same anti-inclusive attitude towards trans people and trans feminism, but clearly this discourse has had an important influence on feminist politics for a long time (Feminist Janice Raymond, for example, published her book, *The Transsexual Empire: The Making of the She-Male*, as early as 1979 (Raymond 1994), accusing trans women of reinforcing gender stereotypes and patriarchal structures. The book also includes a personal attack on Sandy Stone (1994, 101-102), which led to the publication of Stone's text cited here). In denying trans its legitimacy, this form of feminism has created another kind of discrimination. Based on scholars like Donna Haraway the essentialist thinking of many feminists can be questioned and opened up to a solidary approach that includes trans and other gender diverse people and acknowledges their discrimination, because they diverge from gender norms. Sandy Stone (1987), who is strongly influenced by Haraway (Bettcher 2014), is exemplary for this view. She calls for the rearticulation of trans lives as a reappropriation of difference that is not subject to the constraints of a traditional feminist frame. Stone argues that trans people should not silence parts of their history to be able to pass in a society that is based on gender-dualistic stereotypes. Instead of trying to pass, the desire that is created by dissonant trans bodies should spark myriad alterities that 'exceed the frame of any possible representation' (Stone 1987, 16). Trans people should not be read and explored as

objects, but write themselves into the discourses by which they are shaped (cf. Stone 1987, 16).

Sexual difference as a collaborative term might help to acknowledge 'women' and their experiences of inequality, and see them still playing an important role in the gendered social and power relations of society, but it does not posit them as a category for 'a' gender as absolute. Instead, new and other partial identities, like trans women, are recognised in addition and gain representational visibility (Noble 2012, 52). However, this does not mean that these different characteristics are just simply 'added up', which would ignore the complexity of relationship by intersectional analysis (Robinson and Ross 2013, 2), but, as highlighted with the reference to the 'relational nature of difference', would take into careful consideration the distinct conditions and influences of social relations and their specific dimensions and aspects of marginalisation in capitalist society. This also goes for the present invisibility of disabled women and the lack of the recognition of their sexual and especially bodily difference in the context of gender.

3.3.4 Reflections on the Cyborg and Disability

As discussed in this chapter, Haraway's concept of the cyborg offers great potential for the transgression of dividing practices into forms of classifying and identitarian thinking and, as explored in more depth in Chapter Four, Haraway's critique of situated knowledges opens up the potential for new epistemological and ontological perspectives. However, from a disability studies perspective, Haraway's concept of the cyborg lacks consideration of the lived experiences of disabled people, and has also been critically discussed in terms of how it is actually relatable to the material reality of disabled people.

Donne Reeve (2012), who is examined in more detail here, has looked into the implications of what a cyborg reality currently means for disabled people. Technological aids, for example, in the form of electric wheelchairs or prostheses, are already part of the lives of disabled people. Seen in this light, cyborgisation is already everyday life for many disabled people. But Reeve's main criticism of Haraway's cyborg concept is that it paints a very one-dimensional picture of the potential reality of living with assistive aids. Cyborgisation is depicted as a source of transgression and empowerment, but ignores any negative aspects or developments that that entails, and which is to a great extent shaped by the social or cultural conditions in which disabled people live.

For one thing, disabled people belong to the poorest groups in society. The reality of poverty for many disabled people can seriously restrict or impede access to resources or the financial means necessary to be able to obtain assistive technology (Reeve 2012, 95). Therefore, access to adequate prosthetics or technology is currently strongly determined by market forces and economic inequality and affects disabled people to a great extent, especially in the majority world. As Reeve points out, an intersectional perspective plays an important role here as well, because there is no automatic 'right' to have a desired cyborg body. It is 'economically determined and tied up with other factors such as hierarchies of impairment as well as gender, class and ethnicity' (2012, 95).

But another problem is that the devices themselves can cause issues. For example, braces of a prosthetic can cause chafing, wheelchair users can develop shoulder problems over time, and implanted devices can have wire breaks or need the replacement of batteries. This means the artificial body parts or augmentations do not work in as frictionless a manner as the cyborg figure might suggest, and can cause additional issues in everyday life. But disabled people are also confronted with disablism, which includes social practices and cultural beliefs that underlie experiences of disadvantage and exclusion (Reeve 2012, 96). Potential stigmatisation can lead to people not using their prosthetics or being confronted with prejudices regarding their alleged inabilities (Reeve 2012, 96). In terms of social or cultural expectations on gendered appearance, there can also be specific pressure on women to use prosthetics or have breast reconstruction surgery following breast cancer. This way they fulfil certain expectations of desired feminine looks, but also avoid any socially unwanted reminders of a chronic and severe condition (Reeve 2012, 97).

Another important point is the process of counteracting aging and frailty with artificial joints and devices such as stents, pacemakers or artificial hips. These interventions can also be problematic for the people affected. Prosthetics do not always work as well as the original body part. Replacement hips and knee joints have a limited lifespan, and for this reason people tend to delay surgery for as long as possible (Reeve 2012, 97). Additionally, and as already briefly touched on before, advanced assistive technology can also be a door-opener for more surveillance and control. Telecare, for example, may facilitate independent living, but at the same it also enables 24-hour surveillance of disabled people. Similarly, the potential intervention and control of remote operators of devices like electronic wheelchairs also makes disabled people vulnerable to overriding

external controls and interventions in their self-determination and privacy. Dependence on electronic devices can also become life-threatening when power failures or malfunctions occur (Reeve 2012, 98).

Reeve demonstrates very well that cyborgisation currently only stands up to a limited extent to the material reality of disabled people. Cyborg existence is dependent on and shaped by many factors. In this respect, Reeve's critique has many points of contact with social model advocates such as Mike Oliver and Colin Barnes, who believe that there is a lack of transferability of postmodern concepts such as Haraway's cyborg to the material problems and struggles of disabled people (cf. Barnes and Mercer 2003, 83-84; Oliver and Barnes 2012, 163). At the same time, however, Reeve rightly points out (and as argued here in the thesis as well) that the cyborg offers fruitful approaches for further epistemological and ontological perspectives.

3.3.5 Conclusion

As this subchapter shows, there are similarities between Haraway's cyborg feminism and Horkheimer's and Adorno's Critical Theory. The idea of the nonidentical in Critical Theory advocates a radical acknowledgment of difference, while at the same time allowing for identity thinking that does not strive for the elimination of deviance, but is also aware of the totalising tendencies of enlightened capitalist conditions. Haraway problematised formalised thinking in identitarian-like patterns in sciences as well, for example in the form of subjecting the world to instrumental control by fitting it into codes as the superordinate language used in communication sciences and modern biologies (Haraway 2004a, 23-24). Both Critical Theory and Haraway discuss the issue of streamlining their environment into formalised codes or concepts from different perspectives. However, what makes Critical Theory interesting for further analysis is its view of society as a whole and how the pervasiveness of rationality exerts totalising effects on societal structures and social relations. Thus it can serve as an explanatory model for capitalist rationalisation that pervades all areas of society, but also takes into account the existence of nonidentity that is inevitably produced by the constraints of rational economisation.

In addition to these overlaps in Haraway's and Critical Theory's ideas are also some distinctive theoretical disparities that need to be mentioned. An important difference between Haraway and the Frankfurt School is the approach to the presuppositions that underlie not only identity thinking, but theoretical concepts that generally have been related to Enlightenment thinking. As mentioned before, Haraway, who partly comes

from a postmodern perspective, places under scrutiny the genealogy of Western concepts and terms as a whole. This applies to the construct of a universal 'woman' identity, which – from the anticolonial perspective she adopts – excludes non-white women, as well as to so-called Marxist humanism, the assumption of a deep-rooted human self, that was already dismissed by Foucault as a myth, and separates Haraway's approach from that of the Frankfurt School. Foucault did not believe in the idea of a naturalised 'lost' identity that had been alienated by capitalist society, and he criticised this notion as essentialist (Foucault 1991, 121).

The origin and history of established terminologies and how they flow into social discourse are among Haraway's big concerns. She employs the criticism voiced by Foucault of the unquestioned use of historical accounts by the Frankfurt School which, in his belief, does not scrutinise thoroughly enough the sources (or their genealogy) used in analysis and relies too much on historical accounts that have been filtered and fabricated through the different institutional, scientific, and personal bias of others. At this point Haraway also acts on assumptions similar to those of postmodern disability studies scholars who demonstrate a critical distaste for the so-called grand or totalising theories of the West, which they connect to historical-materialist accounts of disability (see, for example, the discussion in the literature review in Chapter Two on the impact of postmodern concepts on the critique of materialist approaches in disability studies). This is also a reason why postmodern disability scholars often have an ambivalent relationship with the social model of disability. It is perceived as unable to allow for differences, but instead claims to offer universally valid and basically essentialist explanations for the experiences of all disabled people.

Haraway uses the anticolonial critique of essentialist identity thinking as formulated by Chela Sandoval as an example for a fundamental renunciation of Western traditions and their construction of the subject 'man'. Instead, referring to Sandoval, she formulates a plea for a postmodern identity that relies on affinity rather than on the naturalised and exclusionary identity of a group. This kind of identity breaks with the potentially totalising effects of a grand narrative like Marxism, and seeks to replace the humanist assumptions with affinity based on otherness, difference, and specificity (Haraway 2004a, 14-15).

To sum up, while Critical Theory brings in a critique of capitalist structures in enlightened society, where everything is subject to standardisation and rationalisation (and which Foucault furthermore investigated in terms of the medical apparatus from a

postmodern angle), Haraway and Foucault offer a more diversified view in terms of potentially intersectional perspectives and the questioning of the discursive nature of social structures and society. Diversity is valued in neoliberal society as long as it can be streamlined and integrated. However, disabled people, especially disabled women or other gender nonconforming people, breach the conformity to the achievement principle and to gender roles. Such a societal breach that goes outside of established identity categories could be more successfully captured by Haraway's more fluid and transgressive notion of partial identities and affinity, which would allow for a much more complex exploration of relationships of difference and inequality. The framing with explanatory schemes based on the notions of the 'relational nature of difference' and 'intersectionality within intersectionality' can enable a much more differentiated and elaborated form of analysis. At the same time, the discussion also shows that the cyborg still leaves gaps in connectivity to the material relations and lived experiences of disabled people, which in contrast are highlighted and discussed in the materialist underpinning of the social model.

Chapter 4: Discussion

4.1 Introduction

The previous chapters aim to show the significance of different perspectives and how they can be adopted to investigate disability and gender in the context of the thesis. The outline of British and German disability history since the early stages of capitalism points to heterogeneous changes in the fabric of society that carved out manifold points of impact, including economic, social, cultural, and scientific factors. Additionally, the history of ideas spurred modern perceptions and the repositioning of difference and 'deviance' in a rapidly changing society. The theoretical chapters explore key aspects of individual approaches in terms of the research question, and highlight different angles that help to illuminate the intersection between disability and gender.

As an introduction to the following discussion, I briefly summarise the main theoretical aspects from the preceding chapters that are crucial to the discussion, examining them in more detail in terms of their fruitfulness regarding the intersection of disability and gender. Grounded in the Marxist critique of political economy and focusing on how the Enlightenment has influenced the constitution of modern Western societies, the Frankfurt School's Critical Theory illuminates how the entanglement of Enlightenment thinking, instrumental reason and the societal power dynamics of capitalist production and exchange relations have shaped social relations in all areas of life. They have reproduced or created inequality and exclusion despite the Enlightenment's promises of progress and liberation. This development even led to new forms of barbarism, as shown by the Holocaust, with its grim consequences for disabled people, which had a profound impact on Critical Theory. As the analogous analysis of the Odyssey in Chapter 3 on Critical Theory intends to show, impairment was tolerable only as long as it served the requirements of self-preservation and adaptation to capitalist functional requirements.

Foucault, however, was concerned with how power relations are expressed in social practices and focused his attention particularly on the interplay and composition of what he called the apparatus or *dispositif*. His methodical focus was directed at archaeological and genealogical approaches to unearth the relationship between power and knowledge. He sought to trace back the impact and development of interconnected discourses throughout history. Of particular relevance to gender and disability are the

medical gaze and its associated dynamics around power and authority – the development of images of humanity that revolve around rationality, autonomy, and individualism – and Foucault's critique of the discursive construction of a supposed naturalness of sex, gender, and heterosexuality.

In an intellectual climate that started to embrace intersectional analysis, Haraway formulated her notions of the significance of partial and situated knowledges and linked her concept of the 'cyborg' consciously to intersectionally orientated Black feminism as well as to socialist theory. Rejecting identitarian thinking similar to that of Critical Theory and Foucault, she advocated for communality based on fractured, partial identities and affinity as an alternative. She meant an elective affinity that was not determined by forced naturalisations in an oppressive patriarchal society, but by self-chosen political kinships and coalitions that allowed for self-determined subjectivities. Haraway's notion of cyborg feminism also overlapped with Foucault's dissection of the entanglement of science and power. From her perspective, patriarchy, colonialism, essentialism or scientism were basically interdependent concepts whose supposed natural or organic unity actually represented instruments of domination. This made the cyborg so well suited as a transgressive counter-model in Haraway's theorising: it undermined these supposed unities by questioning binary or essentialist models of thought and revealing the constructedness of supposed naturalness and biologisms. In the cyborg, man and machine, nature and artificiality, but also fractured gender identities, collided, creating the possibility of dissolving previously precisely defined boundaries and putting them together anew. The aim was the breaking up of gender attributions and essentialist identities to create 'myriad alterities', a phrase coined by Sandy Stone, who, from the perspective of a trans woman, based the experience and critique of imposed gender stereotypes heavily on Haraway's work (1987). At the same time, her theorising opened up links to the complex and diverse lived realities of disabled people and their experiences with embodiment and gender.

The following discussion takes up the concepts introduced in the theory chapters and connects them with each other as well as linking them to gender and disability as the overarching reference points. What do their premises mean for the further discussion of the social model of disability? As outlined in the literature review, the social model has been confronted with heavy criticism from the following discussions in disability studies. Diverse, newly developed approaches picked up alleged gaps and shortcomings or were coming from completely different angles and traditions, and pointed out striking

differences. In the following I explore how the social model can preserve its conceptual framework, but also engage with more recent findings in disability studies and beyond.

4.2 Critical Theory, Biopower, and Cyborg Feminism as Cornerstones of an Analytical Framework

4.2.1 Critical Theory as an Amplification of the Marxist Underpinnings of the Social Model

When it comes to discussions about how economic factors played a role in the shaping of socially created disablism during the rise of capitalism, the social model of disability with its early Marxist underpinnings has always been a powerful explanatory model. Its specific perspective helps to highlight the significance of the spread of industrialisation and factory work, with its demand for ‘functioning’ labourers and its systemic exclusion of disabled people from economic and social participation. However, the embracement of traditional Marxism in the early social model was not just controversial in academic discussions in disability studies; this kind of analytical approach was also eyed with a reserved attitude by the scholars of the Frankfurt School.

While the social model has been essential in an approach to disability among activists and academics, the influence of historical-materialist interpretations of historical developments has come under increasing scrutiny. On the one hand they ask the fundamental question of what role socio-economic constraints play in the marginalisation and social categorisation of disability in its current form. The ambiguity of disability does not fit into the required stable social order that is needed to maintain the newly established socio-economic order under rationalistic conditions that tend to set up inbuilt barriers for people with impairments and chronic illnesses. In this respect the social model was ground-breaking because it highlighted the role of societal conditions and barriers instead of blaming the alleged deficiencies and individual tragedies of the persons concerned. On the other hand, the social model faced increasing criticism and was confronted with the contention that its materialist core was ideologically motivated and rooted in generalised assumptions, rather than being based on the lived realities of the people it claimed to speak for – for example critics influenced by postmodern theory (cf. Shakespeare 2014, 20). But this critique was not limited only to conflicting approaches within disability studies. Despite acknowledging the importance of the materialist underpinnings of disability, some accounts of disability history criticised the social model for exaggerating the negative influence of industrialisation itself. Similarly to the overarching argument of Critical Theory, they

considered regimes of economic rationality and efficiency as guiding principles in the workspace as the actual threats to the inclusion of disabled people, at least when it came to the era from early capitalism on (cf. Borsay 2005, 14; Turner and Blackie 2018, 44-45). Borsay also stresses the significance of more subtle executions of power, for example in recourse to Foucault in the rather invisible and socially pervasive form of disciplinary power and in the form of related concepts of 'surveillance medicine' that cannot be grasped through a mere hierarchical 'top down' perception of social order and control (Borsay 2005, 14-15). Although grounded in a Marxist outlook similar to the social model, the Frankfurt School distanced itself from the dogmatism of positivistic Marxist theory formations. The claim of the universal validity of an inexorable progressive development of society was particularly rejected not just because of a characteristic scepticism towards unquestioned positivistic thinking, but also because the scholars' own research confirmed their doubts. The disillusioning findings revealed the proneness of the working class to fascist tendencies in the wake of the rise of National Socialism, instead of their turning out to be idealised revolutionary subjects that traditional Marxist theory had expected would fulfil the promise of societal change (cf. Wiggershaus 1994, 151-155).

Vic Finkelstein's influential three-phase model exemplifies the problems surrounding the social model. The model, which mainly referred to people with physical impairments at that time, was meant to outline the historical context and development of the formation of discriminating attitudes (Finkelstein 1980, 37-38). Finkelstein was one of the founding members of UPIAS and shared the Marxist interpretation of disability as a form of barriers imposed by oppressive social conditions (cf. Finkelstein 2001, 7). In this rough framework the historical development of stigmatising attitudes was described as consisting of three consecutive stages: in the first and pre-industrial stage, as 'cripples', disabled people were socially and economically located at the bottom, but were still an active and recognised part of society; in the second stage 'disability' as a marginalising category was created and extensive segregation through the mechanisms of industrialisation and medicalisation took over; and finally, the third and liberating stage would mark the struggle for reintegration and 'herald [...] the elimination of disability' as an oppressive social relationship (Finkelstein 1980, 8). In Finkelstein's understanding, in the decisive second phase the requirements to the labour force led to the far-reaching exclusion of the majority of disabled people from the production process and wage labour. This development was responsible for the establishment of the socially accepted

stigmatisation as passive and needy, while the emergence of large custodial and treatment institutions like hospitals and asylums would foster segregation from the rest of society (1980, 7-8).

Following this kind of analysis, the social model reproduced the problems highlighted above. The three-phase model's expressed belief in inevitable progress that would have liberation as its goal was diametrically opposed to Critical Theory's diagnosis that, despite of all its technical and scientific advancements, the overall constitution of society still remained 'arbitrary and unjust'; the submission to rationalism and formal logic hindered the prospect of an enlightened utopia that would emancipate the world through the promotion of knowledge and reason. If we investigate this explanatory model from the angle of Critical Theory, then, despite its empowering recognition of disability as a socially determined category, its historical-materialist analysis runs the risk of leading to the creation of another myth – one of inevitable social progress – because it does not break through the pattern of the identitarian logic of its underlying positivistic thinking. However, this is where Critical Theory's approach becomes fruitful from a materialist perspective: its scepticism towards the firm modern belief in inexorable progressive developments prevents it from falling into the traps of a positivistic world view that cannot take into account contradictions to its analysis or complex social relations and, ideally, helps to maintain a critical distance in research on an intellectual level. Instead, Critical Theory's examination of Marxist principles allows for potential (self-)reflection which is often lacking in debates on the social model. Like the social model it criticises the social organisation of society unequivocally and places criticism of the barter economy at the centre of its analysis. Along these lines Critical Theory suggests that capitalist economy reduces the properties of objects to their mere abstract exchange value, which would not only influence the relationship to the objects themselves, but the pervasiveness of economic thinking would, above all, lead to the objectification of all human relations in terms of their attributed value (Kogler 2014, 45).

But in contrast to concepts like the three-phase model there was significant scepticism towards the implicit belief in social progress. According to Critical Theory's diagnosis the development of the contemporary organisation of society was based on a form of advancement that generated social injustices and eliminated anything individual. In this context, technological rationality was a part of the problem. Both the pursuit of the total and systematic domination of nature, and the accompanying loss of individual freedom, eventually had turned out to be a new form of reverting to mythical nature again, which

enlightened reason had initially sought to overcome. Critical Theory points out that the pressure to self-preservation within the current conditions would limit individuals' behaviour and sensation to their functionality within the current system (cf. Kogler 2014, 45-46). This is a rather negative or at least cautious assessment which, coming from a perspective that scrutinises the logic inherent to the social system, contradicts the belief in predictable social progress, at least not through an immanent process. It is noteworthy that this pronounced criticism of technological rationality was something that Critical Theory actually had in common with postmodern thinkers like Jean-François Lyotard, although in contrast to Critical Theory, Lyotard shared the characteristic postmodern rejection of Marxism as an outlived explanatory model for the state of contemporary society, despite his otherwise critical examination of capitalism (cf. Kogler 2014, 45-46 and 47).

Critical Theory's critique of identitarian thinking is based on Adorno's concept of nonidentity. It is dialectically contrasted with the negative idea of an all-subjugating identity thinking, which cannot tolerate anything that is particular, or 'deviant' from a normative identity, but expresses itself as general reason that is, in fact, already restricted (cf. Adorno 1973, 149). According to Adorno, this absolute, and therefore reified, imposition of identity does not stand for unity within diversity, but for unity as division (Adorno 1973, 317). It gains its exclusionary character from a kind of formalised understanding of concepts in which they derive 'their meanings from one-to-one correspondences with objects' (Osborne 1992, 174). Other than the appropriating identity thinking, nonidentity is best understood as the negation of the whole, as part of a dialectical interaction 'in the light of the very contradiction between particular and universal' (Jameson, cited in Osborne 1992, 174). As a consequence, totalising ideas acting as self-contained can be thought of only as an 'unrepresentable negative totality' (Osborne 1992, 173-174).

In the context of disability and gender, this covers two different aspects regarding the discussion on identity politics. In general, the topic is closely connected to Critical Theory's critique of positivism. On the one hand, nonidentity marks a dissociation from the universal ideal of being healthy and productive in a society geared towards efficiency. The concept shows that disability, especially in connection with gendered expectations of performance, through its nonconformity to capitalist performance requirements, uncovers societal contradictions and deviations from norms of constant capitalistically exploitable efficiency and functionality (cf. Bruhn/Homann 2013, 138).

On the other hand, however, identity politics exists not only as a positive identification with disability, in contrast to 'external' expectations on disabled people. As a result of positive identity politics, as embraced by the social model, disability as a unifying idea is in a constant negotiation between – on the one hand – the idea of an all-encompassing unity in connection with the political ability to act on an individual level or as a movement and – on the other – the recognition of particularity and differences within multifaceted disability and gender identities that might allow for diverse, contradictory or even negative experiences. From the perspective of Critical Theory, even an empowering understanding of disability can fall prey to reification, when the category becomes absolute and excludes supposed deviances from the dominant concept. This can happen, for example, when specific experiences of disabled women or other queer and non-binary identities are overlooked (cf. Morris 1991, 9-10; Raab 2010, 75-77). Seeing disability through the lens of the concept of nonidentity leaves room for different embodiments and lived experiences, which simultaneously render them also contradictory, complex or multilayered while the related different social and gendered localisations are always intersectional (cf. Vernon 1999, S. 386-388). This means that on the one hand there is a wide range of experiences with disability because of the various physical, intellectual or sensory impairments or chronic illnesses that can take shape very individually and can require very diverse, and maybe even opposing, kinds of accommodation. On the other hand, like the rest of society, disabled people are characterised by overlapping differences in social status regarding intersectional categories like race, class and gender (cf. Hirschmann 2013, 661-662). For these reasons disabled people are far from being a homogeneous group, even if they share similar experiences of discrimination and exclusion.

However, even if the deconstruction of the identity-nonidentity friction is an efficacious concept with which to explain the relation between identitarian thinking and alleged deviance from a materialist perspective, it is not able to deconstruct immanent bias in Critical Theory thinking or heighten completely the perspective for internalised clichés and stigmatising attitudes about gender and disability. As the analysis of the *Odyssey* already suggests, social categories like disability or gender are often being used standardisingly to elaborate philosophical and sociological concepts, because Critical Theory fails to explore the rootedness of these categories in societal conditions and discourses. In addition, from an epistemological point of view, researchers fail to reflect on their own internalised biases and on their own subjective positioning as scientists (cf.

Schäfer 1990, 74). In terms of gender and sexuality, this does not apply only to the analysis of the *Odyssey*, but also to other parts of their work. The use of homosexuality in theoretical discussions, for example in order to demonstrate specific character traits representing the authoritarian personality, also makes clear that underlying notions are problematic or at least show a lack of reflection (cf. Dannecker 1997, 20). This could be exemplified in the concept of 'latent' homosexuality as a character trait portrayed as an integral part of authoritarian fascist mass formation. Deriving from psychoanalysis, Critical Theory identifies passivity and submissiveness to authority as distinctive personality properties of 'latent' homosexuality (cf. Halle 1996, 346-347). Adorno, for example, uses it to describe hierarchical relations in fascist organisations between male members and their leaders as feminine and passive. This is based not only on negative attributions to femininity, but also suggests a connection between passive submission and hidden homosexuality (Dannecker 1997, 29). Overall, the deployment of homosexuality as an explanatory element is problematic, because even if one takes into account Critical Theory's differentiation between 'overt' and 'latent' homosexuality for analytical purposes, there is always a risk that both categories are being conflated and that negative stereotyping is linked to homosexuality as a whole (and, implicitly, also femininity). These shortcomings and ambiguities in theorising have implications not only for scientific practice, but also for the reception and potential reproduction of these connotations. But these insufficiently theorised contradictions indicate why Adorno believed in the liberating potential of psychoanalysis 'to unleash the drive' (my translation/BN, see Adorno, cited after Dannecker 1997, 25)⁶, while at the same time tying this in with notions of a pathological homosexuality that is 'frequently neurotic, the product of resolutions of childhood conflicts which prevented the so-called normal resolution of the Oedipal complex' (my translation/BN, see Adorno 2010, 543)⁷.

But this paradox shows why an inclusion of Foucault's concept of genealogy or Haraway's questioning of situated knowledges are significant for the development of theorising within a wider framework. While Critical Theory explores the conditionality of social relations in modern capitalist societies from a dialectical point of view, genealogy and situated knowledges focus on how 'patriarchy, colonialism, humanism, positivism, essentialism, scientism, and other unlamented -isms' and their 'claims for an organic or natural standpoint' (Haraway 2004a, 15-16) are intertwined and shape notions and

⁶ Original quote in German: 'zur Entfesselung des Triebes'

⁷ Original quote in German: 'daß Homosexualität vielfach neurotisch, Produkt einer Entscheidung von Kindheitskonflikten sei, welche die sogenannte normale Auflösung des Ödipuskomplexes verhinderte'

conceptualities only from a seemingly objective or neutral position. This has implications for the further development of the understanding of lived realities through the social model as well, because ideas of disability and gender have also been shaped by a corresponding conceptual history that needs to be questioned and – to connect to a demand of Critical Theory – reflected.

But whereas Foucault had a stronger focus on complex power dynamics as expressed in social practices and societal discourses, Haraway carried these notions forward with a focus on intersectional relations from an underlying feminist point of view. Her discussion of the cyborg as a transgressive figure is also insightful in terms of parallels with disability, where assistive technology plays a significant role in many disabled people's lives. Therefore, in the following section, there is an overarching discussion of Foucault's concepts of the biopower, rationality, and standardisation, and Haraway's critical notions of identity grounded in her socialist cyborg feminist approach.

4.2.2 Foucault's Biopolitics and Donna Haraway's Intersectional Cyborg Feminism

Haraway's programmatic direction in her Cyborg Manifesto as well as Foucault's works on the entanglement of knowledge production and power, have constantly dealt with subjects relevant to the debates surrounding both gender and disability. Be it heated discussions regarding identity politics in disability studies, or questions of adequate societal analysis and how oppressive mechanisms work in activist or academic debates, these issues resonate in the analysis of the intersection of gender and disability. Haraway's agreement with the 'incredulity towards metanarratives' and the criticised claims to absoluteness (Lyotard 1984, xxiv), as well as the radical questioning of identity politics, which she shares with Foucault, are still in alignment with postmodern disability studies approaches. Both Haraway's and Foucault's thinking were rooted in the same tradition of a critical distance towards mechanisms of knowledge production entangled with power structures. However, this stance was also a connecting factor with materialist analysis of the social model, which, for example, attributed paternalistic and excluding structures to academic life.

Fittingly, in the postmodern analysis of power structures, as well as in the epistemological perspective of a transgressive cyborg feminism, there is a strongly expressed scepticism towards terms and concepts that are being conveyed in scientific or public discourse as being somehow pre-social or value-free/neutral. From this perspective, identity thinking comes under scrutiny if it does not question its involvement in underlying entanglements with power structures and exclusionary social discourses,

but rather makes itself suspicious of perpetuating the influence of hidden bias. However, while Foucault applied his considerations to techniques of power like biopolitics, Haraway's conclusions are particularly interesting for intersectional analysis, because she similarly takes the entanglement of different factors of marginalisation into consideration – for example when she discusses the implications of both gender and race. She shares with intersectional feminists her fundamental rejection of dichotomous and simplistic binary thinking in either/or juxtapositions (cf. Collins 1993, 27-28), and this is reflected in her recurring references to black feminism that place the complex interdependencies of race, class, and gender and its consequences for the women affected at the centre of its analysis (cf. Haraway 1991b, 140; Haraway 2004a, 27; Haraway 2004b, 47-61). This is significant, because her approach to standpoint theory opens the space to take into account the wide-ranging embodiments of disability and impairment, as well as the intersectional aspects of disability and diverse forms of gender that play an influential role in lived experiences.

A discussion follows of the implications of race as an intersectional category to show how this can have a lasting impact on disability and chronic illness. In this context, disability is also considered an intersectional category, because impairment can affect everyone permanently at some point in life and, if so, it has an impact on all areas of life. Haraway and Foucault are significant in this context, because they both recognise the importance of the historical developments and discourses underlying biologically based racism for the cohesion of modern bourgeois society. As discussed in Chapter Two, this had serious consequences for the discourse around and the emergence of eugenics and alleged hereditary 'degeneracy', and subsequently also the rising apparatus of disability.

In his *History of Sexuality* Foucault investigates how modern, 'biologizing' and 'statist' racism emerged and discusses the formative influence of overlapping discourses on eugenics and sexuality in areas like family and marriage, health, conduct, social hierarchisation or on the firing of the 'mythical concern' with the purity of the blood and the 'triumph of the race' (Foucault 1978, 149-150). Haraway's demands for an 'epistemology of partial perspectives' (Haraway 1991a, 191) tackles racism and colonialism from an explicitly feminist and class-orientated angle, which is also helpful in investigating corresponding interlockings with gender and disability. Colonial influences play a role not just in Haraway's North American context, but they also resonate in German and British history and the present. As touched on in Chapter Two on disability

history, both the United Kingdom and Germany are rooted in colonial expansion and exploitation, and have histories of eugenic discourse and practice. The lasting effect of this background on healthcare is, for example, expressed in the German understanding of care in a missionary context, which was characterised by two interacting components when colonial rule dealt with the healing of colonised black people. Missionary care is a striking example for the intertwinement of disability and colonially based racism, because it aimed to restore not just the individual's health in a medical sense, but also referred to healing with the aim of 'taming' and 'bringing to heel' the 'uncivilised' colonial subjects, a position bound to compulsory Christianisation. Informed by this attitude, a colonialist mentality has continued to influence the German medical sector at various levels until today and has shaped structurally inbuilt racist notions of illness and disability in regard to black people and people of colour (Hutson 2010, 68-69). Racialised perceptions in public discourse become visible, for example, when specific symptoms of illness, like skin colour, are strongly coupled to the appearance of a person, and this is equated with being ill (cf. Hutson 2010, 68-69). One instance of how disease and race are addressed by German medics is described by Christiane Hutson, a disabled black academic. She and her father – both black and of Caribbean descent – encountered German medical professionals who highlighted symptoms of a rare disease in Hutson said to be more common in people from the Caribbean – they meant specifically black people, although they also admitted that hardly anything is known about the disease. Being black became racialised through that act, because the symptoms of the disease are not just a diagnosis, but closely connected to the colour of the skin. A racialised gaze identified Hutson and her father as 'people from the Caribbean who are prone to a certain disease. Conversely, within this power dimension black people seem "sick" because of the colour of their skin' (Hutson 2009, 3). Similar observations can be made with the outbreak of Covid-19 in China. Soon after the virus threatened to spread globally, there were incidents in Germany and Great Britain reported where Asian-looking persons were attacked in public, with clear links to the disease, simply because of their appearance, even though they showed no symptoms at all (cf. Murphy 2020, online; cf. Priebe 2020, online).

Consequently, from a Foucauldian point of view these racist notions are part of a technology of normalisation, which informs the medical gaze of professional authorities in everyday practice, and which is ingrained in the paternalistic power relations between medical personnel and their non-white patients (cf. Hutson 2010, 69-70). Medical

authority exerts and supports racialised dividing practices in the form of centralised and dogmatic judgement and knowledge. This constellation creates potentially abusive and unequal power structures between doctors and patients, but at the same time evades accountability for the authoritative medical staff. Biopolitics show here in the form of the identification, classification and control of a social anomaly that creates disciplining and normalisation. The medical gaze plays a role as a catalyst for the pathologisation of disability here as well, because, according to Foucault, it 'was always receptive to the deviant' from an alleged medical norm and was representative for a power that was able to define what was 'deviant' and what was not (Foucault 2003, 89). The gaze is a product of the biologisation of the social during the origin of modern medicine, which, historically, was also closely connected to the development of eugenics in the nineteenth century. This created an obvious connection between disability, racism, and eugenics.

Exemplarily, Hutson also explains by means of an everyday situation in a medical setting how the aspect of gender comes into play in this context. As a black female patient, she is exposed to a racist joke that a white female nurse shares with the white male doctor during her treatment. Hutson sits in a gynaecological chair when the nurse asks the doctor whether he had brought back from his holiday a 'racy Greek girl'. Hutson describes this experience as being made into an exotic-erotic object while at the same time being in a vulnerable and subordinated position. In her understanding this encounter fits into common patterns of dominance of colonial origin. The joke takes on the significance of a colonialist gesture that is being reproduced in the way that the white woman degrades the non-white woman in order to participate in a symbolic colonial male gain of power and, thereby, reproduces still existing colonial and patriarchal power structures (Hutson 2010, 70-71). Additionally, due to her limited capacity to act in that moment, Hutson perceives the specific vulnerability in this situation as an entanglement of the power dimensions of racism, sexism and ableism (2010, 71). This example makes clear why intersectional approaches are necessary. Even the already very complex relationship between gender and disability can hardly be considered without the implications of race or class. As Hutson's examples demonstrate, for a disabled black woman – openly or implicitly – 'race' is always part of her experience.

Regarding the concept of the cyborg, its pledge for the transgression of and questioning of essentialist binary notions of identity in a much more radical way – ranging from the

break-up of gender norms to man-machine boundaries and nature-culture distinctions – can be particularly interesting for an intersectional outlook on disability that focuses on the overlaps of different categories. In terms of disability and gender this can affect gendered body norms for disabled people as well as wide-spread notions of a separation between the human body and technical adjustments. This motivation is one reason why Haraway shies away from notions of feminism rooted in a biologising of the female body. Although Haraway shows clear sympathies for socialism and appreciates that Marxist and socialist feminists have expanded the category of labour to capture what ‘(some) women’ did (Haraway 2004a, 17), one major criticism has been the reliance on a problematic feminist epistemology. The underlying logic of this epistemology was based on the separation of sex and gender to deconstruct the biological determinism of gender roles and prove that gender was socially and culturally constructed. But it did not question the political-social history behind the construction of the material embodiment defined as female sex, which, in Haraway’s view, basically essentialised biological characteristics as ‘nature’ and, therefore, the identity of what counts as ‘woman’ (cf. Haraway 1991b, 134). Although Haraway did not have specifically disabled women in mind when she formulated her critique, her approach is compatible in this sense with the critique of disabled feminists who feel excluded from traditional feminist discourse and the related identity thinking, but also with the experiences of exclusion of disabled women in general, who are being denied the status of fully fledged women in an ableist society, due to their impairments.

As mentioned above, the man-machine distinction is another contested binary, whose practical permeability becomes evident when it comes to disability. As discussed in Chapter Three, extensions with assistive technology and aids have become an integral part of many disabled people’s lives to facilitate their daily routine, for example in the form of voice computers, screen readers, electric wheelchairs and tablets, but also non-technical devices like walking sticks or specifically designed cutlery. It is one field where the boundaries between man and machine have become increasingly blurred, and the figure of the cyborg is a fitting embodiment in an epistemological and ontological sense, because of its representation as an interface between these two realms. It shows the fragile boundaries of the structures of how the world is understood, which touches on distinctions between human and animal, organism and machine, physical and non-physical (Bell 2007, 100-101). Of course, ‘cyborgisation’ also plays a major role beyond assistive technology – for example through the widespread use of smartphones and

other technical devices in everyday life. This is why the boundaries between disability and ability are also very blurred in this respect. At the same time, assistive technology, as the examples above show, goes far beyond the integration of communication technology in everyday life and is often characterised by a high degree of specialisation, in which increasing human-machine fusion and the permeability of these categorisations are already much more advanced.

In this respect British anthropologist Jennifer Rode's auto-ethnographic account of her experiences with a remote telepresence robot is very telling. Rode does not perceive the use of the telepresence robot as a negative intervention in the sense of increased medicalisation, but rather understands her experience as an extension of her autonomy using Haraway's cyborg concept. The physical condition that led her to use the robot is characterised by periods when she either appears wholly able-bodied or has phases of profound fatigue, difficulty in walking, and painful breathing during flare-ups, and the condition is gradual on the one hand, and suddenly fluctuating on the other (Rode 2018, 241). Rode bought a telepresence robot 'to make conscious trade-offs between the affordances of my corporeal body and my increased awareness of my cyborg-self in the context of a degenerative autoimmune disease' (2018, 240). For example, she uses the device to be able to attend conferences from afar without the need to be physically present (2018, 242-245). Rode describes the system as follows:

The Beam Telepresence system consists of a video screen mounted on a 5-foot shaft connected to wheels. As the person who is connecting remotely, I can then drive the Beam as I like and my image is displayed on the video screen. [...] The Beam user and local attendees can hear each other due to a microphone and speaker. The Beam has two cameras: one at near eye level for communication and another which is lit and pointed down at the ground to aid with navigation. The user interface allows one to monitor these two cameras, plus the camera on your own computer. One can drive with a touchpad (my preference) [or] through a mouse.[...] To aid navigation one can plot a planned course in the lower navigation window, so that you can determine your path which is especially helpful on turns (2018, 241).

But knowing about the pitfalls of ableism and the medical model, she clearly distances herself from notions of 'fixing' deficiencies or augmenting herself (2018, 240). Instead, she refers to herself as a cyborg and prefers Haraway's definition of 'creatures simultaneously animal and machine, who populate worlds' (Haraway 2004a, 8; cf. Rode 2018, 240), which describes her own state comprising both her own material body, and a non-physical external 'robotic' presence at a remote place – a quasi-living man-machine hybrid, quite aptly. Consequently, she follows Haraway's argument that 'we have all always been cyborgs, and [she/Haraway] focuses on dissolving our notions that

human (and animal) bodies exist and develop in some way separate from technology' (Rode 2018, 240).

Accordingly, Rode uses this experience as an opportunity to embrace and explore her new identity as a human-computer hybrid and cyborg. Eventually, Haraway's theoretical framework serves to offer the possibility of investigating disability as another artificial construct, and of developing an activist stance stemming from the motivation to transgress such constructs (Rode 2018, 241). What makes Rode's account here so appealing is not just the illustration of what an ideally self-determined human-machine hybrid can potentially look like in practice, and how robot embodiment and identity can be appropriated for greater autonomy, but also how the concept of the cyborg can be used as a theoretical tool to expose and explore artificial boundaries. In the way that views on impairment – or what is defined as impairment – have become increasingly contested, this also shows how structures and limitations of identity thinking, also in the sense of Adorno's critique of reified concepts, can come under scrutiny and can potentially be dissolved or re-evaluated. This is significant, especially in the context of the social model and related discussions about when it is or is not viable to apply 'disability' (in contrast to impairment) strategically as a political or social category.

At the same time, the example of employees in German vocational rehabilitation facilities who have suffered a stroke demonstrates how a social model perspective is also significant in this context (Smeaton 2016). Although the employees display a hands-on attitude towards assistive technology without any direct connections to Haraway's cyborg concept, they also value the autonomy and the well-being that well-developed assistive technology brings with it and how it can become part of their lives (Smeaton 2016, 55). Since a stroke can have a permanent impact through lasting impairments like cognitive impairment and arm paralysis, the employees rely in their work environment routinely on a combination of different aids, such as wheelchairs, arm rests or software, to promote their ability to remember (cf. Smeaton 2016, 2, 50 and 58). However, despite their use of and adaptation to a range of supportive devices, the everyday work in this context is still far from the reality of highly sophisticated and differentiated aids or robots foreshadowed by Rode's understanding and use of technology. Currently, the regular application of optimal equipment often fails due to a lack of financial resources, the availability of fitting technology for the existing workplace, or a lack of technology that is sufficiently sophisticated and goes beyond basic requirements (cf. Smeaton 2016, 51-52). In the practice of vocational

rehabilitation facilities, this often means that suitable aids are not available or are replaced by unsuitable alternatives. For example, an arm positioning aid might not be used because it is not long enough, or direction arrows in a navigation app might not be user-friendly due to design flaws or poor contrasts (Smeaton 2016, 47 and 53). Alternatively, staff in rehabilitation facilities tend to make alterations themselves to be able to meet individual needs (Smeaton 2016, 46-47). As a consequence, even though approaches to a similar use (on a smaller scale) of technology in Haraway's sense can be discovered here as well, in this context the implementation of an advanced use of assistive technology, which could potentially enable comprehensive autonomy and self-determination similar to Rode's illustrative example, is currently very limited due to practical and structural restrictions and problems. In practice, this leads to an orientation towards only what is realisable or feasible, and this is often far from self-determined appropriation of assistive technology (cf. Smeaton 2016, 55).

To explore further, this means that Haraway rightly points out that conventional thinking in binaries is questionable, because dualisms like human/machine or sex/gender are historically shaped and hence specific. Claims of the universal applicability of related concepts are, therefore, problematic (Haraway 1991b, 130). This is exactly why the concept is very well suited for an intersectional questioning of rigid dichotomies. At the same time, however, she states that '[t]he value of an analytical category is not necessarily annulled by critical consciousness of its historical specificity and cultural limits' (1991b, 130). In this respect, Haraway's thinking can be connected to the social model, because her questioning of dualisms still leaves room for the acknowledgement of disability as an expression of existing relations of power and domination and of being meaningful as an influential social and political category in this context. At the same time, paradoxically, the cyborg also reflects the critique of the social model on the social organisation as disabling, when a critical discussion of the cyborg shows that material reality and socio-economic and cultural conditions stand in the way of the transgressive promises of a cyborg existence.

4.2.3 Fruitful(?) Differences and Affinities: Antidotes to Unifying Identity Thinking

The discussion above is aimed at carving out central positions, as expressed by Foucault and Haraway, that have relevance to the intersection of disability and gender and can contribute to a broader understanding as well as fruitful new insights in further research. Especially meaningful is the rejection of restrictive binary thinking and the questioning of how material bodies are defined and, closely related to this, how this

influences epistemologies of gender and disability. In this context, not only have the boundaries between intersectional categories proven to be fluid (although they are still significant as references and to highlight particular gender- and/or disability-specific experiences and exclusions), but also, in the case of the cyborg existence and its points of contact with disability, boundaries between man and machine, nature and culture or the physical and non-physical sphere have turned out to be fragile and fallacious.

These considerations have often been underpinned by overarching postmodern notions that deal with the socio-cultural constitution of Western societies, usually in opposition to modernism and the so-called meta-narratives that have been related to it. Marxism is one school of thought that was very controversial in this respect. Postmodern disability scholars have criticised it because of its assumed modernist underpinnings and lack of understanding of diversity. Following Lyotard's judgement, they have questioned Marxism and its attributed tendency to develop into a totalising model, whose potential for a totalitarian effect Lyotard saw unfold in the development of the contemporary communist countries of the 1970s and 1980s (cf. Lyotard 1984, 36-37). In this respect Foucault is a like-minded thinker. His engagement with Marxism was informed by the experience with the dominating effects of the French Communist Party's dogmatic implementation of Marxist doctrine. But he was also confronted with traditional Marxists' strong opposition to his sociological work for not having grounded it in a historical-materialist concept of history, instead questioning the Marxist-humanist concept of a pre-capitalist 'original', non-alienated, subject. This led Foucault to rethink and develop a more critical engagement with contemporary interpretations of Marxism (cf. Foucault 1991, 76-82, 93-94 and 103-107; see also Chapter Three). Horkheimer and Adorno share a disdain for the rigid Stalinist regime in the Soviet Union and they observed its development very critically. In contrast to Foucault, however, they saw Stalinism not necessarily as a consequence of Marxism, but rather as a distortion of Marx's original ideas and, consequently, grew disillusioned with contemporary orthodox interpretations (cf. Horkheimer 1978, 137; Horkheimer 1990, 140; Holloway, Matamoros and Tischler 2009, 7-8). For example, this was expressed in Horkheimer's statement that, unlike a specific strand of the human sciences which tried to incorporate Marxist doctrine, originally, Marx's science would not aim to establish a 'totality' or 'total and absolute truth', when it aimed for 'the transformation of particular social conditions' (1978, 140). Therefore, the development of the influential Marxist-Leninist-informed approach to science in the Soviet Union was particularly illustrative of this misinterpretation, because

it assumed an objective and predetermined materialistic reality that could be mapped scientifically and also applied to seemingly inevitable historical processes (Truskolaski 2018, 666-667). Critical theory, however, always rejected this direction of Marxist materialism because of its determinism (Truskolaski 2018, 666-667).

While Stalinism in the Soviet Union and its effect on the PCF alienated Foucault from party politics, he rejected Marxism also on more fundamental grounds. From his perspective, the world view that the economic conditions people lived in was at the centre of all social formations was totalising and unfounded. In his concept of a critical theory, material conditions were just one set of factors that had an influence on the direction a society as a whole would take. Foucault's approach does not start from a material base that feeds into the superstructure of social institutions, but explains materialism as part of the interplay between discursive formations and non-discursive domains, e.g. institutions, political events, economic practices and processes (Olssen 2004, 458).

In this respect Foucault's reading can complement Critical Theory where it investigates the role of instrumental reason in the context of contemporary liberal societies. In doing so the analysis derives from a conceptual Marxist framework that Horkheimer has developed in more detail. The investigation of instrumental reason is oriented towards the social conditions of liberal European and American societies, as well as fascist and, to a lesser extent, Stalinist societies. Coming from that starting point, the critique is based on the assumption that economic conditions influence consciousness. It applies the concept of the social division of labour to the analysis of non-economic areas like culture, too, in order to demonstrate how instrumental reason has led to the prevalence of 'formalised' and 'relativist' reasoning that has replaced objective transcendental concepts like a universally valid truth (Horkheimer 2004, 13). The ordering function of objective, higher-level reason or superordinate principles founded in objective reason has been abandoned in favour of subjective reason. But in contrast to objective reason, subjective reason is bound to particular interests or heteronomous content and, according to Horkheimer, serves therefore the subjectivist principle of self-interest at the core of liberal ideology (Horkheimer 2004, 14-15). The predominant instrumental reason is now shaped by pragmatism, which means it 'has become completely harnessed to the social process' and is reduced to its 'operational value, its role in the domination of men and nature' (Horkheimer 2004, 15). Thereby the detection of instrumental reason

follows the deliberations on the positivistic 'mythical' version of enlightened reason in *Dialectic of Enlightenment* and carves it out in the context of liberal capitalism.

On the one hand, this approach helps to explain how liberal democracy tilted to fascism in Germany when the contradiction between the reality of worsening social conditions and liberal values in an industrialised society became irreconcilable, and the national community had to be held together by force (cf. Horkheimer 2004, 14). The continued existence of instrumental reason and its cold, technical logic that degraded human beings to mere numbers and to their utility in terms of a Social-Darwinist perspective was integral to the industrial mass murder in Nazi Germany that put disabled people among its first victims. In this way, the concept of instrumental reason helps to explain rationalistic aspects of exploitation and its ideological implications for wider society.

However, Critical Theory's analysis of instrumental reason is generally strongly focused on specific historic conditions, namely those of liberal and capitalist modernity since the Enlightenment. In this respect its applicability for the understanding of hostile attitudes towards disabled people is limited, because ideas of man that ostracised disabled people existed in the Western world long before the Enlightenment or industrial capitalism. The reification of social relations and identity, as well as functionality as the new norm, does not sufficiently explain influential human images, which were efficacious before the dominance of economic rationality, for example in religious contexts. In this respect concepts like Foucauldian historically informed discourse analysis can be very fruitful in tracing back the reasons why disabled children were seen as a proof of demonic influence in pre-capitalist societies. Notwithstanding their integration in community life, oppression and prejudice towards people with visible and intellectual impairments have appeared in different forms throughout history and amid changing social formations. It had already taken shape in mythology and social life in ancient Greece and Rome, for example in form of legally sanctioned infanticides of impaired or sickly babies in Sparta (cf. Barnes and Oliver 2012, 56; Garland 1992, 38-43). In medieval Europe the belief was widespread that 'strange or defective' babies, also called changelings, were substituted for 'normal' infants by malevolent spirits (Miles 2001, 17-18), and in German or French medieval theological texts, physically impaired children were also used as a metaphor for Jews, or as a proof of the evil influence of demons (cf. Goodey and Stanton 2001, 226-228).

Particularly notorious has been the historical impact of the German Protestant reformer Martin Luther who has been accused of approving the killing of intellectually impaired

children (Goodey and Stanton 2001, 230). Luther seems also to have seen them as substituted by the devil, as exemplified in an anecdote about a twelve-year-old boy in the German city of Dessau. In this report he is cited as describing dismissively the boy's excessive weight and suggesting that the boy, whose description suggests symptoms of Prader-Willi Syndrome (Wilder 2018, 39), should be suffocated, because he is a 'mass of flesh without a soul' and the devil could 'have done this' (Goodey and Stanton 2001, 230). This is obviously a very crass statement that has led to strong objections against Luther in disability studies. Although recent research has debated whether Luther held consistently negative views on disabled children in general, and seems rather to have wavered between his sympathetic views and contrary opinions on devilry, changelings and witchcraft (cf. Goodey and Stanton 2001, 230-231; Miles 2001, 34), the effect of this anecdote has had a lasting impact on religious assessments of the inherent value of disabled people (Wilder 2018, 39-40) and is an impactful example of the influence of pre-enlightened religious images.

With the historical exaltation of reason in the course of the emergence of Enlightenment thinking and, in this context, the growing influence of scientific research, Critical Theory as well as postmodern thinkers have criticised the increasing prevalence of positivistic tendencies in research. Positivism was not simply a new approach within research, but, as discussed in Chapter Two, was also influenced by social and historical transformations that favoured a tendency to standardisation and average values. After the 'terror' of the French Revolution, liberals and early positivists advocated temperance to replace reason as a guiding principle, and this was also expressed in the approach to science and its findings. Data that was quantifiable, measurable or calculable became increasingly accessible and seminal as a benchmark. Thereby, the sciences acquired the aura of independence and objectivity, fostering belief in the infallibility of its findings. But this meant that the impact of how research findings were applied and interpreted became all the more severe. This was the context which laid the foundation of the positivism Critical Theory and postmodernism were referring to. Both approaches shared criticism of the ideological elevation of the sciences and their accompanying scientific apparatus as an authority of unquestionable and unbiased truth, but they did not always mean the same thing when they talked about positivism and, additionally, came from different perspectives.

As an introduction to the following discussion and to allow for a better understanding of what the term positivism is referring to in principle, below is a definition of the term

based on the original concept as formulated by the philosopher and social scientist Auguste Comte:

Positivism is, above all, a philosophy of science. As such, it stands squarely within the empiricist tradition. Metaphysical speculation is rejected in favour of 'positive' knowledge based on systematic observation and experiment...Today, positivism signifies adherence to an empiricist view of the nature of science, and the project of a scientific approach to the study of social life on the empiricist model. In the case of the social sciences, this is most commonly taken to mean a modelling of the methods of social science on those of natural science; the attempt to discover social laws analogous to the law-like regularities discovered by natural sciences; and an absolute insistence on the separation of facts and values (cited in Scott 2015).

While this definition contains a few commonalities between Critical Theory and postmodernism, there are also significant differences to untangle. In this discussion postmodernism points not only to Foucault, but also partly to Haraway, whose analysis of traditional Western science as expressed in the Cyborg Manifesto is largely based on Foucault's work. The findings of the different approaches to positivism are significant at the intersection of disability and gender, not just in terms of scientifically justified objectivation, standardisation, and medicalisation and the consequences for disability, but also because the assumed neutrality often obscured implicitly white, male, and able-bodied perspectives in research in the Western world, as pointed out, for example, by Haraway (cf. 2004a, 15-16).

Horkheimer and Adorno as well as Foucault rejected the standardisation and normalisation that was driven by formal logic and the principle of rationality (cf. Cook 2018, 41-42). The DA, for example, which believed the impact of the Enlightenment to be defining for the modern era, drew the conclusion that, regarding how its thinking permeated the whole of society, '[f]rom now on matter was finally to be controlled without the illusion of immanent powers or hidden properties. For enlightenment, anything which does not conform to the standard of calculability and utility must be viewed with suspicion' (Horkheimer and Adorno 2002, 3). The wedding of Enlightenment thinking with rationality was also the underlying blueprint for Critical Theory's approach to the critique of science, which had already been apparent in Horkheimer's work since the 1930s. To Horkheimer the contemporary 'positivist doctrine' (*'positivistische Lehre'*) distinguished itself through the glorification of the technical discipline in its existing form as the only legitimate knowledge and, consequently, ideas that went beyond it would be declared as futile (Horkheimer 1937c, 1-2). By 'technical discipline' he was referring to his appraisal that positivistic thinking would acknowledge as a valid approach to science only what was the outcome of a 'purged' experience, as practised in the strict form of

the natural sciences (Horkheimer 1937b, 9). Questions regarding issues like the soul, liberty or a higher reality, as raised by metaphysics, would be dismissed as scientifically invalid (Horkheimer 1937c, 1-2). Horkheimer believed that positivistic critique of metaphysics initially had an emancipatory character; however, because it pursued the critique of what he saw as inhuman organicistic theories of state and society – for example as formulated and superelevated in fascist ideas of an organic unity of the state and its people – and because it disputed illusions of the idea of god or the fetishisation of the state, positivistic critique in its present form had become intertwined with ruling conditions similar to those of metaphysics (Horkheimer 1937b, 10-11). In contrast (and similarly to the critique of the later emerging disability studies), Critical Theory believed that there was no value- or interest-free science, because society was understood as a totality in which all areas were interrelated and affected by it. Consequently, epistemology could not be value-free in traditional theory either and, therefore, had an inherent tendency to preserve the ‘status quo’ and promote ‘societal conformism’ (cf. Hanssen 2004, 282; Ramsay 2018, 1181).

This critique was very similar to Haraway’s scrutiny of the traditional assumption of a transcending scientific epistemology, albeit she addressed in her approach an explicitly feminist and implicitly intersectional perspective, which exposed a gap in Critical Theory’s own epistemological critique despite its critical dissection of the interdependent relation of academia and the connected obfuscating notion of science in a bourgeois-capitalist society. From an intersectional perspective Critical Theory’s approach neglected to unfold the associated entanglements and localisations of the subjective positioning that shaped its own epistemological stance – for example in regarding underlying assumptions on formations of gender and gender relations (cf. Schäfer 1990, 74; see also further discussion in Chapter Three and in this chapter). By contrast, Haraway was very well aware that relations of domination and subjugation were structured by intersectional categories like ‘gender, race, nation, and class’ (cf. Haraway 1991a, 193). For this reason, she rejected ideas of objective and neutral positions in conducting science, which she labelled as the ‘god trick’ because of its seemingly superior and objective point of view (‘seeing everything from nowhere’) that claimed to be able to adopt a transcending, unaffected epistemology (Haraway 1991a, 189). Instead, she advocated for the recognition of partial knowledges, especially from a position of feminist embodiment, that were aware of their own localisations and

subjectivities and were, therefore, much more likely to advance a critical examination of knowledge and knowledge production (Haraway 1991a, 191).

At the same time, Haraway was aware that subjugated positions of subjectivity that aimed to be all-encompassing could also run the risk of becoming totalising, if they were set in absolute terms which blanked out contradictory, partial, and diverse experiences. The search for a 'full and total position' of subjectivity – one that was representative of all prominent categories of markers for marginalisation like gender, race, nation, and class – was dubbed by Haraway a search for a 'fetishized perfect subject of oppositional history' that was impossible to achieve (1991a, 193). Instead, feminist epistemology should allow for split and contradictory subjectivity, which was able to question positionings and was also accountable. 'Splitting', as Haraway called it, should be the preferred epistemology for scientific feminist knowledge production and be about 'heterogeneous multiplicities' that allowed for partial positions (1991a, 193). Like Critical Theory's concept of nonidentity partial, split knowledges were characterised by the impossibility of their being lumped into cumulative ('isomorphic') categorisations (Haraway 1991a, 193). Haraway's advocacy for critically inquiring fractured identities served as a counterbalance to the essentialising positivism that she opposed in her concepts of the cyborg, or in her discussion of situated knowledges and the 'god trick'.

Regarding his own strand of analysis on positivism, Horkheimer believed that the understanding of logic in science was not objective, but rather misleading, because it had disposed of independent thinking and immediate individual experience and perception. Instead, the scientific system provided a mediated experience that was defined by authoritative protocol sentences, from which the perception about what is given was deduced. But because of the influence of predefined judgements, it would occur to perception only what could be aligned with what was already recognised as fact (Horkheimer 1937b, 11-14). In the so-called 'positivism dispute' of the 1960s, Adorno continued the critique of science as being prone to determination by logical formalism – especially in the social sciences – if the scientific concept of 'problem' would be restricted to mere theoretical problems detached from material reality. He argued that the scientific principles of the natural sciences could not simply be transferred onto the social sciences, because the object of recognition, namely society, would not follow formulaically the rules of testable hypotheses (cf. Ramsay 2018, 1188). Society was inconsistent and complicated and could therefore not neutrally be left 'to the capriciousness of categorical formulations' (Adorno 1962, 1-2; translation Ramsay

2018, 1188). For this reason, sound sociological method needed to take into account the complex, contradictory, and multi-layered character of its object, society (cf. Ramsay 2018, 1188). Critical Theory and the Frankfurt School tried to reproduce the complexity of society in their research by deliberately pursuing an interdisciplinary approach.

Foucault shared the critique of the under-complexity and the formalism of traditional science and called for the engagement in different, more complex, analytical procedures in his work, for example when he asked for the inclusion and recognition of subjugated knowledges (cf. Foucault 1980a, 81; see also the following discussion in this chapter). As an historian of power, he recognised the importance of capitalist economic conditions as described by Marx, but also believed that tools other than economic explanations were necessary to understand the specificity, the mechanisms, and constitutions that constituted the nature of power (cf. Macdonald 2002, 281). Foucault was adamant not to take into consideration only different thematic factors that could have an impact, like economy, culture or politics, but to investigate the different tactics, techniques and mechanisms that shaped and were shaped by how power operated. In his investigation of the historical development of the apparatus of sexuality, he identified different strategies and tactics that constituted the reciprocal power-knowledge relation and that were embedded in force relations across different spheres and localisations. Foucault's focus was on the complexity of power and how this complexity was expressed at all levels of society. For this reason he wanted to move away from notions of a central power exercising control from above that had been prevalent, especially in pre-Enlightenment times (for example, Machiavelli and his notion of the power-concentrating prince). Foucault formulated his notions of power as a multiplicity of force relations (Foucault 1978, 92 and 97). Instead of the predominance of a hierarchical relationship governed by law, the viewpoint of the objective, of tactical efficacy, and of the analysis of a multiple and mobile field of force relations that constituted power became decisive. Force relations were immanent in the area where they took effect, but also where the organisation of these force relations occurred (Foucault 1978, 92 and 102). In order to adequately approach this multiplicity of relations of violence, Foucault formulated four methodological considerations that he identified for his definition of power: the rule of immanence, rules of continual variations, the rule of double conditioning, and the rule of the tactical polyvalence of discourses.

The rule of immanence focuses on local centres as a starting point for the power-knowledge relation. Different forms of discourse can come into effect in a defined

setting, for example in the relation between penitents and confessors. Foucault describes the nature of their interaction and the use of the techniques of knowledge as an 'incessant back-and-forth movement of forms of subjugation and schemas of knowledge'. This can take the form of self-examination, questionings, admissions, interpretations or interviews. But it is important to note that Foucault formulated the rule of immanence because he believed there was no exteriority possible between the interplay of techniques of knowledge and strategies of power, even if they took on specific roles or were connected on the basis of their difference (1978, 98).

The rules of continual variations of power stress that power-knowledge relations are not expressions of static forms of distribution of power or knowledge, but instead their fluid and ever-changing relations are more adequately described as 'matrices of transformation' (Foucault 1978, 99). This seems a better representation of the constant changes and modifications that Foucault observed in relationships of force. For this reason Foucault advocated looking for patterns of modification that were motivated by the nature of their process; for example, when the problematisation of a child's sexuality first took place in the relationship between doctor and parents, but then the focus shifted and the sexuality of adults was problematised within the relationship between psychiatrist and child (1978, 99).

With the rule of double conditioning, Foucault points out the aforementioned local centres and the patterns of transformation, but also that the effects of an overall strategy are mutually dependent in their interaction. This means that double conditioning works so that, on the one hand, a strategy is characterised by the specificity of possible tactics, but, on the other hand, tactics are shaped by the strategic framework in which they take place. The organisation of the family, for example, is not simply a mirror of society – no more than society is an imitation of the family – but the family rather serves as a prop and anchor point for measures like control of the birth-rate or the medicalisation of sex (1978, 99-100).

But Foucault also grasped power and knowledge as being joined together in complex and unstable discourse, and expresses this understanding in the rule of the tactical polyvalence of discourses. He rejects a view that separates discourse into the two different areas of the dominant and the dominated, or accepted or excluded, discourse. But he rather sees discourse as a multiplicity of discursive elements that come into play in various strategies (1978, 100). Discourse can serve several functions and transmit, reinforce and produce power, but it can also undermine and expose it, render it fragile

and be a point of resistance or a starting point for an opposing strategy (1978, 101-102). For example, nineteenth-century discourse on homosexuality advanced social controls into this area, but at the same time a discourse developed where homosexuality stood up for the recognition of its legitimacy and, as Foucault observes, did so partly by using the same vocabulary and categories by which it was medically disqualified (1978, 101).

Similarly to the critique around knowledge and power, however, there is also some overlap in Foucault's critical engagement with norm and normalisation, which he expresses in his notions of biopower. Even though they followed partly different explanations and approaches, Foucault and Critical Theory shared the criticism of standardisation as a kind of disciplining and uniforming or reifying mechanism. Both made the observation that in the new economic order the principles of value and utility had become pervasive. The new form of power, which had shifted from law to norm, used new practices such as identifying, measuring, calculating, classifying or hierarchising to apply an efficiency-orientated, formulaic logic (cf. Foucault 1978, 144). Normalisation became a crucial mechanism that marked anything that departed from a given norm as deviant or anomalous. But whereas Critical Theory primarily constituted the totality of purposive reason and identitarian thinking as a driving force, Foucault was more concerned with the effect of discourse and a shift of tactics and techniques in government, guided by biopower as a new form of power. Foucault states that living beings and their bodies have become the focus of regimes of disciplinary power that was now determined by biopolitics:

It is no longer a matter of bringing death into play in the field of sovereignty, but of distributing the living in the domain of value and utility. Such a power has to qualify, measure, appraise, and hierarchize, rather than display itself in its murderous splendour; it does not have to draw the line that separates the enemies of the sovereign from his obedient subjects; it effects distributions around the norm...[T]he law operates more and more as a norm, and that the judicial institution is increasingly incorporated into a continuum of apparatuses (medical, administrative, and so on) whose functions are for the most part regulatory. A normalizing society is the historical outcome of a technology of power centered on life (1978, 144).

The relation between normalisation and power is underpinned by the scientific apparatus that accommodates the standardisation of norms which help to execute power on the people affected. In the specific context of science, positivism and the disciplinary effects of an academic life geared towards this ideal of scholarship are considered by Foucault as motivated by the 'centralising powers which are linked to the institution and functioning of an organised scientific discourse within a society such as ours' (Foucault 1980a, 84). This evaluation mirrored his view on all forms of claims to

scientific absoluteness, including Marxist scientific paradigms. In contrast to Critical Theory's critique of positivism, he did not focus on the effects of logical formalisms in connection with natural scientific ideals imposed on the social sciences, but contested the application of 'global, *totalitarian theories*' (Foucault 1980a, 80 [emphasis in original]) in the context of institutionalised science as such. Instead, he was more interested in the unearthing of 'subjugated knowledges' (1980a, 81). This term could mean two things. On the one hand it refers to a type of historical knowledge that, contrary to what Foucault was trying to do in his critique of the asylum, was not taken into account by an established 'body of functionalist and systematising theory' (Foucault 1980a, 81), because it did not fit into institutionally recognised criteria of coherence or formal systemisation (1980a, 82) – a critique very similar to Horkheimer's and Adorno's reasoning on formal logic in traditional theory. On the other hand, Foucault's understanding of the term 'subjugated knowledges' also included sources that had been omitted by historical writing, because they did not meet the required levels of respectability or scientificity, for example 'naive', 'unqualified', 'low-ranking' knowledges such as the psychiatric patient, the nurse or the delinquent (Foucault 1980a, 82). Hence, from the Foucauldian point of view the term 'subjugated knowledges' was indicative of a scientific apparatus that reproduced hierarchies of knowledge and exclusionary mechanisms to what was considered worthy of academic consideration. In this respect, there are also links to Haraway's ideas of partial perspectives and situated knowledge, because she addresses related aspects of the positioning of marginalised knowledge in institutionalised science, albeit with a clearly feminist stance.

Foucault investigated the positivistic thinking behind entwined hierarchical power-knowledge relationships specifically in his work on psychiatry and madness when he analysed the relationship between guard and patient. He concluded that the keeper obtained power from the status as an authority of reason, which was upheld through an implicit agreement between guard and patient. This confirmed not just the authority of the guard, but also inscribed the conveyed authority of reason into their social relations (cf. Foucault 2001, 251-252). While the guard acted as representative of 'traditional' or 'formal' reason, the status of the psychiatric patient, whose position could be seen as analogous to an investigation of disability in general, was to represent the 'subjugated' or 'nonidentical' knowledge that justified subordination, but also established conformism.

On this basis Foucault condemned the influence of 'global theories' in science, because they embodied a form of positivism that exercised 'regimes of thought' (Foucault 1980a, 81) with their authoritative power to approve the validity of theory production (cf. Foucault 1980a, 81). In this way, Critical Theory and postmodernism formulated a critique of academic systems of knowledge production that has been echoed later in feminist and disability studies debates on hierarchical and exclusionary academic institutions and the consequences of the dominant scientific epistemologies they reproduce (see for example: Meekosha and Shuttleworth (2009), who draw on the Frankfurt School for their argument for critical social thought in contrast to traditional approaches in disability studies and academia; Colin Barnes' account on disability and academia (2014), which expounds exclusion in academia from a social model perspective, but also cites Foucault's insights on the social construct of mental illness as a major influence on critical debate; Campbell (2009), who includes Foucault's notions of biopower in the analysis of ableism in academia; and Pfahl and Powell (2014), who discuss the role of power structures and practices in posing barriers for disability studies scholars). Critical Theory pointed out the totality of formal logic and how traditional scientificity inherently produced conceptual nonidentity and disguised societal contradictions and ambiguities. Foucault focused more strongly on subjugated, hidden knowledges and the power relations mediated by the whole of the scientific apparatus (cf. Foucault 1980a, 81-82), while Haraway developed these notions further by pointing to the importance of self-reflexivity and the significance of partial, fractured knowledges for gaining meaningful scientific insights.

But one point at which Foucault seemed to diverge at least partially from Critical Theory, and which also had consequences for the reception of the social model of disability through a postmodern lens, was in his appraisal of Marxism. On the surface, Foucault rejected Marxism generally whereas Critical Theory saw Marxist materialism as the fundament of its research. However, in Foucault's case it is at least partially important to differentiate between the parallels he saw in Marx's own work and his disdain for interpretations from Marxist apologists. He questioned the conception of scientificity by Marxist academics who aimed to elevate Marxist principles to a doctrine for scientific work, because it would represent another attempt to carry out 'totalitarian' research. Based on his suspicions of any form of totality or positivism, he believed that Marxism designed to provide a universal scientific framework was at risk of being an elevation of 'Marxism, as the science of sciences, [that] can provide the theory of science and draw

the boundary between science and ideology' (1980b, 64-65) and another pursuit of a 'total history' [...] that would reduce all differences to 'a single form' and 'a coherent type of society' (1972, 13). To Foucault, this pursuit fulfilled the criteria of the 'project of positivism' (1980b, 64-65), because eventually, like any other global theory, it would institutionalise a dogmatic 'discourse of truth' that aimed to establish laws 'for each and every science' (1980b, 64-65), which was the opposite of his own approach.

But on the other hand, Foucault was much more sympathetic to Marx's original work, especially when it came to the analysis of power. As indicated above, Foucault criticised Western Marxism, because, in particular, he found common conceptions of power as either 'held by a particular class or state apparatus or as an instrumentation always captured by economic processes more widely conceived' as rather limited (Macdonald 2002, 280). He could much more relate to parts of Marx's original analysis of capitalism because it offered some connecting factors to Foucault's considerations on disciplinary power. Similarly, Foucault saw the accumulation of men through the deployment of discipline inseparably connected to the accumulation of capital with the rise of capitalism (Foucault 1995, 221). Therefore, he concluded that '[t]he growth of a capitalist economy gave rise to the specific modality of disciplinary power, whose general formulas, techniques of submitting forces and bodies, in short, "political anatomy", could be operated in the most diverse political régimes, apparatuses or institutions' (Foucault 1995, 221). Consequently, Marx's unveiling of disciplinary action like the division of labour or the elaboration of disciplinary techniques, as explored in *Capital* (cf. Foucault 1995, 221), fit right into Foucault's analysis of power relations (cf. Macdonald 2002, 280).

Eventually, this also coincides with the Frankfurt School's Critical Theory. The DA, for example, discusses the disciplining influence of modern capitalist society in its analysis of the Odyssey and comes to the conclusion that '[t]he way of civilization has been that of obedience and work' (Horkheimer and Adorno 2002, 26). To keep up the restrained self-preservation necessary to achieve the exploitative domination of nature, '[t]he urge toward distraction must be grimly sublimated in redoubled exertions. Thus the workers are made practical' (Horkheimer and Adorno 2002, 26). Such analysis of the disciplining of workers enforced by sublimation, derived from Marxist and psychoanalytical explanatory models, offers a connecting factor to Foucault's conclusion that the 'subtle, calculated technology of subjection' (1995, 221) enabled the interrelated capitalist and political take-off in the West. All in all, there are obvious differences in the

epistemological perspectives between Critical Theory's and Foucault's critiques of positivism – for example regarding the use of the term positivism, or their specific understandings of totality and science. But the discussion also carved out some fruitful overlaps that can help to formulate a comprehensive view on scientificity – for example the critique of standardisation and normalisation, the influence of formal logic and rationalism, or the suppression of social contradictions or subjugated knowledges. Critical Theory's critique of the disabling effects of capitalist living conditions through functionality requirements also underlines the ongoing relevance of the social model perspective.

Even if one takes into account the inherent historicity of these debates, their foundational critique of the scientific apparatus is still insightful in understanding the wider social impact of scientific research in terms of disability and gender. They also offer a particular interpretation of the status of disability and disabled academics within the social and institutional fabric of academia. This involves several layers that also offer connections to more specialised theoretical approaches. Critical Theory's critique of capitalist labour and living conditions can also be applied to the demands for performance and functionality, and to increasingly precarious working conditions, at universities, and this also makes the reciprocal entanglement of science and society particularly clear. A university career is especially difficult for people who cannot meet these demands. People with so-called invisible impairments in academic professions are an example of this because they are exposed to increased pressure to perform and adapt due to fear of stigmatisation. This also has ramifications for the decision whether or not to disclose a chronic non-visible condition in the workplace, and for the perceived advantages or disadvantages of disclosure (cf. Brown 2020, 62-65).

Critical Theory and Foucault also overlap in their ideas about the normalisation and standardisation of scientificity. Critical Theory has emphasised the tendency towards quantification and formulaicism, which lead to the negation of properties that they cannot capture, and ultimately reduce complexity and disruptive contradictoriness. Foucault had a stronger focus on the problem of global theoretical approaches and their supposed claims to universality, which he believed excluded diverse lived experiences and realities.

What both approaches have in common, however, is that from different perspectives they question stereotypical and standardising categorisations and the essentialism associated with them. For academic work, this means that categorisations of disability

and gender, which for example exclude certain forms of disability or reduce gender to binary identities, must be questioned. At the same time, this can also mean that potential normalisation tendencies to produce exclusions in the field of education must be under scrutiny. From the viewpoint of Foucault's critique of academia, power and hierarchical structures still ensure that marginalised knowledges, for example regarding disability studies in Germany, still have to struggle for institutional recognition (cf. Köbsell 2019, 30). Conversely, Critical Theory's application of materialism can help to reveal how the reification of social relations and instrumental reason also come into play in this context – for example when the promotion of disability as a diversity measure in academia is dependent on its exploitability in the academic competition for recognition and resources (cf. Neukirchinger 2013, 105-107). Disability is a useful marker for diversity as long as it complements common concepts of performance and efficiency and can serve as a competitive advantage in the academic striving for funding and recognition often bound to prestige, funding and earning awards for excellence. Conversely, the example of academic staff who do not disclose chronic or 'invisible' illnesses shows that there is a risk that recognition and career can also always be up for grabs as soon as their performance is called into question, and supposed nonidentity with desired efficiency and adaption criteria seems to appear.

Using Critical Theory with Foucault can also help in understanding that uniform explanatory approaches can grasp to only a limited extent the multifaceted inter- and intra-sectional lived realities of disability and gender, which are often still characterised by structural discrimination. Additionally, Haraway specifically points to problems of the representation of gender in knowledge production by arguing for feminist and consciously partial – but also self-reflective – perspectives as a starting point. In doing so, her approach of affinity and ambivalence and the targeted dissolution of dichotomies allows for the further questioning of categories that exclude, for example, disabled women in feminist debates, or in discourses around disability. Deconstruction goes further here, however, and generally questions the limitations of 'woman' or gender (and this could also be discussed analogously in the case of disability: for example with regard to the discussion of the oarsmen in Chapter Three that showed how disability and ability can also be fluid categories that leave room for nonidentity; or, similarly to the questioning of the sex/gender binary, with regard to the discussion of the impairment/disability dichotomy and how the biologising understanding of impairment is also subject to contingent and historically specific discourse and conditions) when the

figure of the cyborg reveals the actual permanent transformation and fragility of definitional and normative enclosures. Haraway also emphasises the importance of intersectional analysis by pointing out the relevance of power relations regarding the structurally intertwined and effective categories of class, gender and race, which are also shaped by their specific historicity.

In conclusion, Foucault's critique of positivism was also influential for the followers of postmodern theories and 'new materialism' that overlapped with Haraway's work (cf. Lettow 2016, 108 and 116; Hinton 2014, 102). New materialism drew on notions of overcoming the split between nature and culture, linguistic or discursive idealism, social constructivism, positivism, and naturalism (cf. Lemke 2015, 4). These theoretical connections were enabled through Foucault's questioning of humanism, for example in the discussion on the government of things, where Foucault explored 'the interrelatedness and entanglements of men and things, the natural and the artificial, the physical and the moral' (Lemke 2015, 5). This already foreshadowed the radical questioning of binary thinking, as continued by Haraway. But in contrast to Critical Theory, which was concerned with the reification of identity and social relations, Foucault approached the subject from a different direction. He was more interested in how technologies of power were employed to arrange men like things by governments to achieve certain ends and docile bodies, and what role technologies of the self played under the conditions of liberalism. In this respect, it is fruitful to look at positivism from both perspectives, because the different approaches and the evaluation of its effects and consequences contribute to a complex understanding of the subject.

The role of Freudian psychoanalysis is still very controversial in current debates surrounding postmodernism and Critical Theory. While Freudo-Marxism is a strong element in the work of the Frankfurt School, Foucault's and Haraway's views on psychoanalysis are much more ambivalent, even if they acknowledge the historical impact of psychoanalytical ideas for theory formation (cf. Foucault 1978, 53; Haraway 1991c, 48). As a philosopher of science Haraway is particularly interested in the question of how the sciences, especially primatology, the study of non-human primates, produced and reproduced beliefs in natural and cultural domination (cf. Haraway 1991d, 21). In this respect she shows a similar impetus to that of Critical Theory which was also concerned with the repercussions of the Enlightenment and its significance for culturally and socially ingrained forms of domination and self-preservation. Using psychoanalysis as an example, Haraway investigates how primatology applied it to produce 'legitimizing

beliefs in the natural necessity of aggression, competition, and hierarchy' (Haraway 1991d, 21). But unlike Critical Theory Haraway has a clearly historicising view on Freud and the origin of psychoanalysis, and locates his sphere of influence in the bourgeois 'organic, industrial society' around the first half of the twentieth century, which contrasts with her more contemporary understanding of a postmodern or information society. From the perspective of an intersectional feminist (cf. Haraway 2004a, 20-21) and as a science and technology researcher, she takes a critical stance towards essentialising patriarchal concepts of 'woman' that use Freudian psychoanalysis to legitimise their conclusions. This includes notions of culture and family that paint 'women' as passive sexual objects of male desire (Berkel 2008, 92), or scientific disciplines that draw from psychoanalytical explanatory models in their attempts to substantiate and rationalise the alleged female object and property status in human and animal social orders (cf. Haraway 1991d, 27-30). With an ironic reference to Marxist societal analysis, she comments on these schematic approaches in primatology that use Freud's ideas, as follows:

Males compete to accumulate the means of (re)production, through which alone they can increase their genetic capital in evolution. Females are the means of evolutionary production and the source of surplus value. As dominance became the universal medium of exchange among males and the measure of value, the political and natural economy of Hobbes's *Leviathan* has found its twentieth-century biological expression. The economic order is exclusively physiological in all but human beings, where cultural ownership of females and property is also to be found (Haraway 1991d, 28).

The approaches Haraway criticises here refer to Freud's theory of the origin of culture and civilisation in repression as a starting point for modernity. In *Totem and Taboo*, he describes the murder of the primal father by his sons as a decisive watershed. They are at the core of a primeval tribal union where, eventually, the jealous and violent father casts out his sons and keeps all 'females' to himself. But the sons turn against the father, decide to group together to slay him, and even eat him in the end. In Freud's interpretation the father functions as the envied and feared role model who is in the way of the brothers' urge for power and the fulfilment of their sexual claims within the horde. But after they satisfy their hate and identify with the overpowering father by taking his place and literally consuming his flesh, the brotherly tribe, according to Freud, is so overwhelmed by remorse and guilt that they disavow the deed (1919, 233-238) and even dramatically change their relation to the desired women who are no longer under the authority of the murdered father:

But the other, the incest prohibition, had, besides, a strong practical foundation. Sexual need does not unite men, it separates them. Though the brothers had joined forces in order to overcome the father, each was the other's rival among the women. Each one wanted to have them all to himself like the father, and in the fight of each against the other the new organization would have perished. For there was no longer any one stronger than all the rest who could have successfully assumed the role of the father. Thus there was nothing left for the brothers, they wanted to live together, but to erect the incest prohibition – perhaps after many difficult experiences – through which they all equally renounced the women whom they desired, and on account of whom they had removed the father in the first place (1919, 237).

According to Freud this turning point in the brotherly community not only initiates modern morality, but also leads to the prohibition of incest (1919, 237). But having a closer look, Haraway justifiably criticises the way that the marginal and passive role of women in this context reinforces patriarchal views on gender stereotypes. Even though Freud acknowledges that the death of the primal father triggers the origin of the patriarchal society (1919, 246), women and their embedding within the tribal arrangements are remarkably absent. They are discussed only regarding their significance as sexual objects from the brothers' standpoint, and only the male family members' motives, emotions, and actions are investigated as driving forces in this account (cf. Berkel 2008, 92). Women are objects of reciprocity and exchange between brotherly unions but are not recognised as having their part in the symbolic formation of these communities (cf. Berkel 2008, 92). In this context it is remarkable that Freud grounds his analysis of modern male psyche in the Oedipus complex (1919, 218), but denies female agency and desire in the counterpart of a suggested 'Electra complex', based on the assumption of female moral and emotional immaturity (cf. Samsonow 2019, 7).

In her analysis of science history Haraway is motivated by the prospect of potential social transformation and how knowledge gained from understanding the past can help shape the future accordingly. Referring to critical theories as developed by Marx or the Frankfurt School, she believes that 'the social and economic means of human liberation' would be 'within our grasp' but sees ongoing societal relations of domination and scarcity as the problem (Haraway 1991d, 23). Haraway obviously questions the validity of traditional theorising in the sciences because of its patriarchal bias and, instead, proposes a feminist history of science that reappropriates science and rediscovers definitions of what is 'natural'. In doing so, she suggests a critical examination should be concerned with orientations of the biosocial sciences that research 'the alleged evolutionary biology' and legitimise seemingly ineluctable patterns of order rooted in

domination (Haraway 1991d, 23). In doing so, she calls for critical engagement with scientific approaches that have used, for example, Freudian psychology to justify patriarchal patterns of interpretation of animal and human behaviour. This is why she mocks the application of Freudian accounts, emphasising that they must always be critically examined because of their historicity and the mediation of problematic images of gender and sociocultural relations. Ultimately, it is a call for a form of genealogy from a feminist perspective that appropriates interpretive patterns about the past and understandings of science in order to deconstruct normalising relations of domination. This also applies to standardising categorisations in feminist and disability studies that have neglected or rendered invisible disabled women in both areas. The application of psychoanalysis in Critical Theory requires reflection of its historicity to deconstruct its gender bias if it is to be made useful for disability and gender, and to avoid the reproduction of one-dimensional gender representation and relations in its analysis of capitalist societies.

Among feminists the reception of Freud is controversial. Whereas some denounce his views as examples of patriarchy and male chauvinism (cf. Bateman and Holmes 2001, 65), other feminist psychoanalysts have tried to further develop and appropriate Freud's ideas, for example by shifting from the centrality of the father figure by re-interpreting the Oedipal complex from a feminist angle, or by taking up Freud's notions of the inherent bisexuality of the human psyche (cf. Bateman and Holmes 2001, 66-67). Exploring these approaches further might be a useful way to apply psychoanalysis in a form that makes it fruitful for diverse gender identities. Critical Theory's views on gender and homosexuality are strongly influenced by psychoanalysis and, as has already been discussed here, show similar flaws. From a sociological perspective, intersectional feminist accounts currently offer a much more comprehensive view on the situatedness of gender in society, because, as Haraway's critique shows, the inclusion of diverse and overlapping aspects like disability, race and class offer different insights into the complex situation of disabled women. This would be a vital extension to the analytical approach of Critical Theory, because although it strongly combines an interdisciplinary theory formation to ensure a comprehensive multi-perspective view in its research, it does not take into consideration the structural effects and interdependencies of intersectional categories in its epistemological approach (cf. Horkheimer 1978, 66). In the case of disability, one viable approach would be to put disability at the centre to make sure that its specificities are at the focus, but also to investigate it in relation to

other structural conditions like race, class, and gender (cf. Waldschmidt 2014b, 879). An updated focus on gender in psychoanalytical approaches could mean that the analysis shifts the focus away from a heterosexual male-centric perspective to one that acknowledges and includes diverse – including queer or non-binary – lived realities and perspectives. This would help in dissecting how these intra-categorical aspects are situated in contemporary social structures and power relations that are determined by capitalist systemic constraints, as, for example, is experienced with disability as a social category in a performance-led and competitive society. At the same time this would provide a necessary scope for complexity in order to represent a differentiated analysis, rather than just to understand disability and gender as characteristics of homogeneous groups (cf. Waldschmidt 2014b, 875).

Foucault takes issue with Freud's approach to psychology as well, not just in terms of sex, gender and the body, but also regarding class representation. In the first volume of *History of Sexuality* he discusses extensively the theory of modern sexual repression and refers to psychoanalysis, which was centred on repression as a distinctive feature of modern society. Foucault radically questions the notion of a generalisable sexual repression, not only because his perspective is determined by the view that, historically, observed repression was an expression of class affiliation, but also because he rejects the idea that repression was characteristic of the modern age from the nineteenth century onwards. Instead, he comes to the conclusion that conceptions and experiences of sexuality are always inextricably linked to specific cultural conventions and mechanisms of power. Therefore, Foucault objects to the belief of a primal natural and healthy sexuality that has been repressed by cultural conventions and prohibitions and needs only to be liberated (*Stanford Encyclopedia: Foucault*).

The analysis that we as subjects never exist outside societal discourses and practices is consistent with Foucault's earlier-mentioned critique of the use of the 'subject' in Critical Theory. He locates an inherent assumption of the repressed subject in Critical Theory that is bound to the concept of repression through self-preservation as a consequence of the enlightened dogma of the domination of inner and outer nature. For this reason and along the lines of how sex and sexuality are discussed, Foucault's postmodernism puts into question the prerequisite of an original subject and the connected psychoanalytical premises. As a result, he criticises this part of Critical Theory as a misconception that neglects the continuous re-invention of the subject in human history. Thus, it is not very surprising that the rejection of the basic assumptions of

psychoanalysis clearly divides Foucault from Critical Theory, because the starting points of these two approaches come from significantly different directions.

Regarding the class aspects, Foucault's postmodernism takes up his critique on the dominance of bourgeois notions and argues that psychoanalytical premises are intertwined with a bourgeois regime of sex and the body. He locates the formation of a distinctive bourgeois class body at the centre of this development, because as a historical societal shift, it was also constitutive of the origin of psychoanalysis (Balibar 1992, 48; Foucault 1978, 158-159). To make his point he contrasts it with the expression of sexuality as observed in the so-called proletariat. Remarkably, the 'most rigorous techniques were formed and, more particularly, applied first' in 'economically privileged and politically dominant classes' (Foucault 1978, 120). According to this argumentation, the discourse on sexuality first conveyed bourgeois ideas of morality, conscience and self-examination, but also the medicalisation and pathologisation of sex had its origin in the middle-class family. Foucault defines an apparatus of sexuality that rather led the bourgeoisie to believe in the importance of its own sex. He thus contradicts the thesis that repression was first aimed at the poorer classes to redirect its utilisation for labour capacity (Foucault 1978, 120-121), as is made clear in this statement:

Some think they can denounce two symmetrical hypocrisies at the same time: the primary hypocrisy of the bourgeoisie which denies its own sexuality, and the secondary hypocrisy of the proletariat which in turn rejects its sexuality by accepting the dominant ideology. This is to misunderstand the process whereby on the contrary the bourgeoisie endowed itself, in an arrogant political affirmation, with a garrulous sexuality which the proletariat long refused to accept, since it was foisted on them for the purpose of subjugation. If it is true that sexuality is the set of effects produced in bodies, behaviors, and social relations by a certain deployment deriving from a complex political technology, one has to admit that this deployment does not operate in symmetrical fashion with respect to the social classes, and consequently, that it does not produce the same effects in them. We must return, therefore, to formulations that have long been disparaged; we must say that there is a bourgeois sexuality, and that there are class sexualities. Or rather, that sexuality is originally, historically bourgeois, and that, in its successive shifts and transpositions, it induces specific class effects (1978, 127).

Ironically, despite his sympathies and parallels with the Frankfurt School, with his stance towards repression he renounces the use of psychoanalysis as an underpinning for theoretical exploration. At the same time, his influence by Marxist insights shows in this respect: that he criticises Freudian psychoanalysis for its class-based approach even though he does not make obvious references to Marxist theorisations (Balibar 1992, 53). This echoes an earlier detected interest in this discussion in Marx's analyses and

concepts regarding the application of disciplinary measures under capitalism. Eventually, the toned-down use of Marxist analysis fits to his objection that deems economic processes still important, but only one set among many influential factors. Simultaneously, he anticipates the influences of intersectional analysis in the way he considers aspects of class, gender, and race in his discussion and conclusion. In terms of the relevance for disability, Foucauldian analysis points out the reciprocal influence of material conditions and discourses: that societal *dispositifs* and their embedded discourses not only influence the mechanisms, techniques and power relations that form social reality, but that they also translate into material conditions or are significantly shaped by them. Therefore, the ambiguous social status of disability and impairment is also reflected in current power relations. Foucault's focus on body politics, which he also expresses in the critique of psychoanalysis and its repression thesis, has made him particularly interesting for postmodern and cultural models in disability studies that have dealt with similar questions (cf. Waldschmidt 2005):

the mechanisms of power are addressed to the body, to life, to what causes it to proliferate, to what reinforces the species, its stamina, its ability to dominate, or its capacity for being used. Through the themes of health, progeny, race, the future of the species, the vitality of the social body, power spoke of sexuality and to sexuality;...Power delineated it, aroused it, and employed it as the proliferating meaning that had always to be taken control of again lest it escape;...I am looking for the reasons for which sexuality, far from being repressed in the society of that period, on the contrary was constantly aroused (Foucault 1978, 147 and 148).

Inspired by the analysis of discursive practices undergirding biopolitics, the postmodern or cultural models in disability studies discuss the extent to which disability is produced by technologies of normalisation and how disability represents a specific, contingent form of 'problematization' of bodily difference (Waldschmidt 2005, 24). On the one hand these approaches seek an in-depth understanding of processes of categorisation, the deconstruction of exclusionary taxonomy and the reality connected with it. On the other hand, the opposite: the commonly unquestioned 'normality', and the force relations associated with it, is also to be brought into the focus of the analysis. Similarly to Foucault's approach to historical developments, for example regarding the historical conditions of the emergence of the apparatus of sexuality, this approach in disability studies seeks to investigate the relativity and historicity of processes of exclusion and stigmatisation and, therefore, in contrast to the social model, distances itself from a 'universality' of the 'disability problem' (Waldschmidt 2005, 25).

4.3 Conclusion

On the one hand, there is the question of how disability and disablement in the context of structural or systemic conditions that affect any disabled person to a certain degree can be understood in a meaningful way. On the other hand, there has been a contested discussion in disability studies about how much one can actually separate impairment and disability without the risk of perpetuating pathologising and deficiency-orientated narratives on disability and impairment that suppress underlying pre-social discourses. This is also followed by the question of recognising the complexity of disability.

To develop a tangible approach in formulating relevant, overarching impulses, the discussion has carved out important key points in the differing approaches of Critical Theory, the postmodernism of Michel Foucault, and Donna Haraway's overlapping theorising. Therefore, the discussion addresses fundamental positions on issues like materialism, positivism and related questions of approaches to epistemology, which lay bare questions of the conditions of the inclusion of marginalised knowledges and positions, and questions of inequality. Some foundational differences, but also constructive connections and overlaps for common impulses, have emerged which are summarised and discussed in more detail in the following conclusion.

Chapter 5: Conclusion

This thesis has shown how diversity and complexity challenge critical thinking where gender and disability intersect. It has suggested where to look for new impulses to address these challenges. How to best approach, analyse, and understand disability – especially when it comes to overlaps of disability with gender and (queer-)feminism – is a recurring discussion in disability studies, as explored in Chapter Two of this thesis. The embodiment of disability in its inner and outer nature defies standardisation due to its inherently diverse, comprehensive, and individual character. It is, therefore, also contradictory or ambiguous. At the same time, the analysis of potential interlockings and their effects play a large role: the various social and gender-specific localisations render disability always intersectional.

Using disability as a social or political category – for example, in the context of the social model – can be vital for analytical purposes and to identify structural and systemic conditions for exclusion and inequality. At the start of the disability movement, it was important to develop a collective identity under the umbrella of a shared experience of inequality and exclusion from social participation, in order to build a positive self-perception which consciously demarcated itself from external (or internalised) negative pathologising and individualising attributions. Yet at the same time, the diverse accounts in disability studies literature and research discussed in this thesis have shown that this unifying approach reaches its limits when the multifaceted range of impairments and chronic illnesses or the intersectional nature of diverse lived realities is brought to the fore, when disability is in tension with identity ascriptions in terms of capitalist performance; functionality or health requirements; and subordinations under medical categorisations. As Hirschmann (2013) or Bruhn and Homann (2013), for example, have argued, disability is ambivalent and multi-perspectival and can only to a limited degree be grasped by simplified categorisations or generic terms. The eventual emergence of the postmodern critique of the social model and the development of the field of critical disability studies, out of disability studies, is an attempt to do justice to the complexity of disability, adopting different theoretical and conceptual angles.

Therefore, as this thesis demonstrates, any framework that attempts to tackle disability and gender must take into account prevailing notions of identity and how it negotiates normalisation and alleged deviance, but also intersectional aspects which can be expressed in social relations and practices, in the predominant social order and societal

power relations as well as in hierarchies of inequality and privilege (also see, for example, intersectional approaches by Jacob et al. in their 2010 volume *Gendering Disability* or, more recently, by Hamied Haroon, who stresses the need for intersectional approaches from a social model perspective in his 2021 lecture 'The Intersections of Disability, Science and Academia'). The approaches suggested in this thesis have been included because they address these cornerstones. The combination of Critical Theory, Foucault's postmodernism and Haraway's cyborg feminism has many constructive overlaps on the one hand; on the other hand, the differences and disagreements have the potential to generate new insights and approaches from mutual questioning and productive friction. Material relations, instrumental reason and systemic foundations retain their central status, while at the same time, standardisation, binary constructions, categorisations, and attributions of identity are critically examined and deconstructed in their heterogeneous social contexts. The openness and transgressiveness of the theory mix places contradictions and supposed deviations, but also difference and diversity, as central and productive, rather than classifying them as marginal phenomena in a self-contained, formal-logical theory building. Important differences, however, are found in the different epistemological starting points and underlying world views, partly shaped by different contemporary contexts. Foucault's postmodernism, which is also reflected in parts of Haraway's work, has a very different approach to the nature of the subject than does Critical Theory – which, however, enables a new discussion of historical developments. At the same time, Critical Theory is very distinctive in that it questions the fundamental possibility of change in a society in which the ideals of the Enlightenment are considered to have failed. This fundamental rejection of the 'wrong state of things' (Adorno 1973, 11) is a contradiction that is undoubtedly difficult to resolve in principle and under the current societal conditions, and it puts any knowledge gained under constant scrutiny. Overall, however, the cornerstones discussed here are significant to an investigation that aims to critically illuminate and further develop the social model.

As the historical outline in Chapter Two has discussed, the historical development of the capitalist mode of production has set the contemporary conditions for participation and inclusion. The early social model is a very important starting point in this respect, because it has recognised precisely this inescapable influence of external conditions and because the discussion surrounding its explanatory power linked it to a Marxist analysis that looked at the contemporary constitution of social organisation. Oliver and

Barnes have, from a social model perspective, understandably criticised how the focus on political and cultural discourses in postmodern approaches has pushed the discussion of the material conditions of disability too much into the background for feasible political activism (cf. Oliver and Barnes 2012, 163). However, as the critical debates surrounding the social model have shown, the basic ideas behind the model must be brought into an exchange with more nuanced approaches in order to effectively deal with the intersection of gender and disability. Underlying beliefs in historical determinism or simplified understandings of central concepts such as class – beliefs that imply social homogeneity and that have been influential for the analysis of materialist relations – cannot adequately depict the historical and present complexity of social stratification (see, for example, Katharina Oguntoye's account of the history of Black Germans since the establishment of the German colonies in Africa in the 19th century. Although often being exoticised in German society, Black Germans also found employment in ordinary working class jobs and were particularly affected by the high unemployment rate during the depression in the 1920s. When Germany had to concede its colonies after World War I, these Black Germans lost the German citizenship attached to colony status and had no entitlement to unemployment benefits. Under the NS regime, Black Germans were subjected to exclusion, compulsory sterilisation, and deportation to concentration camps [Oguntoye 2004]). For this reason, materialist approaches are needed that are able to develop a more elaborate understanding of intricate relations and to grasp more comprehensively current manifestations and experiences of social inequality and marginalisation.

The edge of Critical Theory is that it shares the early social model's grounding in Marxist societal analysis (cf. Hoff 2018, 1152), but combines the questioning of traditional Marxist understandings with self-reflexivity about its own location and entanglement in a supposedly 'enlightened' society that has turned to a system of domination and self-preservation (cf. Hoff 2018, 1149-1150; Horkheimer 1937, 252-253; Horkheimer 1978, 61-63; Horkheimer and Adorno 2002, 21-29). Critical Theory's elaboration of nonidentity under these circumstances, and its recognition of the importance of interdisciplinarity, provide important points of contact with intersectional thinking that are necessary to localise it in ongoing academic debates on gender and disability, as for example in Fritsch's discussion of the significance of Adorno's negative dialectics within a feminist philosophy of disability (2013). This is also highly relevant for

the female or non-binary-read disabled body that is still perceived as other in the – in a Critical Theory sense – ‘totalitarian’ nature of this order.

What Critical Theory lacks is a specifically intersectional or feminist perspective that would allow for a differentiated analysis of the enlightened subject beyond implicitly male, white, heterosexual standpoints, as Chapter Three’s analysis of disability in the Odyssey section of the *Dialectic of Enlightenment* has shown. Even though Horkheimer, for example, in his notes in *Dawn and Decline* (cf. Horkheimer 1978, 66) was well aware of the heterogeneity of the working class at the time, in terms of differences in economic status and the resulting diverging interests and privileges, as he was aware of the international character of capitalism, this did not result in a more explicit intersectional perspective of the related social theory. Although the Frankfurt School’s approach to theory was deliberately interdisciplinary (for example, applying a psychoanalytical lens to explore gender dynamics against the background of the typical proletarian family), it had not yet taken the step of expanding the epistemological range into a broader intersectional social analysis or of questioning the researchers’ own subjectivity. Although psychoanalysis also had an important function in the Frankfurt School’s social theory, locating internalised mechanisms of domination and oppression – for example with the formulation of the ‘Authoritarian Personality’ – as this thesis has highlighted, Critical Theory’s psychoanalytical approach had also problematic aspects, addressing gender within stereotypical notions of gender roles, attributions, and family relations. This became clear in the discussion in Chapter Four on Critical Theory’s deployment of homosexuality for analytical purposes; it could also be expanded to the exploration of the Odyssey myth in Chapter Three, which pointed to an uncritical use of terms regarding their implications for gender roles and norms and how these are reproduced. The inner circle of the Frankfurt School did not include any women, so that there was always a risk of an androcentric bias on gender issues (cf. Ziege 2007, 95). Gender-related essays in the institute’s own journal, although in the minority overall, were very aware of the influence of the capitalist commodity character on gender roles and body standards, but also how it fundamentally structured social relations and thereby supported the current societal patriarchal order (cf. Ziege 2007, 101). But at the same time, the often applied binary and family-focused comparison between ‘the man’ and ‘the woman’ as expressions of differing social identities due to their contrasting socio-economic positioning also had a tendency of essentialising and reproducing gender stereotypes while analysing them (cf. Ziege 2007, 105-106). This was, for example,

evident in Adorno's broad-brushed attempt at defining a female social character; outlining women's overall role as the cement of society whereby he assigned to the 'the woman' specific bourgeois characteristics that he saw expressed in alleged 'irrational behaviour' and 'infantility' (Ziege 2004, 133-134). Critical Theory is therefore very ambivalent when it comes to addressing the diversity, but also the social entanglements of gender.

The reference to Foucault and Haraway provides helpful insight, because they take up precisely these epistemological and conceptual-historical gaps that not only apply to Critical Theory's methods of theorising, but also to any future research approach. Foucault criticised Critical Theory from his archaeological exploration of the foundations of concepts and sources (Foucault 1972), while Haraway fundamentally exposed the position of the seemingly neutral and objective observer in science as a 'God trick' (cf. Haraway 1991a, 190-191). In particular, Haraway's thesis of 'situated knowledges' and her transgressive cyborg feminism offer the possibility to address the diversity of gender in knowledge production, because her work inherently questions binaries and biologisms from a feminist perspective, which also allows the inclusion of queer- and transfeminist perspectives. As the theory discussion chapters have shown, Critical Theory's nonidentity can be used to draw a line to both Haraway's and Foucault's critique of binary categories. Critical Theory condemned the dominance of formal logic and its development of an identitarian character of categorisations that leaves no room for non-conformance, while Foucault and Haraway focused on the binary nature of categorisation that tends to structure our thinking and our understanding of the world we live in. Therefore, the aim in proposing these cornerstones for further discussion and analysis is that the female and disabled body is not located as 'deviant' and 'inferior' (Garland Thomson 1997, 279), but that a feminist exploration of gender and disability is explicitly placed at its centre.

The combination of these three approaches offers a starting point to unpack the intersection of gender and disability from different angles. On the one hand, there are expectations on the ideally healthy and fully functioning female-read body, with disabled women tending to be excluded from experiences like mothering. Disabled women may not be acknowledged as equally valuable as their non-disabled counterparts, as shown for example in the controversies with non-disabled feminists on issues like reproductive rights and abortion. Then there are also conflicts about forms of exclusion and its visibility within the disability movement. Disabled women's experiences and their

perspectives as women with an impairment have often been widely ignored within the disability movement. At the same time the theory mix puts into focus that analytical categories like woman or gender also run the risk of reproducing binary gender stereotypes. Therefore, the transgressive element especially inherent in Haraway's theorising promotes the questioning of binary notions and the inclusion of the partial perspectives of trans, queer, non-binary or intersex people within the umbrella of disability and gender. This follows discussions in the sociology of the body that also bring questions of culturally influenced, gendered attributions to the body and biological sex to the fore and critically discusses discursive practices in this context.

Subsequently, Foucault's range of concepts of biopower, for example on the impact of dispositifs and the related discourses and social practices, have been vital for disability studies. His genealogical approach was important to trace back how cultural formations have shaped modern understandings of disability and gender. Biopolitics and the technologies of discipline and regulation were important concepts to introduce and shape notions of norm and standardisation, but also accompanying notions of alleged deviance and pathologisation. For example, the unpicking of the medical gaze was significant because, according to Foucault, the gaze with its disciplinary power towards the body was 'always receptive to the deviant' (Foucault 2003, 89) from the position of a presumed medical norm, and was representative for a ubiquitous and authoritative power that was able to define what was 'deviant' and what was not. Biopolitics and the introduction of the norm were intertwined with the biologisation of the social during the origin of modern medicine, which, historically, was also closely connected to the development of eugenics in the 19th century. Since disabled people have been widely subjected to rehabilitative, medical and health care measures, technologies and mechanisms of the disciplining of the body are central to disability studies and to an analysis of deficiency-orientated or so-called medical models of disability. Thereby, Foucault's concept of biopower is significant. It also shows similarities to Critical Theory's critique of standardisation from a different angle, which means they can complement ideas about standardisation and formal logic.

What is also interesting in Foucault's reception, highlighting further parallels with Critical Theory and Haraway's version of socialist feminism, is that he also connected some factors in Marx's exploration of 19th century capitalism to his own analysis of disciplining (as highlighted in the discussion in Chapter Four), although he clearly assigned Marx's underlying scientific base to the historical context at the time (cf. Foucault 1995, 221;

Foucault 1991, 105; Macdonald 2002, 280-281). In contrast, Foucault was much more concerned with contemporary interpretations of Marxist ideas that he deemed dogmatic or epistemologically limited (cf. Macey 1994, 37-43; Miller 1993, 58). Circling back to the discussion of the social model in the thesis, the problem is not necessarily the Marxist interpretation itself, but a positioning that potentially leads to a questionable reduction of complexity.

Production relations and the associated socio-economic relations of class and social status fundamentally structure the social order in capitalist societies. This means that all members of these societies are affected by this order to varying degrees. Recent work, also influenced by postmodern and feminist perspectives, has elaborated how this has affected disability and gender, and which specific forms of exclusion have been created in the process (cf. Achterlik 2015; Clare 1999; Fritsch 2013; Raab 2010; Waldschmidt 2010). Foucault's critique of the overemphasis on economic factors in Marxist interpretations, which was discussed in the literature review in Chapter Two and is also reflected in postmodern analyses within disability studies, is justified in the sense that not all social or specific phenomena can be captured or explained by traditional and somewhat generalising explanatory models, which were formulated from a specific historical and geographical context. This becomes clear, for example, through the emergence of intersectional approaches or the interventions from critical disability studies. However, this has also been made clear by the historical overview with its presentation of pre-capitalist and pre-industrial forms of exclusion, some of which are still effective today. The merit of Critical Theory was to show how capitalist forms of oppression in connection with principles of the logic of exchange and reification have shaped our thinking and acting in all areas of life. In this relationship, there is again a significant intersection with Foucault, in whose analysis the intertwining of power and rationality has played an important role and who, conversely, has investigated the mechanisms, procedures, techniques, and effects of power on rationality.

Despite all criticism, which is also important for a further development of the discussion, one must of course not forget that the social model is not a formulated theory, but an explanatory model for mechanisms of disability. But what the foundation in Critical Theory in this context should make clear is that, as mentioned above, not everything can be explained in terms of traditional socio-economic patterns of interpretation, but that changes in capitalist societies cannot be achieved without a fundamental understanding and inclusion of 'class' and the associated dynamics behind it. Oliver and

Barnes have already made a similar observation, pointing out that disablement and a society built on inequality are, of course, closely related (Oliver and Barnes 2012, 162). This then raises further questions in relation to discussions on how and under what societal circumstances inclusion of disabled people can ideally occur in the first place.

It is precisely this basic premise of the social model that I believe still tells us a lot about lived experience in our society and that the impulses formulated here seek to address and revive. But as we have seen, the embodiment of disability does not fit into clear-cut definitions and categories, which makes analysis along this broader theoretical impulses very appealing. Disability is diverse, comprehensive and individual and therefore also contradictory or ambiguous; at the same time, the different social and gender-specific localisations are always intersectional. What the approaches presented here have in common is that they reject rigid identity categories and question the dominance of standardised norms. This gives the heterogeneity of disability and gender a differentiated space for analysis within a broad spectrum of cornerstones that have the potential to inform further discussion and theory formation.

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