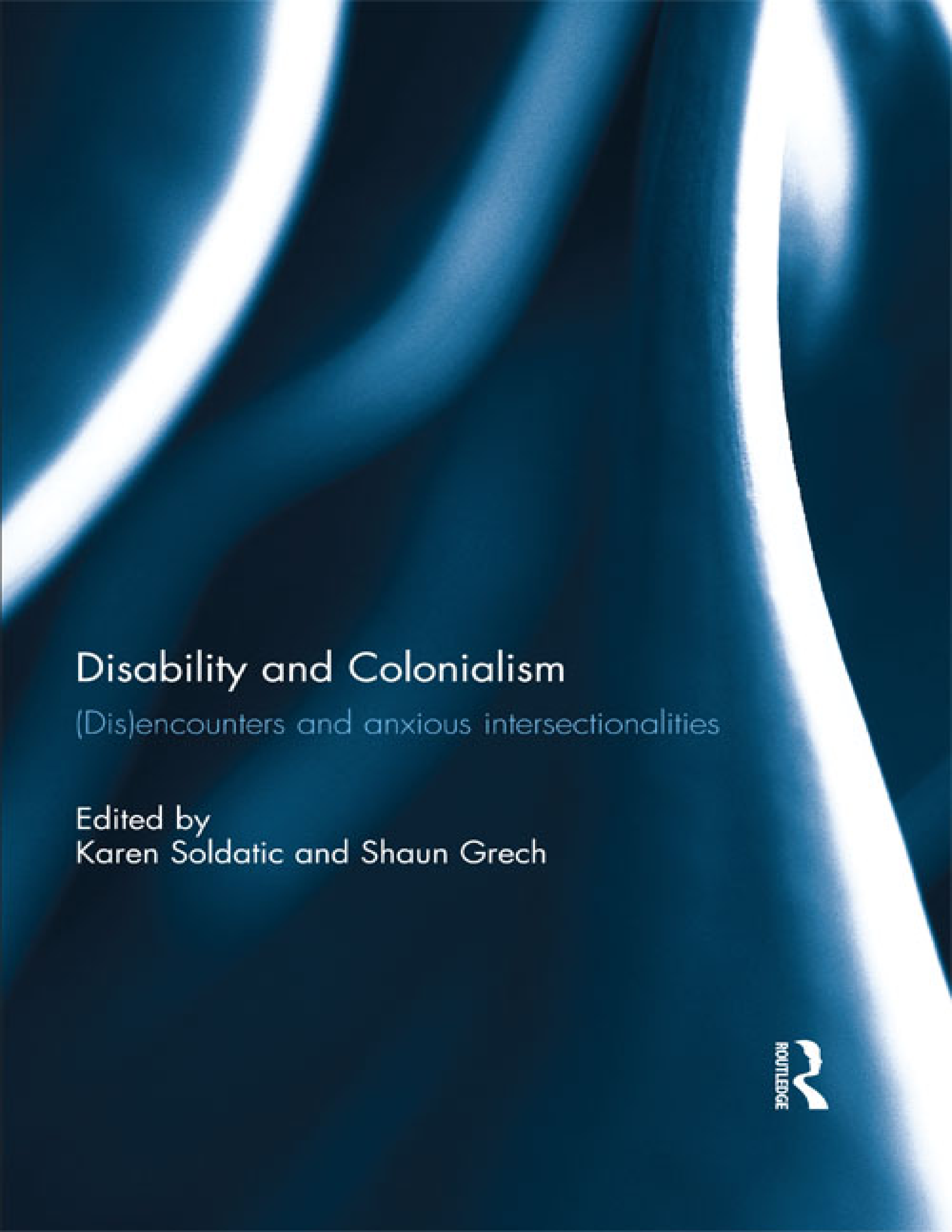

Disability and Colonialism

(Dis)encounters and anxious intersectionalities

Edited by
Karen Soldatic and Shaun Grech

ROUTLEDGE

Disability and Colonialism

The mapping, control and subjugation of the human body and mind were core features of the colonial conquest. This book draws together a rich collection of diverse, yet rigorous, papers that aim to expose the presence and significance of disability within colonialism, and how disability remains present in the establishment, maintenance and continuation of colonial structures of power. Disability as a site of historical analysis has become critically important to understanding colonial relations of power and the ways in which gender *and* identity are defined through colonial categorisations of the body. Thus, there is a growing prominence of disability within the historical literature. Yet, there are few international anthologies that traverse a critical level of depth on the subject domain. This book fills a critical gap in the historical literature and is likely to become a core reader for post graduate studies within disability studies, postcolonial studies and more broadly across the humanities.

The chapters in this book were originally published in *Social Identities: Journal for the Study of Race, Nation and Culture.*

Karen Soldatic is an Australian Research Council DECRA Fellow at the Institute of Culture and Society, Western Sydney University, Australia. Karen has extensive experience within the field of international development in post conflict zones. Her work brings together this rich field work to theoretically inform conceptual understandings of disability. She has been awarded a number of prestigious research fellowships including a British Academy International Visiting Fellowship (2012) and a Centre for Human Rights Education, Curtin University Early Career Research Fellowship (2011–2012).

Shaun Grech is Director of The Critical Institute, Malta, Visiting Fellow at Manchester Metropolitan University, UK, and editor-in-chief of the international journal, *Disability in the Global South* (*DGS*). Shaun is also an activist and practitioner working with disabled people in extreme rural poverty in Latin America.

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Routledge
Taylor & Francis Group
LONDON AND NEW YORK

First published 2016
by Routledge
2 Park Square, Milton Park, Abingdon, Oxon, OX14 4RN, UK

and by Routledge
711 Third Avenue, New York, NY 10017, USA

Routledge is an imprint of the Taylor & Francis Group, an informa business

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN 13: 978-1-138-64573-8

Typeset in Times New Roman
by RefineCatch Limited, Bungay, Suffolk

Publisher's Note
The publisher accepts responsibility for any inconsistencies that may have arisen during the conversion of this book from journal articles to book chapters, namely the possible inclusion of journal terminology.

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Citation Information

The following chapters were originally published in *Social Identities: Journal for the Study of Race, Nation and Culture*, volume 21, issue 1 (May 2015). When citing this material, please use the original page numbering for each article, as follows:

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The following chapter was originally published in *Social Identities: Journal for the Study of Race, Nation and Culture*, volume 18, issue 1 (January 2012). When citing this material, please use the original page numbering for the article, as follows:

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INTRODUCTION

Disability and colonialism: (dis)encounters and anxious intersectionalities

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This special issue sets out to position disability within the colonial (the real and imagined), as it explores a range of (often anxious) intersectionalities as disability is theorised, constructed, and lived as a post/neocolonial condition. The issue emerged from serious and pressing concerns from disability and other scholars engaged in a dialogical praxis that seeks to critically explore, interrogate and challenge a series of epistemic, ontological and practical negligences. Much of this work has occurred at the margins of various disciplines and projects, in particular the intersections of disability studies and postcolonial theory, intersections that continue to be marked by ambivalence. Disability theorists who have traversed this path have mooted that, too often, disability is drawn upon as a metaphor by (post)colonial theorists, while for disability theorists, colonisation has become a key metaphor to describe experiences of oppression, marginalisation and exclusion to which disabled people are often subjected (Barker & Murray, 2010; Sherry, 2007). This process of conflation within either field has denied the ‘necessary recognition of an uneven biopolitical incorporation’ (McRuer, 2010, p. 171), while the spatial, historical, temporal and geopolitical factors that emerged to govern bodies-and-minds in differential ways, are confined to silence (Soldatic & Grech, 2014).

The concerns emerging from these processes of dialogical praxis seek to bring together and critically expand the development of these two fields to challenge the ongoing disparate directions in which they continue to develop. While postcolonial theory and associated fields (e.g. critical theory and cultural studies) have engaged with race, gender and ethnicity in the exploration of themes of identity, representation, space, historicity and the neocolonial, they have almost wholly bypassed disability – paradoxically limited to the historical subjectification of the able-bodied, or rather disembodying colonialism and the postcolonial terrain. References to disability within (post)colonial theorising are limited to the enactment of biopolitical processes that result in various forms of oppression, marginalisation or disenfranchisement under the conditionality of colonisation, empire and imperialism (see Sherry, 2007). While the notion of 'disablement' is sometimes included in postcolonial readings, ironically there are few references to processes of disablement for disabled people in this scholarship. Unfortunately, even within more radical scholarship such as that emerging from postcolonial feminists (see for example McClintok, 1995; Mohanty, 2003), encounters with disability remain scarce or absent within this work, even when they address issues of gender, race, ethnicity, colonial histories or intersectionalities. As Erevelles and Minear (2010) have suggested, what we are left with are 'disability-free' colonial and postcolonial spaces (epistemologically and ontologically) which, one may argue, limits postcolonial theory and its analytical breadth. The omission of disability from (post)colonial scholarship is particularly curious, given that disability has been and remains one of the most significant and ever-present human conditions in human history, transcending space, time and geopolitics, while cross-cutting the confines of the discursive and the material (see Meade & Serlin, 2006). At a more basic level, the absence of disability continues to limit theoretical engagements with other fields such as disability studies and sociology of the body, which could contribute much to developments in postcolonial theory.

Unfortunately, the hegemonic global North disability studies has not done much to improve this situation. It remains detached from the global South, the histories, contexts and cultures, and epistemologies of these specific geopolitical spaces, and how disability is ontologically constructed and lived through a history replete with signifiers of power and empire that frame the global (Grech, 2011; Meekosha, 2011; Soldatic & Biyanwila, 2006). As a field of inquiry grounded within the epistemologies of the global North, it has rarely engaged with the 'colonial' beyond the realm of descriptive metaphor. As suggested earlier, the word 'colonialism' is too heavily weighted towards its analogical properties to describe the lived experience of disability as one of subjugation and oppression, for example by the medical profession and/or research, rather than actively exploring disability as a key site of colonial administrative power, a lived experience under colonial control, or a category of difference in place to maintain colonial legitimacy and control (overtly or covertly). In turn, disability is persistently removed from this broader contextual history. When disability is situated historically, it is too readily dehistoricised and detached from these broader colonial connections and continuities, not least the exportation/imposition of disability discourse, epistemologies (e.g. the social model of disability) and practices from global North to global South in post/neocolonial times, themes explored abundantly in postcolonial studies, but from which disability studies often remains disengaged. Anita Ghai (2002, p. 96) stresses the relevance of the postcolonial to disability studies, insisting that 'post-colonialism can destabilize the totalizing tendencies of imported Western discourse' bringing 'the possibility of problematizing the norms of given cultural practices and a commitment to take responsibility for modifications that result from the situatedness of knowledge'.

This is not to suggest that there have not been earlier attempts to traverse the disability/postcolonial divide, and indeed a growing number of critical disability scholars have started mapping the importance of disability as an ideological, epistemological, representational and experiential (post)colonial experience lived within and through postcolonial anxieties, tensions, discourses and materialities (see Barker & Murray, 2010; Erevelles, 2011; Parekh, 2007). The papers in this special issue seek to build on this burgeoning area of disability scholarship and expand this nascent vibrant field in an effort to support the *de*colonisation of disability.

In his article 'Decolonising Eurocentric disability studies: why colonialism matters in the disability and global South debate', Shaun Grech highlights how notions of 'colonised bodies', 'colonising practices' and 'decolonisation' are often little more than abstract and dehistoricised metaphors in Eurocentric academic projects such as disability studies. The paper argues that the colonial encounter is far from a metaphor and cannot be bypassed in any global disability analysis. Grech articulates the colonial as a historical event that transcends the discursive, a violent materiality framing disability as a situated historical narrative and human condition, while (re)positioning disability as a useful optic through which to examine the dynamics of imperialism. Similarly, Esme Cleall explores the conflations and connections between ‘race’, ‘colonialism’ and ‘disability’ in the context of nineteenth-century imperial Britain, arguing that disability not only operated as an additional ‘category of difference’ alongside ‘race’ as a way of categorising and subjugating the various ‘others’ of Empire, but also, at times, intersected with it. In turn, the category of disability, as constructed within colonial structures of power, contributed to structuring, framing and situating the way in which all forms of difference were recognised and expressed. Such developments, Cleall argues, reconfigure the meaning of disability within the colonial encounter, where disability was, in effect, ‘orientalised’ in similar processes to that which brought about the colonial categorisations of ‘race’ and ‘ethnicity’. Through her rich empirical mapping of these processes, Cleall illustrates that colonial understandings of ‘disability’, ‘race’ and the ‘orient’ worked to inform each other as a process of interchange and continuity; they were related fantasies of difference.

Stefanie Kennedy in her article ‘“Let them be young and stoutly set in limbs”: race, labor, and disability in the British Atlantic world’ moves on from the colonial constructions of difference to explore the historical intersections between slavery, disability, labour and ‘modernity’, highlighting how disability played a critical role in the (de)valuing of bodies under colonial relations of exchange. Kennedy argues that colonialism, race and, specifically, slavery are key to understanding the intersections between the commodification of the labouring body and disability in a context where the physical health of bonds influenced slave market prices, while concomitantly, the institution of slavery routinely impaired, producing disabled slave-labouring bodies. Kennedy draws upon a range of historical archival material to illustrate how descriptions of impairments, disfigurements, deformities and missing limbs were instrumental in the apprehension of runaway bondspeople and how the display of disabled unfree bodies served to perpetuate the longstanding English notion that Africans suffered from a supposed inner depravity made manifest on their bodies. In his article, Grech emphasises how the display of these impairments, inflicted also through punishment served to curb resistance by others, stand in as signifiers of transgression, designed to instil fear, but which also stand in as signifiers of resistance by bodies that refuse to fit.

The colonial, though, is not simply an event that has come and gone. It also is the landscape for understanding contemporary spaces within which disability is constructed and lived, that is, neocolonised spaces characterised by neoliberal globalization, conflict and oligarchies. In her article, ‘*Post*colonial *re*productions: disability, indigeneity and the formation of the white masculine settler state of Australia’, Soldatic challenges the territorial boundaries of *post*colonial scholarship when we turn to the territorial boundaries of the white-settler state as a critical site of disability analysis. Importantly, Soldatic draws our attention to the relationship between disability and indigeneity within the white able-bodied settler enterprise. As disability scholars increasingly draw upon some central concepts of postcolonial scholarship as a means to expand the boundaries of disability theorising, Soldatic demonstrates that in the context of white-settler societies, this can in fact act to hide the discrete administrative processes used to manage ‘indigenous’ as well as ‘disabled’ populations. In particular, through focusing on Australia, Soldatic illustrates that the field of ‘race’ within the colonial encounter is administered differentially to that of ‘indigeneity’. Moreover, through drawing upon indigenous scholarship focused upon processes of colonisation, the point of intersection is within the reproductive sphere, where indigenous women and disabled women’s reproduction is tightly controlled to ensure the reproduction of the white able-bodied masculine settler state. Within these neocolonial times, the authors in this special issue explore where and how disabled bodies-and-minds ‘fit’ (or otherwise) within the advance of this landscape of power; how they are constructed and controlled; the administrative apparatuses and processes developed to regiment and control them; and the continuities with the past, in particular the colonial dynamics of subjugation and domination – a domination operative on and through the body, constructing in the process what Grech in his article calls ‘neocolonised bodies’. In their article ‘WHO’s MIND, whose future?’, Tanya Titchkosky and Katie Aubrecht suggest that the World Health Organization (WHO) can be read as an institution reflective of colonial history as well as a colonising force in postcolonial times. Projects such as the WHO’s Mental Health Improvements for Nations Development (the MIND project), they argue, use professional disability knowledge to construct and define a highly elaborate mental health crisis in need of superior Western scientific medical intervention, thus legitimising such intervention. This, they argue, is a product of, and helps perpetuate the power of, coloniality by producing people ‘fit’ to survive in individualised and monetised environments, forced to reproduce the colonial under the governance of these global institutions. Titchkosky and Aubrecht suggest that readings of the MIND project can reveal the restrictive and exclusive versions of ‘the human’ that have arisen from the colonial past as an attempt to disrupt the developmental trajectory of coloniality of the present and to envision anti-colonial struggles against global North domination and oppression.

The papers in this special issue, explicitly or otherwise, also respond to the need for greater reflexive engagement with the process of decolonisation, whether engaging with disability discourse, knowledge or practices; a decolonisation that is only understandable in and through the very existence of the colonial encounter that navigates into the present and the future. But, as Grech argues in this issue, decolonisation is not only simply a metaphor. Instead, following Fanon (1963), it is a continuous violent and political process owned by the global South but open to collaboration (including with other marginalised or oppressed communities), drawing on forms of resistance that themselves have long colonial lineages. In her article, Soldatic for example concludes that the transformative effects of managing transgressive bodies-and-minds under the white able-bodied settler state can potentially open up the ‘space’ in which disability and indigeneity can negotiate practices of solidarity – both nationally and transnationally.

We hope that this special issue is one place where these and other debates can take off, and for collaborations to develop and strengthen. But through this special issue, we also hope to provide a platform for challenging transnational practices of power, subjugation and subordination, in particular of disabled people, by using the tools of history to reveal the continuities and connections between the past and the present, and to identify points of emancipative disruption as projects of praxis.

Acknowledgements

The editors would like to thank the Faculty of Arts and Social Sciences for a small grant which supported the finalisation of this special edition, the reviewers of all of the papers within this special

edition and finally, Kelly Somers for her editorial work in finalising the papers for publication in line with the publisher's requirements.

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Decolonising Eurocentric disability studies: why colonialism matters in the disability and global South debate

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The words 'colonised' and 'colonising' have recently been adopted in global North fields such as disability studies, highlighting notions of colonised bodies by colonising practices, with the implication that some or other 'decolonisation' is required. But these words remain little more than abstract and dehistoricised metaphors in these Eurocentric academic projects. This paper critically maps out some arguments as to why the colonial encounter is not simply a metaphor and cannot be bypassed in any global disability analysis. The paper argues how this historical event transcends the discursive, a violent materiality framing disability as a historical narrative and human condition, while (re)positioning disability as a useful optic through which to examine the dynamics of imperialism. The colonial provides the landscape for understanding contemporary Southern spaces within which disability is constructed and lived – neocolonised spaces hosting what I call *neocolonised bodies*. The paper concludes that *de*colonisation, just like colonialism, is not a metaphor. Instead, it is a continuous violent and political process owned by the global South but open to collaboration, drawing on forms of resistance that have long colonial lineages.

Introduction

Disability in the global South has garnered some attention in recent years, but rarely from within disability studies, a field of thought that retains an indiscriminate focus on the global North, echoing the voices of Northern academics and activists, particularly those in the UK and the US (Grech, 2009). Indeed, the global South, real or imagined, is often invisible or marginalised in the dominant disability discourse and literature (see for example Oliver, 1990). Disabled lives in the Southern context are often simplified and generalised in a dynamic of homogenising, decontextualised and dehistoricised discourse. Instead, concepts and knowledge from the global South, the Southern voice and epistemologies are rarely considered, sustaining an 'academic neo-imperialism' (Alatas, 2003, p. 601), itself traceable to the colonial creation and institution of imperial knowledge as 'the knowledge'.

But while the global South is often marginalised or ignored in disability studies, notions which have more than symbolic significance in the global South are sometimes opportunistically employed. One of these is the ‘colonial’. Disability theorists have recently referred to the notion of colonised bodies and minds through practices such as medicalisation (see for example Shakespeare, 2000), as well as discourse and theory (Roets & Goodley, 2008). Infusing the colonial within the critique has implied for these theorists a call for decolonisation, whether in the way disability is talked about, researched or intervened in.

While these critical Northern accounts are laudable, the word ‘colonial’ is often little more than a metaphor for subjugation and domination, a metaphor disassociated from its historical lineages and the discursive and material power that made it one of the most important, destructive and lasting forces in human history. To be clear, metaphors can indeed be productive and performative (see Ricoeur, 1978) and have much use in our understanding of the post/neocolonial condition, including difference, oppression and alienation. But metaphors are limited in scope when, in practice, fields such as disability studies have rarely contemplated the historical event of colonialism, the event that ultimately gave rise to the metaphor and imbues it with meaning, and which is interpreted and lived differently by the colonised and the coloniser. Indeed, the metaphor can easily work ‘by subverting the need for conscious reflection’ (Betcher, 2004, p. 89).

The disengagement from the global South and the relegation of Southern epistemologies and voices to the peripheries is clear testimony that the word ‘colonial’ is confined to a Northern view of historical events sifted through a blatantly Northern optic.[1] It is important to note, though, that the disengagement of disability from the colonial is also compounded by a postcolonial studies that flagrantly continues to bypass disability in much of its content, its analysis often limited to gender and race, and where disability simply stands in as a metaphor for postcolonial repression.

The absence of the colonial from Eurocentric disability studies is perhaps unsurprising because the coloniser does not want to recollect colonialism as it challenges his/her own ‘civility’. Deconstructing and engaging the colonial is sometimes interpreted as apologising for something the colonialists feel they had nothing to do with. And the colonialist, as recent history reminds us, does not like to apologise. When Great Britain destroys the records of colonial crimes, it is clear that what people are meant to recollect are solely the assumed/distorted benefits and bounties of colonialism found in the aesthetics of colonial art hanging on the walls of its rich art galleries. When the colonised wants to recollect the material colonial (part of his/her political project), perhaps even of ontological decolonisation (see Fanon, 1963), the coloniser is hardly interested. The colonised is perpetually left trying to create not only interest in, but also legitimacy for his/her own narrative. In the opening page of *The Interesting Narrative of the Life of Oloudah Equiano, or Gustavus Vassa, The African, Written by Himself*, Equiano, a former slave, feels compelled to justify his text, and perhaps even downplay his narrative, deeming it perhaps not exciting enough for the colonial reader, but which, he hopes, may still serve some or other emancipatory purpose:

> People generally think those memoirs only worthy to be read or remembered which abound in great or striking events … which in a high degree excite either admiration or pity: all others they consign to contempt and oblivion. It is therefore, I confess, not a little hazardous in a private and obscure individual … especially when I own offer here the history of neither a saint, a hero, nor a tyrant … I am not so foolishly vain as to expect from it either immortality or literary reputation. If it affords any satisfaction to my numerous friends … or in the smallest degree promotes the interests of humanity … and every wish of my heart gratified. Let it therefore be remembered, that, in wishing to avoid censure, I do not aspire to praise. (Equiano (1789/2001), pp. 19–20)

In this paper, I critically engage with the colonial encounter and its connections with disability as I attempt to highlight some arguments as to why and how this encounter transcends the metaphorical, and why engagement with the colonial is critical in any analysis looking at disability in the global South. Through this I hope to support the development of broader theoretical engagements with disability and colonialism in a range of disciplines, especially disability studies, while sustaining efforts at decolonising global disability discourse and practice as a political project of praxis.

Historicising the disability narrative: colonialism matters

Starting this section, I shall be stating the obvious: colonialism cannot be ignored because this is probably the only common experience in the complex, fragmented, and heterogeneous Southern spaces, an experience that defines and constructs these spaces. As Islam (2012, p. 163) emphasises, many Southern countries and people were not simply colonised, but were ‘essentially constituted in and through colonization’. Colonialism is buried deep in the psyche and embodied collective memory of the coloniser and the colonised, bound to speak about and from their specific locations, within power structures, past and present, their knowledge situated, their narratives often shared. These are the geopolitics of their knowledge (Mignolo, 2008). Disability existed and was constructed, imagined and lived in the colonial, providing the backdrop for and framing the contemporary disability landscape, with the implication that understanding the disability narrative in the global South means (re)positioning it and understanding it as a *global historical narrative*. Furthermore, this implies that it is also possible to examine imperialism through the lens of disability, providing useful avenues for engagements with disability in fields such as postcolonial studies.

The materiality of the colonial

The colonial encounter stretching back to the late 15th century, with the domination of the Atlantic commercial circuit, is indeed far from metaphor or abstraction, and indeed any serious materialist disability offering cannot possibly bypass the colonial encounter, because it is the ‘crucial moment in which modernity, coloniality, and capitalism, as we know them today, came together’ (Mignolo, 2008, p. 248).[2] Instilling the colonial project was far from harmless, initiating systematic mechanisms of pillaging, brutal violence and oppression (see Martínez Peláez, 2009). Land was appropriated through capture or measures such as land titling introduced for the first time, and food and water, among other things, were imputed a value and became tradeable commodities, reducing their local consumption. This resulted in gross impoverishment, starvation and death. Importantly, livelihoods were transformed as landlessness met the introduction of forced, hazardous, exploitative labour to contribute to the economies of their rulers by all means.

But, as Grosfoguel (2011, p. 5) highlights, what arrived in the Americas was not only labour and resource abstraction but a wider power structure: ‘a European/capitalist/military/Christian/patriarchal/white/heterosexual/ableist male’, establishing ‘simultaneously in time and space several entangled global hierarchies’. Colonialism shifted gender roles, created or intensified patriarchy, while cultural assets, beliefs, knowledge, customs, languages, indigenous communities and traditions were subjected to serious attempts at eradication by producing uniform alienated cultures that the empire could better dominate. This was done through both violent means as well as the Christianising mission of ontological and spiritual indoctrination, domination and purity. The latter relegated native beliefs and religions such as the Maya *cosmovision* (complex spiritual and world views) to the confines of the supernatural and the incredulous, 'the anomalies peopling the horizon of the Christian imagination' (Betcher, 2004, p. 87). Critically, the colonial 'civilising' mission introduced racial 'Otherness' as the key ideological component for colonialism to function, rule and dominate. Quijano (2000, p. 533) emphasises how the idea of race did not exist before colonisation, was instituted to demarcate the differences between the colonisers and the colonised, and was later expanded to incorporate 'supposed differential biological structures'. Race and racism, therefore, were not only instrumental, but indeed constitutive of the colonial encounter and of capitalist accumulation.

The violence of colonialism: framing and reframing disability

Disabled people, like others, do not exist outside history, and were impacted as part of the colonised. The coloniser changed the natural and human landscape forever, also importing previously unknown diseases such as measles, small pox and the plague, pandemics ravaging and weakening whole populations and a major cause of native depopulation (e.g. among the Amerindians). The poverty, hunger and starvation that followed land appropriation, taxation and violent work conditions were a major cause of illness and disease. The violence of slave labour and colonial corporeal punishments of the 'native' left many with visible impairments, a violence constitutive of the broader colonial project of managing difference, whereby controlling the 'native unreason … could only be addressed by the exercise of unreasonable violence' (Rao & Pierce, 2006, p. 2). As the coloniser encountered the Other, it had to construct the Other, racially, culturally, bodily, and spiritually. As Martínez Peláez (2009, p. 281) stresses in the case of Guatemala, it was colonialism that 'transformed pre-Hispanic natives into Indians … a large class of servile labourers … subject to colonial authority'. But after constructing the Other, the coloniser had to manage and subjugate it, to discipline and civilise him/her as a moral duty and obligation, using all means necessary – ‘violated bodies were by definition colonial’ (Rao & Pierce, 2006, p. 21). Corporeal means such as violent labour and the whip subjugated but also cleansed the native from his/her evil spirits, legitimising and perpetuating this violence as an enterprise of God, and the coloniser, governed by his omphalos syndrome, believed he was the God inflicting it. Flogging, stretching, breaking of bones, mutilating, dismembering are well documented punishments in historical documents, for example among sugar plantation workers in the Caribbean, with punishments meted out even by courts for petty crimes such as theft (see Clarkson, 1789). Equiano (1789/2001) recounts in intricate detail the ‘cruelty of the whites’ (p. 41), who ‘looked and acted … in so savage a manner’ (p. 40), a brutal cruelty he claims ‘he had never seen among any people’ (p. 42), a cruelty positioning the coloniser as the real uncivilised, a cruelty the empire continues to vehemently try to occlude.

This corporeal violence and its visible manifestations not only managed, but also perpetuated the same racial and other categories of difference, and bodies became the medium upon which these differences were permanently inscribed and displayed. It is at this point that the scarred, unfree body of the colonised slave became a disabled body, and where disability and colonialism fused together as ‘the deforming element, disfiguring all that has to do with beauty or morality … the depository of maleficent powers’ (Fanon, 1963, p. 32). They came together in the mass known as the ‘degenerate’, or rather the ‘internal enemies’ as described by Foucault (1977), incorporating among others, women, the working class, racial others, and disabled people (Razack, 1998, cited in Betcher, 2004). The resulting impairments from these punishments, the body parts hung in dominant locations and the missing limbs, embodied in full view of others the outcome of transgressive behaviour, and the power of the coloniser to intervene and manage. Importantly, it served to curb resistance, pitching impairment as the ultimate and irreversible punishment. These bodies, now a source of aesthetic and ontological anxieties and tensions, served to regulate the colonised by sending clear messages to others that the coloniser tolerated no dissent, triggering the politics of ‘staring’ that would navigate into disability futures (see Garland-Thomson, 2002). The disabled body was not only the outward manifestation of the consequences of transgression, but was also a potent panoptic tool of discipline and regimentation, satisfying the coloniser's inspecting gaze (Foucault, 1977) while ensuring docile bodies and minds through the threat of its very existence/imposition. This process operated at the physical, psychological and ontological levels, the conscious and the unconscious, sustained by colonial obsession and fears of the 'monster' (deformities notorious in tales and stories including biblical ones), encapsulated in the colonised (see Quayson, 2007) journeying into the contemporary visions of freakish, monstrous and leaky disabled bodies engaged with in disability studies (see Cleall, 2015; Quayson, 2007; Shildrick, 2002).

Importantly, the locus of 'freedom' was consistently repositioned within the non-disabled body. The punished body, now disabled, was removed from the violent, yet virtuous labour which kept the body still black, but at least unbroken. This disabled Southern body is never disassociated from race, highlighting the biopolitical dialectic of regimentation. The disabled body took on a different lexicon of meanings, a body now imbued with malice, unruliness and anxiety, an incorrigible body to be removed because it is not civilised; that is, it is no longer productive for the imperial project. But, this was not a helpless disabled body, it was in fact a body saturated with resistance, an unruly body which ultimately had to be regulated because it defied and threatened the functioning and dealings of empire through its very existence. These were perhaps the early roots of the focus on the performative body upon which is inscribed social and cultural meaning (Butler, 1990) and which would later drive much interest into the corporeality of disability (see for example Siebers, 2008), including the notion of the disabled body as a transgressive body (see Davis, 1995).

Critically, colonialism reframed and repositioned disability as a condition replete with signifiers and messages around notions of ideal colonised bodies built around a consciousness of the body, framing the path for contemporary narratives of normativity (Wendell, 1996), normalcy (Davis, 1995) or ableism (see Kumari-Campbell, 2009), sustaining the devaluation of disabled bodies in the broader metanarrative of 'compulsory able-bodiedness' (McRuer, 2006, p. 89). Normativity therefore has strong historical roots and should be framed and analysed in historically and geopolitically referential ways, traceable to what we may call a *colonial normativity*. The trafficking of slaves was an early example of the creation of the 'ideal' colonised body. Imputed a tradeable economic value, slave traders would pay better prices for the stronger 'able' prototype, as well as intellectual and other valued aspects including colour, height, size and facial features (see Kennedy, 2015). These were bodily differences worked around the coloniser's fetish for aestheticising difference. Disabled people were always worth less as productive slaves, and in fact slave traders went to quite some length to even hide their illnesses or impairments, since this would push down their value upon sale (see Equiano (1789/2001). Within this economisation of bodies, disability became an additional mark of difference between the colonised, imbuing the body with unprecedented abnormalities, opening it up as a spectacle of oddities. This encapsulated the coloniser's anxieties, desires, tensions and recourse to fracturing the colonised body, dividing it to control and rule it better, this time by blocking the development of a reactive mass. All were made to work and produce, including disabled people, but some had impairments that were more visible and which impacted upon their ability to work, marking a very early notion of hierarchies of impairments discussed by disability theorists (see Shakespeare, 2006).

But while the body of the colonised was a racially inferior, even inhuman body, it had physical strength and power to labour, and consequently monetary and symbolic value for those who owned it. And it is here that the strong black bodies marked out the physical weakness of the colonising white body, lacking the physical strength to handle the same labour it constructed as virtuous and purifying. This was the moment where the coloniser became the disabled body pitched against the dark body said to have extraordinary strength and tolerance for pain, an ideology propagated also by medical professionals using these bodies as experimental flesh (see Dudley, 2013). But while the black bodies were stronger, they were also believed to lack the intellectual ability, discipline, perseverance and purity of spirit to make their strength productive, sustaining in turn the logic of the white man's burden, and the need to control, again through their bodies. Fuentes y Guzmán in his colonial account, the *Recordación Florida* (written in the late seventeenth century) reflects on the missed potential of the Indians in Guatemala:

> [The Indians] have a great ability to suffer adversity and hard work. Were they endowed with a more passionate spirit, they would doubtless outstrip all the nations of the world through the endurance, great patience, and perseverance they bring to their work … These people are so little inclined to pursue virtue … and have a great propensity for vice, which they turn to with ease. (Fuentes y Guzmán, 1932, cited in Martínez Peláez, 2009, p. 126)

The body in these harsh conditions took on different meanings for the colonised, too, becoming also a site of resistance even through its death. Indeed, evidence highlights how slave suicide, for example in the Dutch colonies, became a form of resistance, consequently framed by the coloniser as a crime against property (see Ward, 2009). Equiano (1789/2001) speaks about the various attempts at liberation from slavery through control over one’s body by killing it. The disabling punishments that followed for those who survived became in this instance marks of resistance as well as transgression, with the implication that impairments were not solely marks of subjugation, but also attempts at liberation.

Colonialism not only reframed bodies and disability, it also impacted how disability was to be engaged with, and on occasion ‘treated’ when met by the coloniser. Indeed, since ‘physical, mental and social defects pulled people down … it was therefore necessary … to avoid this pull downwards by maintaining rigid boundaries between those prone to decay and those who were to participate … in the new social order’ (Razack, 1998, cited in Betcher, 2004, p. 8). Disabled people were often subjugated and confined in this normalising process, as missionaries and Western medical professionals imported charity and the European specialised institution. These measures, an extension of the civilising mission, repositioned disability in the anxious (and even conflicting) junctures of pathology/disease, spiritual depravity, charitable weakness/vulnerability, bio-psychosocial infection/contagion – bodies instigating the desire/impulse/will to first create anomalies and then to ‘remedy’ and cure them. It was at this point that the missionary zeal to cure the human spirit and body fused with the medical, making the latter the quasi-religious extension of God, a medical profession that would come to garner extraordinary regimenting power over disabled bodies, especially in the North (see Oliver, 1990). These measures isolated disabled people, caused extraordinary suffering, and destroyed traditional forms of care within communities as these bodies were examined in isolation, including of their own history. As Dalal (2003, p. 66) explains in the context of colonial India, the missionaries ‘viewed disabled people as helpless, suffering humanity in need of the message of the Christ’, people with ‘no past, no culture and no individuality …’. And it is here that one can see the contradictions with the image of Christ imported by the coloniser, suffering, whose own body is savagely torn apart, much in common with the ravaged body of the colonised, but who, unlike the colonised, is the body of a God, a

God who St Augustine (1958) reminds us, was far from ‘an imperfectly skilled craftsman’.[3]

The empire dominated, disabled (including through the diseases it imported), then brought in charity and medicalisation not only to ‘heal’ and correct but above all to learn about itself and develop its practices (medical as well as those of domination), by experimenting on the body of the colonised. Fanon (1963, p. 200) notes how colonialism attracted a host of international psychiatrists ‘to the difficulties that arise when seeking to “cure” a native properly … to make him thoroughly a part of a social background of the colonial type’. This met the eighteenth-century medicalisation, with its growing fetish for measurement and standardisation. How the colonialist engaged with disability was a reflection of how it was understood and ‘treated’ by the colonialist in his own country. Paradoxically, disability was perhaps what linked the coloniser and the colonised, a condition that transcended raciality, shared across the human species and spaces – a whiteness inflected with the presence of the racialised Other. But while disability connected coloniser and colonised, the colonised disabled Other remained a racially devalued life whose treatment demanded regimentation and control. Ultimately not all disabled bodies are the same when these impairments are located in different geopolitical, cultural and racial bodies. Race was the foundation and dynamic through which Southern disability was understood, but also intervened in by the global North, framing how the Southern disabled subject met and has come to know ‘intervention’ over the course of his/her own historical development. This remains present in memory, and manifest in colonial institutions which in some places still exist. Disabled bodies became the laboratory for experimentation and testing of new medical approaches that violated bodies, and were also sources of impairment. Dudley (2013, p. 2) highlights how enslaved black women on plantations were used as subjects of research and intervention on vaginal fistulas aimed at correcting the ‘lost bodily integrity’ of these women ‘expected to have children and to engage sexually as conditions of their bondage’. These experiments and vaginal surgeries were predicated on the belief that blacks had a higher tolerance for pain, ‘a space where ideology made contact with the human body’ (p. 9); experiments which, Dudley observes were closely eugenic in scope.

But, there is also much to learn about how the colonised perceived, engaged with and ‘treated’ disability, even before the colonial encounter, if disability is to be not only positioned historically, but also historically owned by the colonised. This usefully opens the space for an analysis of pre-colonial disability. Disability has existed and has been understood and constructed for centuries by people on their own account, within and through specific (but dynamic) spatial, temporal, cultural, ideological and cosmological contexts. Equiano (1789/2001, p. 25) recollects his own people, the Igbo, before being kidnapped, people he describes as ones of ‘hardiness, intelligence, integrity … zeal … healthiness … vigour and activity’. These were, he claims, people unfamiliar with ‘deformity … of shape’ (p. 25). Equiano goes on to state how difference was antithetical to hegemonic beauty and how this was noticed and framed as deformed: ‘I remember while in Africa to have seen three negro children, who were tawny, and another quite white, who were universally regarded by myself, and the natives in general, as far as related to their complexions, as deformed’ (p. 25). On the other hand, Livingston (2006) reports how historically in Botswana, impairments such as reduced mobility and blindness were not regarded as disabilities, but were instead considered ‘normal’ and even expected, linked to increased spiritual insight and other abilities. Martínez Peláez (2009, p. 124) recounts the incident told by Fuentes y Guzmán in *Recordación Florida* of Friar Marcos Ruiz, who, while on his parish round in the indigenous mountains found his congregation ‘worshiping a young Indian man, who was mute and extremely simple-minded’, standing before the altar, dressed as a Catholic priest, and to who the congregation were making offerings. The friar’s attempts at capturing the disabled man, Fuentes y Guzmán writes, were met by great aggression from the community, such that the friar only narrowly escaped death. Disability has not only been constructed historically, it has also been locally engaged with for centuries, far before the colonial invasion. Miles (1994), for example, documents healing therapies and self-organised groups in many African countries spanning some 4000 years. There remains much need for engagement with disability in the global South through close readings of historical texts, not only to learn about disability historically, but to reframe the Southern space and subject as one of agency, including humanity, and that it is within this space and agency that discourses need to be shaped and perhaps ‘solutions’ sought. Indeed, a global history of disability remains yet to be written.

Renegotiating the ‘civilising’ mission: on to disabled neocolonised bodies

Colonialism matters because it is not simply a historical event that has come and gone but, as history itself has shown us, it is an event that continues to provide the ideological-cultural and material foundations for continuing domination. Indeed, decolonisation in much of the global South did not mean the end of empires but, as Grosfoguel (2011, p. 13) puts it, simply moving from a period of ‘global colonialism’ to the current period of ‘global coloniality’ or rather, the neocolonial. In settler colonies, the coloniser never even left, making the notion of a *post*colonial condition even more problematic (see also Soldatic, 2015). Dirlik (1994, p. 339) in fact concedes how the concept of the ‘postcolonial is applicable not to all of the postcolonial period, but only to that period after colonialism when, among other things, a forgetting of its effects has begun to set in’.

The colonial obsession with difference ascribed identity accommodating a range of neocolonial binaries, hierarchical and power-loaded (e.g. civilised/uncivilised; North/South; developed/underdeveloped; first world/third world), differences that similarly to colonial times, are also inscribed on the body. These serve to pitch bodies and minds against each other as forcibly different articulations of nervous geopolitical asymmetries accrued over time, unremittingly legitimised by history. Blatant or subliminal messages (e.g. in movies and social media) are insidious in Othering, devaluing the Southern space and subject, which remain savage and uncivilised, representing ‘not only the absence of values, but also the negation of values’ (Fanon 1963, p. 130). This discourse of Othering has been pervasive in that propagated by global North academics and organisations (see for example Barron & Ncube, 2010), telling us in European languages how disabled people in these dark Southern spaces are hidden, killed, and neglected by their families and communities. These are the victims of strange spiritual beliefs in lands that had seen no intervention before the colonisers’ saving hand and institution, the latter identifiable in and through ‘*their* civilizational status’ (Rao & Pierce, 2006, p. 14, italics in original).[4]

Derrida’s (1976) work on deconstruction importantly highlights how the framework of binaries embodies a dualism where one (global North; civilised; coloniser) needs the Other (global South; uncivilised; colonised) for its own existence. In a similar fashion, the disabled body is needed to construct the normative, normal, idealized, non-disabled body and space, and for the latter to understand itself. Indeed, the discourse that demeans the Southern space and subject is critical because it deflects attention and even occults the ill-treatment, oppression and subjugation of disabled people in the global North, while perpetually (re)constructing the latter as infinitely more ‘civilised’, ‘caring’, ‘developed’, ‘human’ – and indeed with civilised/civilising baggage to prove it. Indeed, stories of abuse, neglect, violence, and hate speech and hate crimes are regularly reported.[5] In spite of this, it would be far from common for anyone to claim that in Europe (or the UK), disabled people are killed or neglected – the coloniser is rarely faced with his own uncivilised disposition and behaviour (even historically). On the other hand, when such discourse is transposed to the global South, it becomes not only palatable, but in fact, *expected*.

Importantly, these representations and discourse open the space, an ethical justification even, for another civilising intervention – of correction, also from themselves, for their own good, ‘saving the other from its own barbarianisms’ (Grosfoguel, 2011, p. 24). It is here that, as Betcher (2004) argues, the metaphor of ‘disablement’ is re(enacted) to capture these populations who remain engrossed in the space of the ‘degenerate’ and ‘deficient’, soliciting an emotional response triggering their salvation through their neocolonisation. And in this process, the ‘development’ sector creates the reason for its very existence, a multi-million pound industry of development agencies, humanitarian and other organisations set for what Ashis Nandy (1988, cited in Betcher, 2004, p. 90) called the ‘second wave of colonialism’; a ‘development’ which, as in colonial times, remains confined to the Southern space on its own turf. Indeed, despite the rhetoric of ‘global citizenship’, the coloniser does not want the colonised in his own country. And when it does, it is only in small numbers, and importantly those with desired bodies for production who can filter through, maintaining the colonial obsession with corporeal characteristics constructing a colonised subject, not quite disabled, but nevertheless non-normative, not quite ‘culturally suited for citizenship’ (Molina, 2006, p. 27). American immigration policy needed to maintain the colonial difference, and disability, Molina (2006) argues, remained instrumental in formulating the image of the undesirable/unwanted, a body, which though good for labouring, was more likely to be saturated with disease, unruliness and transgressions of all forms, a body that had to be carefully screened, examined and monitored.[6] But this 'neo-racism', as Balibar (1991, p. 21) sustains, extends beyond biology to incorporate 'the insurmountability of cultural differences … their belonging to historical "cultures"'. But the neocolonised mass is again fragmented. Disabled people remain less than attractive migrants in countries such as Australia (Soldatic & Fiske, 2009), embroiled in a dynamic whereby 'the discourses of race and disability reinforce one another' (Molina, 2006, p. 33). These meet other dynamics of exclusion, notoriously citizenship in an age of reinforced national fortresses. This means that despite the fanfare of human rights instruments, including the UN Convention on the Rights of Persons with Disabilities (UNCRPD), disabled asylum seekers are unable to claim their rights when these are ultimately predicated on what Pisani (2012, p. 185) calls the 'citizenship assumption'.

From the 36-year civil war and genocide in Guatemala instigated by the CIA to the war in Iraq, and the other 'interventions' premised on 'democratising' and instilling 'human rights' at all costs, these dynamics not only re-vivify but perpetuate colonial paradigms and assaults. And indeed, as in colonial times, much of this domination remains premised on racial Othering, operative in and through the body. Neoliberal globalisation and the economic policies, ideologies and unequal trade relationships imposed through Structural Adjustment Programmes (SAPs) embody the neocolonial (see Grech, 2011). Neoliberalism completes the total commodification of Southern bodies and minds initiated by the colonial encounter, the bodies to be exploited and violated, because there are few or no repercussions, bodies that have no right to claim over themselves.[7] Neoliberalism perpetuates the colonial notion of 'ideal bodies', docile ones predicated on a normalised able-bodiedness driven by productive output and measurable indicators. Disabled people are again (re)constructed as those who are not integrated in the market economy, part of the problem, who need to be corrected or removed, as disability continually falls outside the normative remits of utility, economic growth, and development indicators. If there is any action to be taken, it is always about enhancing productivity, reducing costliness or the burden of their existence. And it is here that international organisations such as the World Health Organization (WHO) and toolkits such as Community Based Rehabilitation (CBR) garner immense power in creating and perpetuating discourse that (re)creates and supports this narrative, while providing the basis for corrective practices (see Titchkosky & Aubrecht, 2015).

The broader implication of the 'coloniality of power' (Quijano, 2000) is that decolonisation will remain perpetually incomplete unless the racial, ethnic, sexual, cultural, economic, gendered and many other power disparities introduced by the colonial encounter are shifted. Positioning disability within this neocolonial Southern space means that disabled people, like others, are therefore best repositioned as *neocolonised bodies* – the bodies positioned at the anxious intersections of the economic, cultural, political and racial; the epistemological, discursive and ontological; and the local and the global. This calls for an interdisciplinary and neocolonial disability analysis.

The Southern space is historical too: disability in context

Colonialism is critical in any global analysis because the Southern space is the space within and through which disability is constructed, lived and talked about, and this space can only be understood in reference to its own history, that which gave it its discursive, material and ontological existence. Martínez Peláez (2009, pp. 274, 280) reflects on his own country, Guatemala: '… colonial reality is our everyday reality … colonial reality remains the pivotal frame of reference'. The disproportionate poverty that often characterises the Southern space, and which draws attention to the condition of disabled people, is not only a result of history, but can only be grasped historically, because this poverty has a long lineage of pillaging and rape. The continued violence and repression under new regimes in countries such as Guatemala, often taken as a given natural trait of these brutal spaces and people, can only ever be understood through the colonial history fusing culture, raciality, power and violence.[8] Similarly gender-based violence and hierarchies (which are said to impact heavily on disabled women) need to be traced to the colonial encounter that redefined gender and family, impinging heavily on women's freedom through various means, including the shifting of productive roles, sexual abuse and violence.

Spaces and lives that are hybrid can also rarely be detached from colonial historicity, because mixture was a critical component of the colonial, challenging essentialisms and claims of authenticity and authoritarianism. It is in this inter-dependent relationship (the coloniser/colonised contact) that dominating colonial discourses which are purportedly unitary are in practice fractured and multiple, giving rise to a hybridised or mixed culture, the interstices of which permit us to move beyond the dualism and binaries of the essentialised notion of a fixed, pure and authentic culture and body. And critically, it permanently fixes the coloniser in the psyche, body and space of those it colonised and vice versa. The complex *mestizaje* (literally racial mixture) in Latin America, which would give rise to a complex and striated caste system, is symbolic of these hybrid but unequal fusions, mapping out contemporary social, economic and cultural landscapes, still framed within racial relations. Hybrid languages and beliefs (e.g. the Maya blending of traditional Maya and Christian beliefs) are also witness of colonial fusions, but also of a resistance to colonial indoctrination, a resistance which, Latin American theorists argue, is often rendered invisible by a postcolonial critique that lacks a focus on agency and lived subjectivities (see Moraña, Dussel, & Jáuregui, 2008). Religion still matters and is spreading in many countries of the global South as a source of identity, identification and resistance (including to neocolonisation), constructing much of the human condition, including disability, challenging profoundly the confines and Eurocentrism of secular disciplines such as disability studies (see Grech, 2011).

Few of the contemporary modes and manifestations of domination (which also have implications for disabled people) can be understood without comprehending the material colonial origins. This includes the present concentrations of wealth and land in the hands of a few oligarchies in Latin America traceable to the *latifundio*[9] system in colonial times and the post-independence scramble for the best public land by the elite, to use them for export purposes. This land and wealth concentration has been intensified by development agencies such as USAID and the World Bank, encouraging/imposing the development of export-oriented and non-traditional agriculture through large estates (e.g. coffee plantations), contributing to displacement and loss of livelihoods.[10]

The geographical location of some indigenous people is also traceable to the *pueblos de indios* (communities of Indians) instituted by the Spanish, a system of land assignment to pay tribute to the Crown through their produce (e.g. cacao) and to labour on the *haciendas* (estates) owned by the Spanish. Distant rural areas, in colonial times, were those the indigenous fled to, to escape from bonded labour and religious indoctrination. In neocolonial times they provided refuge from tyrannical governments. While these areas today host some of the poorest disabled people, repositioned in this way, they also symbolise a space of resistance and shelter, perhaps evident in the untitled land many continue to occupy (with few or no amenities but paying no rent and with access to natural resources such as firewood and water), entering and exiting 'modernity' without being bound to urbanity or fixed commerce.

The colonial bodies of exploitation, of slave labour or *repartimiento* (draft quota labour) and *mandamiento*[11] are perpetually incarnated in the racialised, inferior or (at best) exoticised bodies of the indigenous in 'a fractured Guatemalan nation that exalts historically remote Maya figures while marginalizing the living Maya' (Otzoy, 2011, p. 51). These remain the bodies of forced labour by the *ladino* elite oligarchies, the internal colonisers now controlling oppressive governments. Fanon (1963, p. 37) does not spare much in describing the elite: 'we find intact in them the manners and forms of thought picked up during their association with the colonialist … Spoilt children of yesterday's colonialism and of today's national governments, they organise the loot of whatever national resources exist'. As in colonial times, this forced labour and the potential to pay taxes is the only thing that gives these indigenous bodies some value and maintains an interest in keeping the bare minimum alive. Disabled bodies are all too easily replaceable by the seemingly unending flow of healthy, non-disabled bodies, pitched against each other in the bid to survive the harshest poverty. These internal colonisers also impact access to resources and wealth, racial divisions, the ability to organise, policies and services, and issues of representation, all of which affect disabled people. Ghai (2002, p. 93) even questions the leaders of the disability movement in India, the 'middle-class urban men … of an "elite"' background, whose 'fight for "disability rights" is borrowed from their Western counterparts without any clear analysis of the inherent biases', 'reminding us perhaps of the fact that speaking from the same location of the oppressed does not mean subalternisation, identification with and knowledge of the realities, needs and demands of the Other, and/or the ability to think like the Other, and act on his/her behalf'.

It is not only the Southern context and the colonised that are known through history, but also the global North, because colonialism changed the landscape of the colonised, as well as that of the coloniser, forever. From the geopolitical power harnessed by the global North, to its economic prowess (premised on centuries of pillaging), to notions of cultural and ideological superiority/authority, and the dominance of Northern institutions (e.g. biomedical and technical) and knowledge, the colonial encounter cannot slip out of sight. Eurocentrism firmly positioned Europe and later the West at the epicentre of development and its knowledge, cosmology, institutions and practices emblematic of progress and modernity, the reference point against which all other cultures were and are still evaluated (and on the basis of which, often excluded). Colonialism matters because as researchers, academics and practitioners, this history frames, positions and legitimises us, our epistemologies and disciplines (e.g. disability studies), methods, practices and the universalising knowledge we produce, including that pillaged from the global South, but eternally unacknowledged. It also sustains the structures (global North universities and organisations) to maintain this epistemic and material superiority and the exportation/imposition of its 'knowledge', methods (e.g. the social model of disability) and practice to an undeveloped South space historically (re)constructed ontologically as *perpetually deficient.*[12] Overall, colonialism is far from a metaphor and can be hardly ignored because it affects how the one constructed as Other interprets and responds to this global North 'knowledge' and its accounts, and if these make any sense at all to them, because *they* know the researcher's gaze and knowledge on different terms, the history of ethnography far from benign.

Conclusion: decolonisation is not a metaphor: it is violent and owned by the colonised

In this paper I have attempted to show that colonialism is imbued with a material historicity that has not only constructed and framed the Southern space and subject (including the disabled subject), but which is also critical in understanding the contemporary neocolonial terrain. Saturated with this materiality, colonialism and its legacies do sustain the rallying call for a decolonising process as we imagine new futures. But decolonisation, like colonialism, is not simply a fashionable metaphor. Instead, it 'is a historical process' that can only be understood through 'the movements which give it historical form and content', a process in 'need of a complete calling in question of the colonial situation' (Fanon, 1963, p. 28). Decolonisation, therefore, is only comprehensible in its own historical terms.

Decolonisation and the process of 'decolonising' are not simply discursive rhetoric, far from a smooth process, and also continuous, because they remain forever incomplete. Instead, decolonisation is a political and violent 'programme of complete disorder' (Fanon, 1963, p. 27) because colonialism is ultimately 'violence in its natural state' (p. 48). We need to transcend what Martínez Peláez (2009, p. 156) calls 'bourgeois social thinking', projects of abstraction, including the sometimes critically playful projects such as Critical Disability Studies. Abstract projects are not averse to hierarchies, and may constitute a gross offence to disabled people preoccupied with very material poverty and oppression, for whom decolonisation is about freedom of their land, labour, religion, knowledge and bodies, all of which are historically referential. Recollecting colonialism is about ensuring that these violations and subjugations are not maintained (including epistemically), while contemporaneously fixing decolonisation as an obstinate project of political and cultural praxis.

As a process, decolonisation is historically referential because there has always been resistance, even in colonial times, by a Southern subject imbued with agency and memory. For example, in colonial Guatemala the Maya often refused to learn Spanish, maintaining to today more than 20 indigenous languages. Martínez Peláez (2009) also goes on to note how what was interpreted by the coloniser as 'Indian laziness' in Guatemala, was in fact a form of resistance to slave labour alongside other mechanisms, including the strategic use of silence. And so there is resistance in contemporary times, one building upon the lessons of history as identities, standpoints, geopolitics and other aspects are questioned and renegotiated. Otzoy (2011), for example, documents how a new version of the 'Invasion Dance' in 1992 (re-enacted in Guatemala to remember the conquest and resistance) replaced the word 'gentlemen' (referring to the Spanish) with 'foreigners', while many terms in the script were rewritten using the Maya alphabet.

One cannot decolonise, though, without prioritising and supporting Southern voices, demands, epistemologies and practices, and Southern projects of decolonisation on their own terms because, and here I reiterate Santos (2009), what may be considered counter-hegemonic or decolonising in one part of the world may be considered hegemonic in another. We need to decolonise our own practices, our own epistemologies and also our disability studies to prioritise epistemic, experiential, cosmological and practical insights and perspectives from subaltern global South spaces, usefully aligning with the call for 'crip experiences and epistemologies' in disability studies in the bid to provide access to 'alternative ways of being' (McRuer, 2006, p. 42). Justice, as Nancy Fraser (1997, p. 5) reminds us, ultimately 'requires *both* redistribution *and* recognition' (italics in original).

Finally, decolonising needs debates and alliances, including between global North and global South, because historically coloniser and colonised have been caught in a long dialectic relationship, including of resistance. It is ultimately in these hybrid alliances and contexts that we may paradoxically start to challenge the colonial discourse of Othering and difference, to make fusions productive and, most importantly, non-oppressive, without ever losing focus of the project of eradicating neocolonisation as a historical project transcending spatial and temporal boundaries.

Notes

1. This is perhaps most evident in the Eurocentric materialist view of universal history limited to pre-capitalism/capitalism, with nothing before or in between (see for example Barnes, 2009).
2. While materialist accounts in disability studies brush over the subject with an attack on what they call 'free market economics' (see for example Barnes, 2009), it is hard to miss the extreme Eurocentric, ultra simplistic and limited relevance of this narrative when applied to the global South, not least on account of its view of capitalism as a European project, internally fabricated, and only then spread to the world's 'backward' peripheries, bypassing the invasion, domination and subordination, as well as the racism attending to the rise of capitalism.
3. Within this narrative of a perfect God, disabled people are also children of God who are in need of protection but also redemption and have to be watched over by others, the stronger and more virtuous ones, in the name of God.
4. This discourse is not dissimilar to that propagated by Western feminists in the 1970s, and which often enraged their Southern counterparts (see Mohanty, 1998).
5. In April 2013, a local paper, *Manchester Evening News*, reported how a disabled man was held and dragged along the road by a driving car and then brutally hit with baseball bats, simply for touching a car.
6. The 1882 Immigration Act legalised the exclusion of any immigrant considered to be a 'convict, lunatic, idiot, or any person unable to take care of himself of herself without becoming a public

charge' (Molina, 2006, p. 24). The ideal fit body was the ideal labourer in colonial times, but the ideal fit body now also became a prerequisite for citizenship, accompanied by a plethora of medical screening and biased IQ tests, meant to bar entry.

7. Cheaper medical trials and less restrictive measures even after decolonisation have continued the use of the bodies of Southern subjects as experimental flesh. Examples are many, including the infection of Guatemalans with sexually transmitted diseases in the 1940s, or even more recent clinical drug trials in countries such as India.
8. Indeed, tactics such as scorched earth, torture and brutal mass murder (e.g. burning victims alive) such as those documented in the Guatemalan genocide in the 1980s were already practised, in more or less the same fashion, in colonial times and documented with much pride by the ruthless Spanish conquistador Pedro de Alvarado.
9. This was a system aimed at concentrating large market-oriented estates in the hands of a few elites, a system that left peasants and indigenous people with small plots or landless.
10. Instead the small *milpas* (parcels of subsistence land) cultivated by the indigenous poor are often too small to cater for their food needs and haunted by a myriad of problems including lack of irrigation, poor land quality (e.g. soil erosion) and absent property rights.
11. Instituted post-independence, this system of forced labour served to ensure continuous labour availability for the coffee plantations.
12. The disengagement from Southern disability epistemologies and work (especially those not written in the dominant English language, the lingua franca of the world) in the global North disability studies and the exportation of global North toolkits (e.g. the social model of disability) are emblematic (see for example Oliver, 1990). This exclusion not only retains the exclusivity and dominance of Western writings, but it subjugates Southern knowledge and voice, the latter consistently devalued as 'particularistic and, thus, unable to achieve universality' (Grosfoguel, 2011, p. 5).

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Orientalising deafness: race and disability in imperial Britain

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This article explores the conflations and connections that postcolonial and disability scholars have drawn between 'race', 'colonialism' and 'disability' from a historical perspective. By looking at the connections drawn between 'race' and 'disability' in the context of nineteenth-century imperial Britain, I hope to probe beyond them to examine the origins and implications of their interplay. I do so by focusing on ideas about deafness, an impairment radically reconfigured in the colonial period, and inflected with concerns about degeneration, belonging, heredity and difference. Disability, I argue, not only operated as an additional 'category of difference' alongside 'race' as a way of categorising and subjugating the various 'others' of Empire, but intersected with it. The 'colonisation' of disabled people in Britain and the 'racial other' by the British were not simply simultaneous processes or even analogous ones, but were part and parcel of the same cultural and discursive system. The colonising context of the nineteenth century, a period when British political, economic and cultural expansion over areas of South Asia, Australasia and Africa increased markedly, structured the way in which all forms of difference were recognised and expressed, including the difference of deafness. So too did the shifts in the raced and gendered thinking that accompanied it, as new forms of knowledge were developed to justify, explain and contest Britain's global position and new languages were developed through which to articulate otherness. Such developments reconfigured the meaning of disability. Disability was, in effect, 'orientalised'. 'Race' I argue was formative in shaping what we have come to understand as 'disability' and vice versa; they were related fantasies of difference.

Introduction

The influential American novelist Edward Bellamy's short story 'To Whom it May Come' (1898) tells the tale of the sole survivor of a ship-wreck washed up on the shores of a remote island in the Indian Ocean. The narrator awakes to find himself surrounded by the 'inhabitants of the country' whom he recognises to be a 'white and handsome people, evidently of a high order of civilization', but not possessing any 'traits of race' with which he was familiar (p. 390). The narrator's successive addresses to them in English, French, German, Italian, Spanish, Dutch and Portuguese were met with looks of pity, but no verbal affirmation of comprehension. Before long the disturbing silence between the strangers caused ‘a most extraordinary conjecture’ to occur to the narrator: ‘could it be that these strange people were dumb?’ ‘Such a freak of nature as an entire race thus afflicted had never indeed been heard of’, he mused, ‘but who could say what wonders the unexplored vast of the great Southern Ocean might thus far of hidden from human ken?’ (p. 391). The protagonist was also familiar with what he refers to as the ‘deaf-and-dumb alphabet’ and began ‘to spell out with [his] fingers’ the introductory remarks he had already uttered to no avail (p. 391). The ‘natives’ found his resort to sign-language hilarious. ‘It was as if they were very sorry for me, and ready to put themselves wholly at my service, if I would only refrain from reducing them to a state of disability by being so exquisitely absurd’ (p. 391). Fortunately, an interpreter arrived and begged the narrator excuse his countrymen for ‘the wholly involuntary and uncontrollable mirth’ provoked by his attempts to communicate with them, explaining that ‘they understood you perfectly well, but could not answer you’ (pp. 392–393). The protagonist was horrified that his conjecture may thus be confirmed: the whole group had been ‘afflicted’ by ‘dumbness’. His pitying assumption of their disability was soon, however, corrected (p. 393). They were in fact a race of ‘mind-readers’, descended from a group of magicians expelled from Persia 2000 years before, who had themselves been ship-wrecked on their way to Ceylon. They had embarked on a ‘rigid system of stirpiculture’ (selective breeding) and ‘within a few generations there had evolved “a new and advanced order of humanity”’ (p. 395). As mind-reading became the ‘natural’ form of communication, so spoken language had fallen out of use. Only a single interpreter retained the dubious ‘power’ of speech and even that was ‘the most pitiable abortion of a voice’ which, ‘having all the defects in articulation of a child’s who was only just beginning to talk, it was not even a child’s in strength of tone, being in fact a mere alteration of squeaks and whispers inaudible a rod away’ (p. 392).

In ‘To Whom it May Come’, Bellamy strikingly evokes the entangled fears and fantasies of race and disability in late nineteenth-century thinking across the Anglo-American world. Degeneration, evolution, disability and colonialism play off each other in the anxieties of difference expressed in the encounter. Otherness is racialised; whiteness is disrupted by the presence of apparent disability; the ‘dumbness’ of the ‘natives’ is evidence of piteous incapacity, and yet is subverted, apparently proving evidence of a more ‘advanced’ stage of a ‘civilisation’ than the narrator’s (and by extension the reader's) own; and yet the infantilised voice of the translator smacks of 'degeneration'. Throughout, the human condition appears disconcertingly malleable and concepts of 'race' and 'disability' are difficult to disentangle.

Postcolonial and disability theorists from many disciplinary perspectives have identified intersections between racism, colonialism and disability. Some have highlighted causal links from the production of impairment through the economic and physical violence of colonialism to the disabling postcolonial legacies of warfare and poverty in the global South (Meekosha, 2011). Scholars of disability have used the language of 'colonisation', 'slavery' and 'apartheid' to discuss the political, social and economic marginalisation of disabled people in the global North (Goggin & Newell, 2004; Hirsch, 2000; Szasz, 1977). Such formulations have long roots, stretching from the historical naming of leper asylums and psychiatric institutions as 'colonies' to recent literary discussions of 'the cripple as Negro' (Kriegel, 1969). In this vein, Harlan Lane and Deaf activists have deployed the language of colonial resistance to claim members of Deaf cultures as a linguistic and cultural minority suffering the 'physical subjugation of a disempowered people, the imposition of alien language and mores, and the regulation of education on behalf of the colonizer's goals' (Lane, 1993). From the opposite perspective, the rhetoric of disability has also been used by postcolonial critics to discuss 'disabling the colonized' through economic and social exploitation, and the process of colonisation as one of 'national disablement' (Choi, 2001; Quayson, 2002). This article aims to understand the enduring and evocative connections between disability, race and colonialism from a historical perspective.

I focus on these conflations and connections in nineteenth-century Britain, a time and space where Benjamin Disraeli argued 'all is race' and Britain ruled a global empire. By examining the slippages between 'race' and 'disability' historically, I hope to probe the origins and implications of their interplay. 'Disability', I argue, not only operated as an additional 'category of difference' alongside 'race' but intersected with it. The 'colonisation' of disabled people in Britain and the 'racial other' by the British were not simply simultaneous or analogous processes, they were part of the same cultural and discursive system. The colonising context of the nineteenth century, a period when British political, economic and cultural expansion in South Asia, Australasia and Africa increased markedly, structured the way in which all forms of difference were recognised and expressed, emphasising heredity and aligning bodily difference with political subjugation. New forms of knowledge were developed to justify, explain and contest Britain's global position and new languages were developed through which to articulate otherness. Such developments reconfigured the meaning of disability. Disability was, in effect, 'orientalised'. 'Race', I argue, was formative in shaping what we have come to understand as 'disability' and vice versa; they were related fantasies of difference.

Deafness seems to be particularly fruitful ground through which to explore these connections and will form the focus of my analysis.[1] Branson and Miller (2002) have convincingly argued that deaf[2] people have long been treated as an 'other' stereotyped, discriminated against and differentiated from 'mainstream' national culture. Paddy Ladd (2003) has argued that the social and cultural 'colonisation' of the deaf replicated that of the ethnic 'others' of empire: both groups were subject to ethnocentric and paternalistic endeavours to 'civilise' them, both experienced the deliberate suppression of their vernaculars, and both were disenfranchised politically. Douglas Baynton (1992; 2006) similarly suggests that, in the US, concerns about race, language and nationhood impacted the development of oralism (the practice of teaching deaf people to articulate and lip-read the vernacular rather than in sign language), and new migrants were excluded on the basis of both impairment and ethnicity. And, of course, the eugenicist fantasy expressed by Bellamy in the opening paragraph is, not insignificantly, one of deaf-muteness. The deaf appeared to evoke particularly acute concerns about degeneration, as expressed in Alexander Graham Bell's warning that inter-marriage between deaf people would create 'A Deaf Variety of the Human Race' (Bell, 1883). But these links have generally been discussed as analogous processes, not, as I argue here, ones that were connected.

Discovering deafness

As the historian of disability, Jacques-Henri Stiker (1999), has argued, disability and disabled populations always represent what is 'unlike', what 'should not exist' or what must be assimilated. The social malleability of disability allows it to be imbued with whatever a society considers particularly frightening, disturbing or disruptive to an imagined 'norm' and inflected with ever-shifting fantasies of the 'extraordinary', 'monstrous', 'leaky' or 'incomplete' body (Shildrick, 2012; Thomson, 1997; see also Grech, 2015). This means different forms of embodiment have been understood as 'disabled' in different periods and specific impairments, such as deafness, shift in implication, experience and representation. During the eighteenth century, the racial difference of the colonial other became an important measure of what the literary critic Felicity Nussbaum has discussed as 'the limits of the human' (Nussbaum, 2003). Racial thinking, too, is highly contingent not least in its various articulations through what Stuart Hall has discussed as 'biological' and 'cultural' registers or 'logics' of race that are 'always present, though in different combinations, and grounded in different contexts and in relation to different subject populations' (Hall, 2000, p. 224). In the nineteenth century, perceived racial difference was used to justify a wide range of colonising, violent and exploitative practices from the transatlantic slave trade to the expropriation of indigenous land across Australasia, South Africa and the Americas. The colonial other became a subject of ethnographic examination, pseudo-scientific investigation, literary curiosity, political subjugation, economic exploitation, Christianising mission and philanthropic crusade (see for example Hall, 2002; Malik, 1996; McClintock, 1995). Imperialism infiltrated British culture in complex and manifold ways, from high politics to education and literature, and brought with it increased sensitivity to questions of race, nationhood and belonging (Hall & Rose, 2006). As Nussbaum argues, the differences of race, 'anomaly' and gender were intricately enmeshed (Nussbaum, 2003). In a context when issues of race and empire gained increasing levels of cultural dominance, attitudes towards disability (including deafness) absorbed some of the associations of colonial difference. One way in which this can be seen is in the increased identification of deaf people as both a cultural group ('deaf heathens') and a biological category ('a deaf race'), markers which held colonial resonances. The framing of deaf people in the language of 'discovery' also suggests that the 'problem' of deafness was reconfigured alongside the increased 'exploration' of empire overseas.

The eighteenth and nineteenth centuries saw many shifts in the way in which both deaf people in Britain and the colonial other overseas were conceptualised. The increased confidence of doctors to identify and cure various conditions led to the medicalisation of deafness (Carpenter, 2009). The period saw a growing identification drawn between deaf people and charity, when following the 1834 Poor Law Amendment Act, deaf people increasingly became objectified as members of the ‘deserving poor’, and, as will be discussed later, deaf people were increasingly institutionalised (Atherton, 2011, p. 25). At the same time, images of the colonial other were propelled into the British public sphere by the rapid expansion of the British Empire, debates over the abolition of slavery, and the increased circulation of imperial and missionary travel writing. Later in the century, these formative developments were followed by a ‘hardening’ of racial attitudes in response to indigenous rebellion and the development of pseudo-scientific racism (Bolt, 1984). A colonial context in which difference was inscribed on the body made the presence of ‘other’ bodies within the imperial race yet more problematic. The sensational discovery of the ‘savage of Aveyron’, a ‘wild’ boy, aphasic and possibly deaf, who lived ‘naked’ in the woods until he was eventually captured, examined and displayed, raised fears about ‘primitive’ Europeans at a time when ‘savagery’ was being increasingly located overseas (Simpson, 2007).

Religious difference was a key part of this. The ‘heathenism’ of the colonial other preoccupied missionaries, humanitarians and their supporters in Britain who worried over the ‘godless’ states of the Indians and Africans they encountered and associated lack of ‘civilisation’ (Cleall, 2012). They raised money, trained missionaries, built schools and churches, and translated the Bible into local languages to introduce the Word of God to those who, it was feared, would otherwise be consigned to hell. Similarly, the fear that deaf Britons were ‘pagans’ at worst and ‘heathens’ at best, motivated the rise of missions to deaf children at home (Cleall, 2013). The deaf child is ‘thrown at once to an almost immeasurable distance from all other men’, Charles Orpen, the Secretary to the Deaf and Dumb Institution at Claremont in Dublin wrote; ‘inferior immensely to those who should be his equals, dependent entirely upon those about him’, ‘wholly ignorant of HIM’ and living ‘without the hopes and prospects and consolation of religion’ (Orpen, 1828, p. 8). Deafness not only carried the figurative association with ‘heathenism’, but the ‘deaf and dumb’ were literally feared to be un-Christian: the ‘Deaf, who on that account do not attend Church’ were an identifiable community unable to hear the Word of God (SPCK, 1864).

Analogy and comparison with the ‘others’ of empire was also useful in the attempt to make ‘known’ the ‘unknowable’ condition of deaf people. It is ‘difficult to find a point of comparison for such a state of being’, one observer wrote of deafness:

> It was not the condition of the uneducated savage, who, if he had the use of all his senses, however neglected by others, might, in some degree, educate himself. It was not like a state of prolonged infancy: for the faculties of the child were in a continual process of development. It might be most fittingly termed a chaotic state of mind – dark, confused, barren, and dreary … (*Report of the Cambrian Institution*, 1848, pp. 29–30)

Images of colonial otherness are redolent here. The deaf person is positioned *below* both ‘the uneducated savage’ and the (European) child. The language used to discuss their ‘dark’, ‘confused’, ‘barren’ and ‘dreary’ existence evoke further images of empire, of the ‘dark, benighted, fearfully savage people’, to use the words of a contemporary missionary, of those located in Africa and other far reaches of Empire (Sykes, 1870, p. 255).

Degraded people in need of Christian benevolence was a common trope in humanitarian thinking, influential in the early nineteenth century. During their campaigns for the abolition of the slave trade, the emancipation of the enslaved and the protection of Aborigine rights, humanitarians powerfully evoked the ‘suffering body’ of colonial others overseas.

As Thomas Laqueur (1989) has argued, the lacerated backs of enslaved Africans, amongst other images, narrated the suffering body so as to ‘engender compassion’ and compel ameliorative action. New ways of writing about disability ‘at home’ can be added to this, including about deafness (an ‘invisible disability’) which was often read on to the body. One hearing man reflected on the ‘faces of deaf-mutes’ he had encountered in the Margate deaf asylum, remarking that he could ‘imagine nothing more pathetic than the anxious look of a deaf-and-dumb child, the utter lost expression of it, the sense of being cut off from you, of being outside your world, a creature of an inferior order’ (Hatton, 1896, p. 9). Deaf people were depicted as suffering beings whose bodies and minds demanded rescue. Mr Gordon, an educationalist, wrote of deaf children struggling with ‘a rude language of gesture’, ‘ill-adapted’ for communicating with ‘friends and neighbours’, and deaf people as ‘ignorant of the author of his existence’, lacking ‘all the great truths of natural and revealed religion’, harbouring a ‘propensity to evil’ and being ‘a burdensome’, ‘troublesome’ and ‘mischievous member of society’ (1831, p. iv). In other publications, deaf people were explicitly labelled ‘heathens’ who, like the ‘degraded’ Indians and Africans of Empire, or the slum-dwellers of London’s East End, needed rescue (*Sheffield & Rotherham Independent*, 1862, p. 6). Societies were established to ‘save’, ‘civilise’ and Christianise deaf children, particularly those from the working classes. Like the others of empire, deaf people were deemed incapable of helping themselves and dependent on white able-bodied people. As such they were subject to unprecedented attention from philanthropists, census officials, missionaries, educational and medical ‘experts’, and the lay public.

‘Deaf and dumb lands’

One of the consequences of the increased ‘discovery’ of deaf people was institutionalisation. The nineteenth century saw the increased tendency to ‘treat’ and ‘educate’ disabled people within asylums and residential schools (Stiker, 1999, p. 6). Following the opening of the Braidwood Institution, the first school in Britain for deaf children, in 1760, and the first *public* institution in 1792, similar institutions sprang up all over the country. These schools, institutions and asylums signified various kinds of segregation and have been read by some scholars of deafness as an early form of ‘social welfare colonization’ (Woll & Ladd, 2011, p. 165). Deaf children were educated separately and differently from hearing children, in lessons that focused on the mechanics of communication. Religious socialisation was also emphasised and many of these schools were missions, operating as part of the wider ‘civilising mission’ at home (Pemberton, 2004). The West End Mission in London, for example, whose work extended to various internal others from ‘destitute women’ to the growing Jewish community in London, also managed an institution, tellingly named ‘Guild of the Small Brave Things’, that aimed to teach ‘deformed’ children to be ‘“laetus sorte mea” (happy in my lot)’ (The West London Mission, 1901).

The missions to the ‘others’ of empire and the deaf at home were part of the same project and can be seen through the same lens. The schools, asylums and other institutions for the deaf were founded on the same lines as the ‘civilising mission’ overseas, which aimed not only to introduce ‘heathen’ people to Christianity, but to overhaul their domestic arrangements; regulate their sexuality; dress them ‘decently’; teach reading, writing and often English; ‘morally’ reform them; and to dislocate them from indigenous cultures, beliefs and practices (Cleall, 2012). Deaf missions back in Britain similarly aimed not simply at educating deaf children but to moralise and normalise them. Deaf people needed to be ‘rescued’ from families where they were physically and morally neglected. Deaf girls needed to be taught that sex outside of marriage was sinful and thus saved from ‘the peculiar dangers to which female mutes are exposed when unguarded by education and religion’ (Orpen, 1836, pp. 313–319). Metaphorical overlaps consolidated connections; hearing ‘heathens’ overseas were described as ‘deaf to the Word’ and Jewish people accused of ‘playing deaf’ when approached by Christian missionaries in London (Cleall, 2012; Ross, 2011). Material overlaps of funding and support were personal and institutional. William Wilberforce, Zachary Macaulay, Thomas Buxton, Thomas Clarkson and the Gurney family, names foremost connected with anti-slavery, also supported institutions for deaf children in Britain (*List of the Governors and Officers*, 1831). The Society for the Propagation of Christian Knowledge wrote stories about the deaf in Britain and hearing children overseas (SPCK, 1847).

Institutions for deaf children could also be seen as instructive for the mission to racialised others. When Samuel Johnston visited the aforementioned Braidwood Institution he was much impressed by the pupils’ articulation of ‘LONG words’ and their understanding of arithmetic (Johnston quoted in Rée, 1999, p. 140). ‘It was pleasing’, he said, ‘to see one of the most desperate of human calamities capable of so much help’ (p. 140). The prospect gave him hope ‘after having seen the deaf taught arithmetic’, he mused, ‘who would be afraid to cultivate the *Hebridies*?’ Johnston’s comparison to the Gaelic-speaking Highlanders, associated throughout his tour to the Western Isles with uncivilised savagery, points to further connections between the ‘civilisation’ of the ‘disabled’ body and that which was ethnically ‘different’ (p. 140).

Elsewhere, however, the ‘heathen’ deaf at home and the ‘heathen’ ‘other’ overseas were rival causes. Writing of the Cambrian Institution in 1848, a contributor to *The Welshman*, having extolled the virtues of this ‘benevolent and truly Christian establishment’, and writing in a context where overseas missions were becoming increasingly vocal fundraisers, posed that ‘there is quite enough of real destitution and practical heathenism in Wales to absorb every penny of surplus money … without being called upon to send over the seas from Wales, (as is annually the case) hundreds and thousands of pounds for the conversion of the Caribbean, New Zealanders, & c' (quoted in *Report of the Cambrian Institution*, 1848, p. 25). To supply 'the physical and moral wants of distant and uncivilised tribes', the author argued, should only be considered after the people of Wales had provided 'for the education of those who are surrounded with a double wall of ignorance – THE DEAF AND DUMB OF THE PRINCIPALITY' (p. 25). Such a framing both drew attention to the differences between the two groups and held them together in the same imaginative framework. The language of 'degraded heathenism' was used to justify cultural and physical colonisation in both colony and metropole. Such comparisons were not exclusive to the deaf. As Susan Thorne (1999) has demonstrated, the plight of the working-class 'heathen at home' was in constant struggle with the 'heathen overseas' for attention, prayers and money. Naming a domestic group a 'racial' other carried more and more weight as race 'hardened' and 'consolidated' in colonial discourse.

Physically grouping deaf people together changed the experience and representation of deafness. Within the newly founded schools, churches and institutions, deaf people developed distinct social identities (Pemberton, 2004). The use of manual sign-languages spread rapidly between children. Teachers of the deaf also spread sign-language and the issue of whether to use sign-languages ('manualism'), or spoken and written English ('oralism') to educate deaf children became highly contentious.

Language signified difference in both the racial and the deaf other, and the displacement of native vernaculars is a staple of cultural imperialism (Tomlinson, 1991, pp. 11–12). In his famous Minute of 1835, Thomas Babington Macaulay argued that 'native' Indian languages 'contain[ed] neither literary nor scientific information' and were 'so poor and rude' that they were incapable of expressing scientific thought (Macaulay, 1835/1999). Macaulay's conclusion that Indian advancement could only be effected through the English language was echoed throughout the nineteenth century in claims that acquiring English was essential to the progress of deaf children and that signing was 'animalistic', unable to express abstract thought, and a 'primitive' form of communication. In 1880, a congress of deaf educationalists from across Europe and America (all of whom were hearing), produced the infamous Treaty of Milan declaring that sign-language restricted deaf children and should be replaced by oral training (Branson & Miller, 2002). Today, the Milan Treaty is remembered by Deaf activists as an aggressive act of ‘oralist colonisation’. The nineteenth century also saw the active discouragement of Welsh, Scots and Gaelic within the British Isles.

Sign-language and the physical separation between deaf and hearing, evoked in visitors to deaf asylums and schools the sense that they were entering another world. Hearing visitors often described these institutions in ways reminiscent of Bellamy’s evocation of the mute islanders and as the embodied fantasy of deaf people as a race apart. Joseph Hatton wrote on his ‘exploration’ of the Margate Deaf and Dumb Asylum as the ‘reminiscences of a sojourner in Deaf-and-Dumb Land’, a place he described as ‘A strange, sad, interesting country’ (Hatton, 1896, p. 6). The deaf were safely contained ‘in there’ and the allusion of physical distance seemed to relieve Hatton, and other interlopers into ‘deaf-and-dumb lands’, of the possibility of contagion. Hatton’s description of ‘Deaf-and-Dumb Land’ evokes contemporary imperial travel writing, which represented non-European places as spaces of adventure to be ‘discovered’ and ‘conquered’ by intrepid Europeans, and indigenous peoples as exotic curiosities (Pratt, 1992). ‘Deaf-and-Dumb Land is a new country to me’, he wrote, ‘For a time it affected me as might have done the discovery of a new country … I experienced some of the sensations of a discoverer’ (Hatton, 1896, p. 41). This imagery is not only about geographical distance but also about otherness, a link that was increasingly mapped on to imperial frameworks in this period. In medical and colonial discourses, the empire was often associated with disease: the ‘hot’ spaces of the colonies were constructed as a climate that Europeans could not survive; Africa was a ‘sick continent’ both epidemiologically and morally, and the peoples of empire were imagined as crying out for western biomedicine (Anderson, 2002; Vaughan, 1991). In doing so, the empire offered a means through which imaginarily to exile the ills from the metropole out to the colonies. It was as though sickness and disability were themselves being conceptually exported to the colonies, as climatic understandings of disease increasingly identified Africa and India as ‘places of sickness’ and Britain as a place of relative ‘health’. Asylums, institutions and residential schools helped to relieve the disruption posed to these neat separations in the metropole.

The comparison could also operate in reverse. When Harriet Martineau, herself hard of hearing but writing in this context as an imperial traveller in the Middle East, recorded visiting Egyptian harems she described leaving them with a ‘heaviness of heart greater than I have ever brought from Deaf and Dumb Schools, Lunatic Asylums or even Prisons’ (Martineau, 1848, p. 259). Like many European travel writers, Martineau had been appalled by the ‘atrocious’ harems and their ‘ignorant’, ‘wretched’ and ‘gross’ inhabitants. By introducing the harems with this metaphor, Martineau framed cultural difference through the imagery of disability. Her later discussion of ‘attempts to have conversations by signs’ similarly evoked the deaf institutions that she, like Hatton, had visited as a quasi-colonial curiosity (Martineau, 1848, pp. 259–270). The origins and consequences of depictions of educational institutions and of harems are clearly different, not least in the ‘colonisers’ attempts to erect the former and dismantle the latter. But some of the power dynamics of the hearing or colonial ‘gaze’ are shared nonetheless, and the metaphorical slippage between ‘overseas territories’ and ‘deaf-and-dumb lands’ indicates how diverse forms of bodily difference occupied the same imaginative space.

Whilst deaf institutions primarily operated to exclude and seclude the deaf, this was accompanied by the selective ‘exhibition’ of choice pupils. As Rosemarie Garland-Thomson has demonstrated, ‘freak shows’ performed the cultural work of focusing, containing and ‘discharging’ anxieties about the differences of both race and disability onto the ‘spectacle of the extraordinary body’ (Thomson, 1997, pp. 55–80). So too was the invisible difference of deafness rendered visual for this kind of display. Whilst signing always provoked fascination, as oralism gained precedence over manualism (either in the form of signed languages or the manual translation of spoken languages), it was the ‘speaking deaf’ who were considered most remarkable. An observer at the demonstrations by the pupils at the Glasgow Institution in the 1870s recalled the ‘interesting’ and ‘astonishing’ demonstration of ‘articulation and lip-reading’ as several ‘deaf mutes’ read aloud portions of the Bible. ‘In some cases the sounds emitted were not easily distinguishable’, the observer recorded, ‘but a number of the pupils pronounced the words as distinctly as if they had all their lifetime been gifted with the power of speech’ (*Fifty-Seventh Annual Report*, 1878, p. 19). These performances were about objectifying and visualising otherness as much as demonstrating achievement and, as such, there is an uncanny resemblance between the display of the ‘speaking’ deaf and the ‘civilised or Christianised African’. As the literary scholar Eitan Bar-Yosef notes, in Victorian literature, the disabled person was encouraged to ‘overcome’ their impairment by making it ‘invisible’ but, paradoxically, it also had to be maintained because ‘unless the impairment is somehow kept in mind, made visible, the accomplishment cannot be fully appreciated’ (Bar-Yosef, 2009, p. 135). For the postcolonial scholar, such paradoxical demands are reminiscent of Bhabha’s ‘colonial mimicry’: the demand to be ‘almost the same, *but not quite*’ (Bhabha, 1984, p. 127). In this way, the trend towards oralism carried colonialist resonances, as did the element of ethnographic human display proliferating in Britain in this period which, as Sadiah Qureshi (2011) has recently argued, generated as well as reflected new, ‘hard-edged’ ideas about race.

A deaf race?

The codification of ‘biological’ difference also garnered evidence drawn from types of bodies defined by ‘race’, ‘disability’ and the intersections perceived enjoining them. The bodies of those most famously associated with ‘otherness’ – Sara Bartman, the ‘Hottentot Venus’, for example, were defined both through ethnicity and through ideas about medical or physiological ‘deformity’. Those puzzling over what they termed ‘Mongolianism’ struggled with whether Down’s syndrome was ‘racial’; following the fame of Eng and Chang Bunker, conjoined twins were labelled ‘Saemese’; and Victorian ‘freak shows’ exhibited both ‘Pigmies’ and those with restrictive growth as ‘midgets’. Eugenicists latched onto both race and disability as signs of ‘degeneracy’, often reading ‘racial’ degeneration as physically disabling (see essays in Bashford & Levine, 2010).

Deaf people, particularly those conveniently grouped together in the new asylums and schools, were a source of investigation and interest to anthropologists, ethnographers and phrenologists, who were otherwise engaged in measuring, examining and categorising the ‘race’ of ‘colonial others’ in pseudo-scientific ways. George Combe, perhaps the most prolific British phrenologist of the nineteenth century, and his mentor Dr Spurzheim, visited many deaf institutions to record the apparent peculiarities of deaf children (Capen, 1881). Alexander Atkinson, a former pupil at the Edinburgh Deaf and Dumb Institution, recalled Combe visiting their school as he pursued ‘his researches on skulls from Institution to Institution in the city’ (Atkinson, 1865, p. 134). Atkinson was dismissive of his findings, wondering ‘if he was disappointed in not finding any peculiarity in our cerebral system, which he might have anticipated from the peculiarity of our physical lot’ (p. 134), but others took more seriously the implication that the physical differences of ‘the deaf and dumb’ extended far beyond the ear. The Scottish doctor James Kerr Love, aural surgeon to the Glasgow Royal Infirmary, was also interested in establishing whether ‘[a]part from his deafness, has the deaf-mute any special physical characters?’ [sic], a question he sought to answer by recording the height, weight, head circumference and chest circumference; incidence of left-handedness; reaction to painful impressions; mental qualities and longevity; as well as many more categories of measurement that also appeared in attempts to codify ‘race’ (Love, 1896, pp. 10–28).

In reconfiguring understandings of the biological body, discourses of race and disability constantly intersected. The findings of Paul Broca, the French surgeon and anthropologist best known for his racial taxonomies, were also used by those writing about deafness, who read his location of the faculty of speech in a specific part of the brain as evidence that deaf ‘inter-breeding’ could produce an alternative ‘race’ of humanity (Hubbard, 1894, p. 7). From a different perspective, those writing about cultural difference often reflected on deaf people as a point of comparison. Max Muller, the orientalist and philologist, for example, speculated that ‘The uninstructed Deaf and Dumb … have never given any signs of reasoning in the true sense of the word’, a statement which was taken up by those condemning deaf reproduction later in the nineteenth century (Muller, quoted in Hubbard, 1894, p. 8).

Edward B. Tyler (1832–1917), the so-called father of anthropology, was also deeply interested in the ‘deaf-and-dumb’, not least in his investigations into ‘primitive cultures’. Deaf people were not only another example of ‘primitive cultures’ but central to his thinking about them, an example of mankind in its ‘natural state’ that could be returned to repeatedly. The ‘gesture-language’, he wrote, gives ‘insight into the workings of the human mind’ (Tyler, 1878/1964, p. 47). This in turn could be used to understand the concept of race itself. ‘As, then, the gesture-language appears not to be specifically affected by differences in the race or climate of those who use it, the same of their skulls and the colour of their skins, its evidence, so far as it goes, bears against the supposition that specific differences are traceable among the various races of man, at least in the more elementary processes of the mind' (Tyler, 1878/1964, p. 47). Tyler's observation that 'The Indian pantomime and the gesture-language of the deaf-and-dumb are but different dialects of the same language of nature' (p. 28) is similarly racialising. He places all deaf people the world over in the same 'class', making disability a master category through which to define them and, as such, displacing national or ethnic belonging. He then aligns this 'class' with 'races' widely discussed as 'inferior'. Tyler was convinced of 'the ease and certainty with which any savage from any country can understand and be understood in a deaf-and-dumb school', reporting how the conversations of 'a native of Hawaii', a 'Chinese, who had fallen into a state of melancholy from the long want of society' and 'some Laplanders, who were carried about to be exhibited' were immediately revived and refreshed by being able to communicate to residents of deaf institutions with ease (p. 47). Elsewhere, both racial others and disabled people were looked to as the 'missing link' between humanity and animals, particularly following the beginnings of evolutionary understandings of human development (Rée, 1999, pp. 253–255).

As a 'racial' group, the deaf were increasingly felt to need to be contained not only by controlling where they lived but in the numbers of their population in total. In his work on restrictions of deaf immigrants entering the US, Douglas Baynton demonstrates how ideas about the 'alien' in the late nineteenth-century US drew together ideas of both 'foreignness' and disability in eugenic fears about degeneracy. Whilst less focused around issues of immigration, similar processes were at work in Britain. Issues of heredity and reproduction propelled these issues into the public sphere as deaf people were overtly constructed alongside racial others as undesirable elements in the racialised nation. The Royal Commission into the Condition of the Blind, The Deaf-and-Dumb was perhaps the most influential organisation to demand that: 'intermarriage of congenitally deaf persons … should be strongly discouraged' (*Report of the Royal Commission*, 1889 Recommendation 26). But their views were widely maintained. Alexander Graham Bell, whose interests in deafness and eugenics came together over this point, argued that deaf schools and sign-language should be abolished as generative of the deaf communities and identifications that led to 'inter-deaf marriage' (Bell, 1883, p. 16). Others went further, to argue that marriage between deaf people should be legislatively forbidden (Baynton, 1992, p. 231). Whilst in some ways such writings represent an *inversion* of fears of ‘miscegenation’ (fear of ‘inter-breeding’ instead of racial ‘mixing’), many of the same concerns about degeneration, eugenics, public health and human ‘types’ underpinned both debates: what was at stake was the degeneration of the ‘imperial race’.

But no matter how rigorous these attempts to codify and contain disability, categories of otherness that gained their discursive power from dichotomous positioning (in this case ‘deaf’ and ‘hearing’ and by extension ‘disabled’ and ‘able-bodied’), continued to bleed into one another. Many critical colonial scholars have argued that policing racial boundaries often proved impossible, with mixed-race children, master-servant relationships, and indigenous converts to Christianity forming just some examples of ‘transitions’ between ‘colonisers’ and ‘colonised’, or ‘white’ and ‘black’ (Stoler, 2002). The same was true of understandings of deafness, not least in deaf children born to hearing parents and vice versa. Disability could always strike within the heart of the ‘imperial race’ and disrupt ideas about racial hierarchy. When these slippages could not be prevented, they were often disavowed. But in some fantasies of difference we see the fear generated by these instabilities seep through: part of what was so baffling for Bellamy’s narrator was the whiteness and apparent ‘normalcy’ of the ‘race’ he encountered; they did not look ‘black’ and they did not look ‘disabled’. Nonetheless, ‘race’ held so much discursive power that it was crucial to evoking disability whether to consolidate or to complicate the difference it signified.

Conclusion

In this article, I have argued that the colonial context and the language of race entangled with it profoundly influenced the ways in which the difference of disability was framed and, to some extent, ‘orientalised’ disability in nineteenth-century Britain. I have suggested several different processes through which these confluences occurred. The religious otherness of deaf people was inflected by the rise of missionary work overseas, which identified ‘heathens’ to be pitied and converted as part of a civilising project. Discourses of ‘civilisation,’ ‘progress’ and the replacement of a native vernacular with English language, widely discussed in the context of overseas empires, could also play out at home. Biological registers of difference increasingly framed conceptions of ‘others’ both abroad and in Britain. Disability and ethnicity were explicitly brought together in fears about the ‘health’ of the ‘imperial race’. Because ideas about race and disability were, in the nineteenth century, mutually informing, the ‘colonising’ treatment of the d/Deaf community and the colonisation of ethnic ‘others’ of Empire intersected. Disability, like race and gender, was important in expressing issues of ‘difference’ and contributing to their making.

The implications of these connections are important and as yet, largely unexplored. The early histories of disability in Britain have focused on recovering the lives of deaf and disabled people who have experienced and resisted various forms of disempowerment, particularly those of former residents of the schools and institutions that have proved so controversial. But reframing this work in a colonial context reminds us that such processes of disenfranchisement and exclusion were part of a wider shift in the constitution of a normative subject. It also opens some potentially uneasy questions about the ways in which disabled populations, including deaf people, could occupy the position of an oppressor group as well as a group that has been repressed. The partially deaf Francis Baring, for example, earned huge amounts of money from the transatlantic slave trade and for some years directed the East India Company as it sought to exploit the Indian subcontinent. Francis Humberstone Mackenzie was also deaf and was involved in slavery as well as being Governor of Barbados from 1800 to 1806. Jane Groom, a deaf missionary, suggested an emigration scheme whereby deaf people could colonise a part of Ontario (presumably at the expense of the dispossessed First Nations). Deaf British children may well have been subjected to discrimination, prejudice and ill-treatment, but they were also able to adopt the language of the coloniser when talking about overseas ‘others’ and to articulate imperialist and racial thought. The deaf pupils funded by the Glasgow Society for the Education of the Deaf and Dumb, for example, demonstrated their mastery of written English with accounts of the ‘many heathen people in India’ to whom ‘we send missionaries to teach them the Gospel’, of ‘the Natives of New Zealand who are called Maoris’, and of the ‘inhabitants’ of Ceylon who ‘pluck cocoa-nuts’ [sic] (*Fifty-Seventh Annual Report*, 1878). When deaf people travelled to the overseas of Empire, the complex interactions between disability and race were yet further contorted. More work is needed to bring through these complexities and work through the intersections between whiteness and disability.

From a postcolonial perspective, examining the disruptions posed by disability reminds us to explore the embodied position of the coloniser as well as the colonised. Colonial observers, from missionaries to educational reformers, colonial doctors and government officials, argued that the ‘native’ practices (such as confining women to harems and zenanas; foot-binding and female circumcision) were physically disabling. One implication of such activities was to represent the European as able-bodied and the local populations as diseased, debilitated and disabled, a dynamic compounded by the growth of colonial medicine which purported to use western science to ‘cure’ the ‘sick continents’ of Africa and Asia (Vaughan, 1991). Disabled British people complicated such constructions. Incorporating disability into postcolonial analysis reminds us that colonisation was not simply about a ‘white’ body or a ‘male’ body, but also one that was able-bodied. That embodied identities could be disrupted by disability both inter-generationally and within the individual life-cycle, engendering forms of fragility and bodily chaos that many were anxious to disavow. That disability has effectively been forgotten from much postcolonial analysis, demonstrates the resilience of this reluctance to confront bodily fragility and its continued power to subvert.

Acknowledgements

All my thanks to Simone Borgstede, Erin Cullen, Daniel Grey and Onni Gust for their thoughtful reflections on this piece. My thanks also to the two anonymous reviewers who have helped me much improve the original text.

Notes

1. Many politically Deaf groups now argue that sign-language users are not a ‘disabled’ but an ‘ethnic’ or ‘cultural’ group. Here, however, I discuss deafness and disability together because, in the nineteenth century, the labelling of deafness as ‘infirmity’ was an important element of its construction.
2. Deaf activists have used ‘Deaf’ to indicate identity and ‘deaf’ adjectivally, a distinction which usefully illuminates the gap between ‘impairment’ and identity. I have not, however, used it in this paper as the grammatical distinction did not exist in the nineteenth century and applying them retrospectively requires a problematic assumption of identity, particularly as in this period many people identified with both or neither of the categories with which they may now be associated.

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‘Let them be young and stoutly set in limbs’: race, labor, and disability in the British Atlantic World

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This paper explores the historical intersections between slavery, disability, labor, and ‘modernity’ in the early modern British Atlantic World, paying particular attention to Barbados and Jamaica. It considers the historical linkages and divergences between the wage-earning, free, metropolitan worker of industrial Britain and the non-wage earning, enslaved plantation laborer of the British sugar colonies. It argues that colonialism, race and, specifically, slavery are key to understanding the intersections between the commodification of the laboring body and disability. The physical health and ability of bondspeople had the greatest influence on slave market prices and yet, the institution of slavery itself routinely produced disabled slave-laboring bodies. In newspaper advertisements, slaveowners relied on descriptions of impairments, disfigurements, deformities, and missing limbs to aid in the apprehension of runaway bondspeople. The display of maimed unfree bodies served to perpetuate the longstanding English notion that Africans suffered from a supposed inner depravity made manifest on their bodies. This article seeks to demonstrate that Caribbean enslaved laborers form an integral part of disability history.

According to disability scholars, physical impairments and anomalies took on new significations with the onset of industrialization in mid-nineteenth century Europe and North America, whereby ‘disability’ in its modern sense emerged (Barnes, 1990; Borsay, 2005; Finkelstein, 1980; Gleeson, 1999; Oliver, 1990). ‘In the early modern period,’ writes David M. Turner, ‘the concept of disability was subsumed under other categories, notably deformity and monstrosity’ (2006, p. 4). Many of the features of an industrial capitalist work ethic existed in pre-industrial societies, which meant that individuals with physical impairments could face negative social stereotyping of physical difference in the early modern work economy (p. 6). Still, the intensification of economic rationality that characterized nineteenth and twentieth century industrial capitalism changed the perception of physical impairment, whereby ‘the body an sich had become the body für sich and the impaired body had become disabled – unable to be part of the productive economy, confined to institutions, shaped to contours defined by society at large' (Davis, 1995, p. 74).

Colonial contexts confound distinctions between the premodern and the modern. As Trinidadian scholar C.L.R. James argued, 'from the very start [the enslaved] lived a life that was in its essence a modern life' (1963/1989, p. 392). Caribbean sugar production developed in the seventeenth century as an industrial enterprise, and the enslaved body was defined by its relationship to an economy driven by production and profit (James, 1963/1989; Mintz, 1985). As a 'synthesis of field and factory' (Mintz, 1985, p. 46), sugar plantations were dependent on the technical mastery and skilled artisanal knowledge of workers as well as field labor. The division of labor by skill, age, gender, and physical condition that characterized Caribbean plantations, together with the emphasis on discipline, organization, and timekeeping made sugar a precociously industrial and modern undertaking. Nevertheless, some historians continue to reproduce the notion of the Caribbean and the enslaved as 'expunged from the figurative time-space of "Western modernity"' (Sheller, 2003, p. 107).

When disability is placed at the center of an analysis of Atlantic slavery, it demands that we rethink historical definitions of premodern and modern and, in particular, timelines of disability history, not only in terms of temporality but also of material and conceptual borders between the metropole and the colony. At every level, Atlantic slavery inserted black and African bodies into the emerging racialized world of transnational and imperial relationships as 'disabled bodies' – supposedly unfit for anything other than the most brutal forms of labor. The economy of industrial Britain came to incorporate the principle that it was important to ensure that factory workers had the wages to purchase commodities that fostered their continued participation in the capitalist economy as workers. These commodities – the sugar that ensured longer working hours, the cotton for work clothes, and the tobacco for leisure time (Mintz, 1985, pp. 143–149) – were produced by enslaved laborers. The logic of Atlantic capitalism created a wage economy in metropolitan England, and exactly the same capitalist logic determined that it was economically more efficient to work enslaved laborers to death than to treat them well so that they could survive.

Scholars of slavery often analyze mortality statistics as ultimate indicators of the wellbeing of the enslaved population and death as the exemplary image of the brutality of human bondage (Brown, 2008; Dunn, 1973; Higman, 1995). While premature, painful and often violent death was an integral aspect of slavery, this paper is concerned with the space between fitness and death, a space of physical debilitation resulting not from a natural process but from enslavement itself. This paper argues that Africans' entry into the Atlantic World was fundamentally shaped by the English notion that African bodies were inherently prevented by deformity from full participation in the benefits of civilization. It examines the historical linkages and divergences between the free, wage-earning metropolitan worker and the enslaved, non-wage earning Caribbean laborer to demonstrate that colonialism, race, and specifically slavery are key to understanding the intersections between the commodification of the laboring body and disability. It considers the way in which maimed and disabled enslaved bodies were publicly displayed in runaway advertisements and argues that the power of slaveowners to display such bodies was a key part of the logic of enslavement and to emerging notions of race in the Atlantic World. Finally, this article concludes with some evidence that suggests how disability came to be revalued as a tool against slavery among free and unfree peoples in the metropole and colonies.

Although disability and slavery have traditionally been treated as two disparate topics, in recent years a handful of scholars have illustrated their overlapping histories. In Caribbean scholarship, historians have mentioned punishments and labor conditions that impaired Caribbean captives (Goveia, 1970; Higman, 1995; Paton, 2004); however, they have yet to fully analyze disability as an experience that shaped the lives of enslaved individuals. Barry Higman (1995) and Jerome Handler (2006) have contributed insight into the kinds of health-related disabilities acquired in enslavement; however, both scholars tend to view disability and deformity among the enslaved in strictly demographic and medical terms. In American scholarship, Douglas Baynton (2001, 2005), Jim Downs (2012), Dea H. Boster (2013) and Jenifer Barclay (2014a, 2014b) have illustrated the complex and often contradictory ways in which disability intersected with slavery and race in the nineteenth-century South. Together their analyses of disability, as both a concept that impacted American understandings of race and citizenship and as a condition common among the enslaved population, mark a watershed in the history of New World slavery.

In disability studies, scholars have focused too narrowly on modern industrial Europe and North America in conceptualizing a historical timeline of disability and have consequently created ‘a form of scholarly colonialism’ (Meekosha, 2011, p. 668). As Shaun Grech argues, ‘disability studies … remains monopolised by western theorists, focused on western industrialised settings and imbued with ideological, theoretical, cultural and historical assumptions’ (2009, p. 771). Although there are exceptions to this trend (Grech, 2009, 2011; Meekosha, 2011), the majority of disability scholars continue to ignore the South and, consequently, have missed an opportunity to recognize the early modern Caribbean and, in particular, the enslaved labor force of sugar plantations as impaired laborers in an industrial enterprise based on able-bodied norms.

Deformity and emerging conceptions of race

Perhaps more than any other category of difference, Africans in the early modern Atlantic World encompass the overlapping discourses of deformity, disability, and race. Early modern notions of monstrosity, deformity, and the corporeal as evidence of an inner savagery greatly influenced English understandings of Africa and the New World (Hall, 1995; Morgan, 2004). Throughout the seventeenth and eighteenth centuries, despite the variety of theories on the origin of black skin, Britons often perceived blackness as a deformity, a deviation from the norm. The very successful English periodical, the *Athenian Mercury*, invited readers to send their queries on any subject to the ‘Athenian Society’, an anonymous group of self-professed learned men. In 1691 the society addressed the issue of skin color; they referred to blackness as an ‘accidental imperfection,’ and speculated that at final judgment blacks would become white, their deformity to be mercifully fixed by God (*Athenian Mercury*, 1691).

Physical characteristics, such as hair texture, facial features, and genitalia, similarly preoccupied the imaginations of English writers. In early travel narratives, African women were often conveyed in complex and contradictory ways – as both beautiful and monstrous (Morgan, 2004). During the late seventeenth and eighteenth centuries, however, as racist ideologies became more pronounced in English discourse, Africans, and especially African women, were increasingly depicted as having monstrous bodies and savage behavior that served to justify the disparity between

Europe and Africa upon which racial slavery depended (Erevelles, 2011, p. 26; Morgan, 2004, p. 49). In his *An History of the Earth, and Animated Nature* (1776–1777), Oliver Goldsmith concluded his discussion of the African ‘race’ by evoking physiognomic ideas to solidify the notion of African depravity. ‘As their persons are thus naturally deformed, at least to our imaginations,’ he wrote, ‘their minds are equally incapable of strong exertions. The climate seems to relax their mental powers still more than those of the body; they are, therefore, in general, found to be stupid, indolent, and mischievous’ (p. 228).

The pathologizing of the black body as both deformed and ‘inhuman’ worked to vindicate acts of violence upon Africans and their descendants that would otherwise be viewed as inhumane. Toward the end of the eighteenth century, debates about whether Africans belonged to a different species from Europeans frequented pseudo-scientific and anti-abolitionist circles. Edward Long claimed in *The History of Jamaica* that, ‘If [the African] is a creature sui generis, he fills up the space between mankind and the ape, as this and the monkey tribe supply the interval that is between the oran-outang and quadrupeds’ (1774, p. 336). Language and intellectual ability became a mark of humanity during these debates (Thomas, 1996, p. 132). Slave narratives suggest, for instance, that only through the acquisition of writing in a European language can one ‘prove’ one’s subjectivity (Salih, 2000, pp. xiv–xv). Debates that questioned the human capacity of Africans served to justify the legal enslavement and, by extension, the legalized disabling of Africans in the British Caribbean.

Commodified bodies and disability

Whereas the metropolitan worker’s labor was commodified as paid labor time, the bondsperson’s labor and self were commodified in the British Atlantic World. From the moment of their capture in Sub-Saharan Africa, Africans were ‘transformed slowly into commodities for the international market’ (Rediker, 2007, p. 7). Disability and disfigurement were essential to that process of transformation. Branding served as one of the first physical manifestations of the newly commodified enslaved body and gave corporeal permanence to the belief that Africans were more akin to animals than humans (B. Wood, 2005, p. 129). The next stage, the Middle Passage, constituted an important moment in the commodification of enslaved

Africans. Through violence and terror, the ‘ship-factory’ served to produce the labor power of plantations: the commodity called ‘slave’ to be sold on the open market once reaching the Americas (Rediker, 2007, p. 10). It was in this precise historical context, argues Nirmala Erevelles, that ‘black bodies became disabled and disabled bodies became black’ (2011, p. 40) (see also Grech, 2015). To maintain this ideal commodity on plantations, owners ‘prob[ed] the limits to which it [was] possible to discipline the body without extinguishing the life within’ (Smallwood, 2007, p. 36).

Commodified labor and disability became racialized in the British Caribbean as African laborers replaced European servants as the primary laborers of the islands. By the end of the seventeenth century, the term ‘to Barbados someone’ had become synonymous with sending an indentured servant to the Caribbean to die on a plantation. While historians have emphasized the metropolitan fear of a miserable death and life of hard labor in the tropics to the decline of indentureship (Beckles, 1989, pp. 42–44 and 119–127; Blackburn, 1997, p. 254; Dunn, 1973, pp. 67–74), it seems the physically debilitating nature of plantation labor was also a feature of this fear. The replacement of white for black laborers indicated that white bodies were somehow unfit and black bodies fit for the frequency of impairment and disease involved in plantation labor. Black bodies came to symbolize the ideal type of labor force necessary for plantation production in the tropics.[1]

For captives who survived the passage and years of ‘seasoning,’ the space between fitness and death constituted the majority of one’s life in enslavement and was characterized by a methodical disfiguring and disabling of the body. Unsanitary water and extremely tight living quarters caused and helped spread a variety of illnesses and diseases, including scabies, leprosy, yaws, parasites and worms, smallpox, diphtheria, whooping cough, measles, mumps, and influenza. A common infection among the enslaved was transmitted by the chigger and caused festering sores and sometimes long-term impairment of the feet (Handler, 2006, p. 22). The yaws, which rarely affected whites, could lead to permanent physical disability and was highly contagious among the enslaved due to congested living conditions (p. 12). These diseases of unfreedom were an everyday reality for enslaved individuals and constituted a silent but powerful and highly visible debilitation of the body.

The physical suffering faced by metropolitan workers in industrial Britain was predicated on an early suffering endured by enslaved laborers on Caribbean plantations. Jamie L. Bronstein's (2008, p. 3) claim that British workers were the first to experience the physical consequences of industrialization is misleading, for enslaved laborers were regularly dismembered, burned, and maimed in sugar production. The boiling house, which most resembled the factory, required the technical mastery of sugar boilers, who worked in extremely hot, loud, and dangerous conditions. So common was dismemberment among boilers that plantation management guides gave advice to overseers on how to avoid such accidents:

> Care must be had by your negroes in the feeding or supplying the rollers with canes, that their hand does not get betwixt the rollers; which if it happen will draw the whole arm in and tear it from the body, unless the limb be immediately chopped off: the water wheele be stopped; or the wind mill be put to the wing. These accidents sometimes happen in the night when the negroes are drowsy, which often proves fatal. If it happens that the member is caught in the roller of a cattle mill, the cattle are immediately stopped, and the loss is no more a finger or two. (Dovaston, 1774, p. 125)[2]

The trivializing of dismembered fingers demonstrates that disability functioned – and thus 'worked' – in the plantation economy of violence to produce bodies that were transposable units of labor.

Unlike their free counterparts, disabled, unfree workers continued to labor under the whip because of their legal status as chattel. As unpaid workers (except in very rare circumstances), enslaved laborers' 'worth' did not correspond to wages, but to what they would be worth if they were being sold as commodities on the open market. Although disabled laborers were less valuable as marketable commodities, they still possessed 'worth' as productive bodies on the plantation. For instance, in the records of the Seawell plantation of Christ Church Barbados, several first gang laborers are described as 'infirm' and the head boiler and watchman, 'very old and weak with one eye.' Whereas these individuals remained in their occupations, other impaired laborers were reassigned to less disciplined tasks such as gardening and carrying water to the field laborers. In the 1796 Newton accounts, also of Christ Church Barbados, severely diseased individuals are categorized together, although their productive labor capacities vary. For instance, those given no occupational description include four individuals afflicted with leprosy, Quaco Sam who is listed as 'dumb and has fits,' Glascow 'a cripple, walks on all fours,' and Mary Ann who ‘does nothing, weak and sickly.’ However, Dublin who ‘lost a thumb’ is said to work and Esther Rose who is listed as ‘diseased but does some work.’[3]

The coerced labor of severely ill and impaired unfree laborers was often met with cruel treatment from owners, as Mary Prince described in *The History of Mary Prince* (1831). Sarah, an enslaved woman ‘nearly past work … who was subject to several bodily infirmities, and was not quite right in the head,’ endured sadistic punishments from her overseer, Master Dickey, because she ‘did not wheel the barrow fast enough to please him’ (Salih, 2000, p. 22). Sarah died a few days after she received her punishment. Prince herself was forced to labor despite boils and sores on her feet from working in the salt water; she described being chastised for not being able to move as swiftly as her master demanded (p. 20). Prince’s narrative demonstrates the unremitting violence the enslaved endured and suggests that individuals whose bodies had become antithetical to the industrial work regime of plantation labor suffered greater violence at the hands of overseers and owners than able-bodied laborers.

By the late eighteenth century, laws were put in force in Barbados and Jamaica to ensure that owners, and not the state, had the responsibility to provide for their disabled laborers and keep them from ‘wandering’ the island (The act of assembly of the island of Jamaica, 1788, p. 5) Prisons and workhouses in the Caribbean were a relatively new phenomenon in the late eighteenth century and reflected the modern continuum between state penal power and slaveowner sovereignty. The lodging of disabled captives in workhouses in the interim period before owners laid claim to them testifies to the growing problem of public displays of impaired bodies in the islands. Similarly, industrial Britain increasingly ostracized the disabled from the social fabric in the form of institutional care (Davis, 2000, p. 62). Although couched in notions of charity, these institutions, like Caribbean workhouses, served to remove disabled people from public view.

Unlike enslaved laborers, however, disabled metropolitan workers were excluded from modes of production and subsequently wages. For these workers, ‘worth’ was calculated in wages that tied them economically and ideologically to an expanding capitalist economy that both exploited and remunerated them. The industrious workspaces of nineteenth-century Britain were likewise dangerous; accidents that caused permanent injury, impairment, and death were common in the coalmines, textile mills, and on railroads (Engels, 1887, pp. 101–113). Excluded from modes of production and consequently wages – which had become symbols of worth in the modern capitalist economy – disabled workers were stigmatized for their so-called inability to contribute to society (Finkelstein, 1980, pp. 8–11).

The slave trade and the ideal laborer

The slave market determined levels of fitness based primarily on the physical appearance of Africans, which was indicative of not just physical fitness but moral and intellectual fitness. The slave trade served to forge one 'race' out of a multi-ethnic collection of Africans by homogenizing Sub-Saharan Africa in terms of culture, religion, physical appearance, and supposed aptness to servitude (Rediker, 2007, p. 10). Yet it also employed specific geographic and ancestral origins of captives to commodify the ideal enslaved laborer. Planters were to make certain that their captives 'come from a good part of that coast for the temper and dispositions, manners and complexions of negroes differ much according to the different parts of the coast of Africa where they are bought' (Dovaston, 1774, p. 245). Such qualities were important to both individual planters and the maintenance of slavery itself, for they ensured efficient production and helped curb any threats to the social order of plantation society.

While gender was a factor in establishing prices within the slave market, 'ultimately, it was the health and condition of captives that had the largest influence on trading prices and patterns' (Diptee, 2012, pp. 4–5). Indeed, the importance of physical health and ability can be seen in the fact that before displaying their human cargo on the auction blocks of Jamaica, traders disguised the illnesses and injuries acquired during capture and forced transportation (Smallwood, 2007, pp. 160–161). In tandem, captives whose bodies bore the scars of smallpox and the yaws were marketed at a higher price, for they gave evidence of the individual's immunity to such illnesses (Handler, 2006, p. 5).

Like manufacturers in industrial Britain, the profit-hungry Caribbean planter desired a labor force that was both physically and intellectually able to perform industrial labor. One plantation management guide asserted:

> the tokens of a sound and good negroe are let them be young and stoutly set in limbs, strait a full open eye, the tongue red, a broad large chest wide shoulders; their belly small, not large and watery, clean and strong bodys, large thighs and legs, and strain and of equal length; and be

> careful that they are not foolish, which you may judge by their looks and attention on you. (Dovaston, 1774, p. 249)

Such criteria reflected a capitalist necessity for an able and pliant work force. According to plantation management, Africans from the Congo were more ‘refined’ in their senses and ‘well featured, straight limb’d, and more tractable and easily taught to labor.’ Ibo and Gold Coast Africans were supposedly the best field laborers because ‘their disposition is dull and stupid and only fit for labor’ (Dovaston, 1774, p. 246). Perceived intellectual disability played a substantive role in justifying the inferior status of African descent peoples during the Atlantic period (Baynton, 2001). In the context of slavery, the attribution of intellectual disability to Africanness took place in legislative acts, travel narratives, bills of sales, plantation accounts, and management guides and served as a powerful tool to deprive Africans and their descendants of political and social status and transform their bodies into commodities of exchange for the open market.

Acquiescent workers were important in creating an efficient labor force in both the Caribbean and metropolitan Britain; however, planters’ fear of enslaved insurrections and the intense racial division of plantation societies made the slave trade’s desire for ‘non-rebellious’ captives of utmost necessity. Planters were to steer clear of ‘the most vicious and desperate slaves,’ from Coromantee, who ‘if young their disposition is so ill suited to slavery and if old they will die before they will submit’ (Dovaston, 1774, p. 246). The singling out of Coromantee captives reflected the widespread fear among planters and white society of enslaved revolts and rebellions in the British Caribbean, especially in Jamaica. As Orlando Patterson (1970) has shown for Jamaica and Jerome Handler (1982) for Barbados, Coromantee or Gold Coast captives led the majority of revolts, conspiracies, and insurrections during the first century of British Caribbean slavery. Thus, Coromantee laborers were of particular threat to owners, for even an individual act of resistance could be interpreted as a forewarning of group revolt. The power of traders and planters to pick and choose the ‘fittest’ human commodities, which they then forced into a system of enslavement that disabled the body, reconfirmed whites’ dominion over blacks and the abject condition of the African body in the Atlantic World economy.

The financial devaluation of physically and intellectually impaired enslaved laborers demonstrates that one’s worth on the open market was largely determined by one’s ability to labor in sugar production. The plantation records of Newton and Seawells list large numbers of bondspeople categorized as diseased, infirm, superannuated, crippled, or otherwise physically or mentally ‘incapacitated.’ In general, individuals under such categories had significantly lower property values compared with able-bodied and healthy workers whose monetary value ranged from £42 to £165. Among the sick or disabled, one’s worth as a marketable commodity was determined by whether one was still a productive body, able to contribute to plantation production. This can be seen by the fact that on the Newton plantation in 1803, 15 individuals were listed under the category ‘infirm but useful’ with an average market value of £23. In contrast, out of 14 individuals listed in the same year under ‘old, useless, and diseased,’ nine were listed as having no monetary value, while the remaining five were worth £5 each. For both the Newton and Seawell plantations, severely disabled individuals were given no monetary value, whereas those with physical limitations retained some market value. In the Newton records of 1784, John Sair, a ‘cripple’ was valued at £0, in contrast to Bristol with a ‘lame hand,’ who was valued at £25. For both the metropolitan worker and the enslaved laborer, physical ability was an integral aspect of one’s worth, albeit valued differently (MS 523).

Slave law: a world of abjection

Although none of the slave laws of the Atlantic period explicitly refer to the black body as the basis of African legal dispossession, slave laws drew implicit connections between Africanness, heathen beliefs, and both moral and physical deficiency. ‘Unfit’ to be tried by English law, African bondspeople were tried by a system of slave courts specific to the management and punishment of black bodies. These courts consisted of two magistrates –who were almost always major planters – and three freeholders; there was no jury and no opportunity for appeal for the enslaved (Paton, 2001, p. 927). In these special trials, evidence given by unfree persons was not permitted for or against free persons; individual courts in the British islands determined whether or not enslaved persons could be witnesses for or against fellow unfree individuals. In contrast, any free person could provide evidence for or against an enslaved individual (Goveia, 1970, p. 1). The enslaved individual was thus, ‘exposed to detection for his own crimes, [and] … deprived of protection against the crimes of all but his fellow slaves. He had no legal regress against those very abuses of power to which his inferior position already exposed him' (p. 34). Under law, the enslaved were, furthermore, denied the freedom to marry, to amass wealth and purchase property, to exercise control over their bodies, and to self-determination.

Enslaved people thus belonged to a world of abjection. Neither object nor subject, the bondsperson was rejected, expelled, and disposed of. According to Judith Butler, the abject signifies 'those "unlivable" and "uninhabitable" zones of social life which are nevertheless densely populated by those who do not enjoy the status of the subject, but whose living under the sign of the "unlivable" is required to circumscribe the domain of the subject' (1993, p. 3). The enslaved were a part of the British legal system, but were somehow unfit to be governed by Common Law. As abject, it 'lies there, quite close, but cannot be assimilated' (Kristeva, 1982, p. 1). Julia Kristeva explains that 'any crime, because it draws attention to the fragility of the law, is abject, but premeditated crime, cunning murder, hypocritical revenge are even more so because they heighten the display of such fragility' (p. 2). For the enslaved, all crimes could be defined by the state or slaveholder as treachery, and thus, a premeditated criminal act against the order of slave society (Paton, 2001, pp. 939–940). The courts' repeated use of punishments that dismembered, disabled, and disfigured enslaved convicts but did not kill them (p. 940), rendered the enslaved body abject in an attempt to restore the so-called social order of plantation society.

Legally sanctioned punishments meted out to enslaved bodies constituted the most distinctive form of disability endured by forced laborers. The Barbados slave code of 1661 and the Jamaica slave code of 1664 granted slaveowners almost unlimited power to punish the enslaved privately and at their own discretion. Although subsequent laws did not explicitly delegate such sovereignty, these founding laws established a mentality that it was the owner's right to govern and punish her or his property, however she or he saw fit (Paton, 2001, p. 927). The punished body created a shared understanding of the symbolic dimensions of violence between owners and their human property and made visible a captive's relationship to her or his owner and to broader society. In 1717, it was made illegal for masters to dismember captives on their own property, yet, 'such provisions were by no means ubiquitous,' and very little measure was taken to limit the power of owners to damage their human property (Goveia, 1970, p. 29). The punished body served as a symbol of slaveowners' power to punish with impunity and as a site of terror, a cautionary tale, of the consequences of transgressions in servitude.

Although law made it illegal for slaveowners to dismember captives on plantation grounds, authorities continued to order dismemberment as a punishment for more serious crimes that were brought to the slave court. Diana Paton's (2001) study of court trials in eighteenth-century Jamaica reveals that convicts were frequently sentenced to have their ears cut off close to their heads, to have a foot removed, and to have their nostrils slit for crimes such as theft and running away (pp. 937–941). Such brutal punishments were performed at the cost of reducing the captive's ability to labor productively and at the risk of devaluing her or his worth on the open market, for punitive marks on the enslaved body testified to the supposedly 'rebellious' nature of the individual.

Power and display: runaway advertisements and the enslaved body

In the British Caribbean, running away from one's owner was perhaps the gravest non-violent crime an enslaved person could commit and concerned owners and government authorities throughout the Atlantic period. It threatened the economic profit of one's master and the institution of racial slavery, for it challenged the legal status of chattel and caused deep anxiety and fear of enslaved rebellions among the planter-class. By the eighteenth century, Barbadian and Jamaican law required that owners advertise each week in the press, 'the height, names, marks, sex, and country … of each runaway in their custody' (An abridgement of the laws, 1704, p. 145). The 'peculiar' marks used to aid in the identification and apprehension of the said runaway, consisted of phenotypic characteristics and the seemingly more distinct marks of scars, impairments, dismembered limbs and extremities, and other physical anomalies. Many of these 'distinguishing' marks, in actuality, recounted the majority of enslaved individuals, who had acquired similar physical inflictions due to their shared experiences in slavery. The display of the marked body in runaway advertisements reinscribed the black body as a surface of racial representation and reinforced the perceived depravity of the rest of the enslaved population.

Caribbean runaway advertisements read as catalogues of abuse inflicted onto the enslaved body by the institution of slavery. They often mention dismembered limbs and extremities, which were common among the enslaved population and could be caused by a variety of circumstances unique to enslavement. As Barry Higman (1995) has shown, 'toes, feet, legs, hands, and arms were sometimes described as being amputated or cut off because of sores, but such amputations were also evidence of punishments, particularly of maroons' (p. 294). For instance, a notice from Jamaica in July 1789 described a female fugitive, Liddy, who had 'lost her right hand above the wrist, and had an iron collar round her neck' (*The Royal Gazette*, 8 July 1789). The iron collar reflects a common penal tool for runaways and suggests that Liddy had previously run away from her owner; her amputated right hand could very well have been part of her punishment for such criminal offense. Punishments that deliberately disabled the captive worked alongside iron collars and shackles to further imprison the body by limiting its potential for 'transgressive' behavior.

As a genre, runaway advertisements from Barbados and Jamaica resemble other advertisements popular in the English press, most notably those for fellow runaway captives, deserted sailors, and absented apprentices. Although metropolitan runaway advertisements describe fugitives as having scars, when compared with their Caribbean counterparts, metropolitan runaways are more or less devoid of sores, disfigurements, and impairments. Among the metropolitan elite, the enslaved were seen as investments worth good money and, therefore, wealthy owners were less inclined to mete out severe physical violence that impaired the enslaved individual (Fryer, 1984/2010, p. 25). Caribbean slave societies, however, were bereft of such 'protection.' The brutality of sugar production coupled with the malnutrition and disease among the enslaved populations and the heightened racist tension of slave societies made slavery in the British Caribbean more physically destructive to the enslaved body. In fact, the display of deserted sailors in the English press more closely resembles Caribbean runaway captives in that the distinguishing marks of both sailors and fugitive bondspeople are often hostile – burns, scars, sores, disease, and illness. Such similarities demonstrate that despite their divergent legal status, English sailors and Caribbean bondspeople shared comparable experiences of coerced labor and of a master's physical control over their bodies.

Advertisements for absconded apprentices differ most significantly from Caribbean runaway advertisements. Although apprentice adverts similarly describe the missing subject’s appearance, the clothing of the apprentice serves as the key distinguishing factor and not her or his body. If peculiar scars or blemishes are mentioned in apprentice ads they almost always concern physical marks located on the individual’s face or hands and, unlike the enslaved individual, exclude body parts that are typically concealed by clothing – breasts, stomach, back, thighs etc. Like the physical marks of the enslaved body, the clothing of apprentices was detailed with a considerable degree of precision. An English advertisement from *The Daily Advertiser* described a missing apprentice as having worn a ‘a dark striped green coat, blue under coat with yellow buttons, striped waistcoat, black breeches, and new boots’ (*Morning Post and Daily Advertiser*, October 16, 1788). In contrast, enslaved individuals were rarely recorded as having worn anything apart from ‘oznaburg’ clothing, which by law owners were to provide to captives once per year.

By not offering monetary rewards for apprehending the apprentice, the advertisements demonstrate that the apprentice’s labor and not her or his person was commodified in the metropolitan economy. In contrast, bondspeople were commodities incorporated into a transnational economy and, as such, monetary rewards were always offered for runaway captives in both the English and British Caribbean press. In the colonies, such monetary rewards augmented slave law, which required all inhabitants to apprehend runaways they knew of and return them to their owners. The monetary incentive coupled with the legal obligation to return runaways encapsulates slavery’s complex relationships to both an emerging world in which human relations were seen to be determined by capital, and a world of feudal duty.

The display of physically impaired black bodies in the British Caribbean press was a key aspect of the formation of modern distinctions of race. The widespread display of the enslaved as impaired, disfigured, and deformed in Caribbean runaway advertisements worked to further perpetuate the longstanding notion that Africans and their descendants were naturally deformed beings. Owners reproduced the language of early travel accounts by exaggerating phenotypic characteristics and commenting on racial features as extraordinary, particularly in reference to female runaways. On 30 December 1788, Philip Hackett from Mox Hall estate, Barbados, advertised for his missing captive, named Rosetta, as:

> four feet eleven inches high and seventeen inches over the shoulders, has a drowsy countenance, large thick lips, small fallen breasts, a round belly with her country marks cut in diamond … large buttocks, small legs, a very small foot, a small hand but somewhat hard from working with the hoe. (Barbados Mercury, 1788)

The exposure of Rosetta's body, and particularly the description of her 'fallen breasts', reproduced sixteenth and seventeenth century European travel accounts that associated African women's nakedness with savagery. Moreover, the emphasis on her peculiarities of size – 'large thick lips'; 'small fallen breasts'; 'round belly'; 'large buttocks'; 'small legs'; 'a very small foot'; 'a small hand' – imprinted her body with abnormalities, while the mention of her hand being 'somewhat hard from working with the hoe' reinforced her body's so-called suitability to hard labor.

In addition to reproducing racialist images of Africanness, slaveowners created a spectacle of physical deformities among runaways. For instance, one of the most common distinguishing marks used by slaveowners to identify bondspeople described their legs and feet. Runaways were described as 'bow-legged,' 'knock-kneed,' 'splaw footed,' 'parrot toed,' and 'crooked in both knees.' These physical conditions manifested themselves most often in enslaved children and were a result of rickets, a disease caused by vitamin deficiencies (Handler, 2006, p. 183). The repeated reproduction of such descriptions in British Caribbean newspapers suggested that Africans and their descendants were biologically, indeed racially, prone to these physical deformities. Eighteenth-century English writers often described phenotypic characteristics and physical abnormalities caused by illness as racially specific deformities. For instance, Goldsmith argued that:

> in the Negro children born in European countries, the same deformities are seen to prevail; the same flatness in the nose, and the same prominence of the lips. They are, in general, said to be well shaped; but of such as I have seen, I never found one that might be justly called so; their legs being mostly ill formed, and commonly bending outward on the shinbone. (1776–1777, p. 86)

The racialization of deformity reinforced the disparity between white and black bodies and, subsequently, of their supposed divergent human natures.

Revaluing disability in the Atlantic World

Disability came to be revalued in the anti-slavery campaign as abolitionist propaganda utilized the tortured black body as a tool against slavery. In an attempt to appeal to England's Christian sympathies, opponents of the slave trade and slavery emphasized the human suffering involved in the Middle Passage and in the colonies through mortality statistics as well as stories of individual pain. Abolitionists consistently relied on depictions of the suffering enslaved individual, particularly the female, 'to the point where [pain] appears as the defining aspect of their existence often the only aspect of it that is mentioned at all' (Perry, 2012, pp. 96–97). Although couched in sentimentality and sympathy, abolitionist depictions of the tortured black body, like runaway advertisements and travel narratives, implied that black bodies were available for public display in ways that white bodies perhaps no longer were. In abolitionist discourse, whether the enslaved body was part of a narrative of collective or individual suffering, it remained a nameless and voiceless body, 'an object afflicted, not … a subject capable of describing his or her affliction' (M. Wood, 2000, p. 216). The power of abolitionists rested in their ability to display the black body as abject and in need of white subjects, thereby reinforcing the racist paternalism that established and sustained the institution of slavery in the first place. This racist paternalism still exists in countries once controlled by imperial powers. Indeed, key to understanding contemporary disability in the global South and its relationship to the violence of colonialism is to understand 'the nature of enforced dependency' (Meekosha, 2011, p. 672). Disabled bodies were 'produced' by the metropole and simultaneously 'saved' by metropolitan abolitionists and the same logic continues to this day in the relationship between the South and the North. Thus, disability as we see it today in the relationship between the North and the South bears traces of its early modern legacy.

The valuing and revaluing of disability among the enslaved is most difficult to assess with regard to how bondspeople themselves perceived the reality of slavery's physical destruction. It is suggested here that the understanding and treatment of disability among enslaved communities differed markedly from how they were interpreted among free societies. Mary Prince's narrative provides some indication of how the enslaved responded to those who became impaired in enslavement. She described an enslaved man named Daniel, who was 'lame in the hip, and could not keep up with the rest of the slaves' and, thus, subjected to his master's sadistic punishments, which further incapacitated him. ‘He was an object of pity and terror to the whole gang of slaves,’ Prince wrote, ‘and in his wretched case we saw, each of us, our own lot, if we should live to be so old’ (Salih, 2000, p. 21). Prince suggested that the enslaved viewed such physical conditions as a direct result of enslavement, not as a personal tragedy but rather a condition to which they were all susceptible as forced laborers.

Among the enslaved, disability was revalued as a spiritual gift for Obeah doctors, for the degree of trust in an Obeah practitioner was often tied to her or him having a physical disability. A clubfoot, deformed hand, or a blind eye, for instance, was interpreted as a sign that nature had compensated the Obeah man or woman with a higher degree of supernatural ability (Olmos & Paravisini-Gebert, 2003, p. 161). In this context, disability functioned as a community-building tool and a condition of power and authority. The primary record also reveals that captives feigned disability or exaggerated their ailments in order to negotiate the terms of their bondage. Impairment or the masquerade of disability could provide bondspeople some control over the kinds of labor they performed on the plantation and whether they would be sold to potential buyers.

Disability may have been revalued in ways that were unique to the context of Atlantic slavery. For instance, there is potential to see the disabled enslaved body as a site of opposition to the commodification of human beings and a form of protest to one’s status as commercial object and labor power. In this way, disability among bondspeople could be interpreted as a site of resistance to what made people modern – able, productive, and inextricably bound to an industrial capitalist economy. The punished body was, on the one hand, a display and reproduction of an owner’s mastery and power and, on the other hand, a living and moving text that told of a captive’s refusal to accept her or his enslavement. Thus, the study of disability in the context of Atlantic slavery engenders possibilities to read disability among the enslaved in multiple ways, not only as a sign of victimization but of protest and personhood.

Conclusion

This article has demonstrated that not only do the histories of disability and slavery overlap in complex and significant ways but that Caribbean bondspeople form an integral aspect of wider disability history. The racial prejudice that upheld Atlantic slavery gave little reason to view the deliberate disabling of captives as problematic, for based on developing notions of race, the institution of slavery was merely disabling the ‘already disabled.’ For both the metropolitan worker and the enslaved laborer, physical ability was a measure of human worth and calculated in pounds sterling – but the money translated into wages paid to free European factory workers, and, by contrast, the price of one’s body and soul on the slave market for the enslaved. Unlike their free counterparts, bondspeople continued to labor under the threat of violence, despite their impairments. Black bodies that bore the marks of their servitude in the form of scars, burns, and impairments were displayed in colonial newspapers, which served to promulgate the English notion that black bodies gave evidence to the supposedly savage and depraved dispositions of African descent peoples. The precociously industrial setting of Caribbean sugar making and the frequency of impairment among enslaved laborers reveals that certain ‘modern’ understandings of disability emerged at an earlier date in the Caribbean than in Europe. This paper has explored the journey of the black body through space and time to demonstrate that disability was an important lived experience among Caribbean bondspeople that shaped regional and national racial identities in the metropole and the colonies. It has aimed to illustrate that not only was slavery an ultimate site of disability but that the study of disability and slavery provides necessary contributions to Atlantic and African diaspora scholarship, disability studies, and the scholarship on early modern Britain.

Acknowledgements

I wish to express my deep gratitude to my supervisor, Melanie Newton, for her invaluable support and guidance in writing this article. Special thanks are also due to Rod Michalko and Tom Philips for their feedback on earlier drafts of this article. I also wish to acknowledge the helpful feedback I received while presenting versions of this paper at conferences in Canada and the United States.

Notes

1. Scholars of slavery have long discussed the European view that African bodies were more ‘suitable’ to slavery and forced labor than Indigenous and European bodies. See, for instance, Winthrop Jordan, *White over Black: American Attitudes toward the Negro, 1550–1812*; Jennifer L. Morgan, *Laboring Women: Reproduction and Gender in New World Slavery*; and Peter Fryer, *Staying Power: The History of Black People in Britain*.

2. John Dovaston, *Agricultura Americana or Improvements in West-India Husbandry Considered*, Vol. 1, (1774). From this point onwards I will refer to this source as 'Dovaston' followed by the manuscript page number.
3. Newton Papers MS 523 – University of the West Indies Mona Campus – Main Library (Barbados). From this point onwards I will refer to this source as MS 523.

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*Post*colonial *re*productions: disability, indigeneity and the formation of the white masculine settler state of Australia

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There has been a growing debate within the broad field of postcolonial scholarship which seeks to challenge both its territorial boundaries with the advent of globalization and its limitations when applied to the realm of white-settler societies. The debate has been extremely fruitful in situating emerging scholarship that seeks to extend postcoloniality, its theoretical framing, and the internal processes of social categorization for peoples caught within the nation-state's territorial sphere. Unfortunately, disability and indigeneity remain largely absent from these fresh debates; or when included, are explored as singular fields of analytical inquiry with little intersectional dialogue. With this paper, I aim to extend these nascent debates by critically engaging with both disability and indigeneity as two interlocking sites of (post)colonial nation-state power. To explicate this argument, my analysis focuses on a key historical moment in the Australian experience – the formation of the colonial white-settler society of Australia in its early years (1901–1920s), comparing and contrasting the systems of administrative management of disability and indigeneity. In doing so, the paper reveals the deep materialities of white, able-bodied, masculine, (post)colonial settler rule that bring together disability and indigeneity via gender reproductive controls. The conclusion reflects on the transformative effects of managing transgressive bodies and minds under the white able-bodied settler state and the potential this opens to negotiate practices of solidarity.

Introductions and departures

In the realm of disability studies, an increasing number of academics are engaging with the promises of postcolonial scholarship. Writers such as Barker and Murray (2010), Erevelles (2011), Ghai (2003) and McRuer (2010) have drawn upon the central theoretical tenets of postcolonialism to critically map the cartographies of disability embedded within and across the territorial boundaries of the nation-state. For example, McRuer draws upon Jasbir K. Puar and her study *Terrorist Assemblages: Homonationalism in Queer Times* (2007) to formulate a similar argument in 'Disability Nationalism in Crip Times', which distils the uneven biopolitics of empire and colonial conquest; that is, delineating which disabled bodies and minds are considered of value and which are not with the advance of neoliberal globalization (McRuer, 2010, p. 261). Erevelles' work historically locates disability as a core feature of empire, from the trans-Atlantic slave trade and its continuities in more contemporary ideologies, situating disability and race in complex structures of imperialism (2011, p. 104). While remaining critical of postcolonialism's general exclusion of disability, nascent disability scholarship within the area demonstrates postcolonialism's usefulness to explore the complex, nuanced and differing relations between bodies, minds, borders and frontiers.

Interestingly, the elaboration of disability scholarship via the realm of postcolonial theory has occurred as postcolonial scholarship is being confronted with a number of theoretical and methodological challenges. These murmurings of discontent can be conceptualized broadly under three domains. The first is the assumption that colonialism has come to an end, and the second is the propensity to hybridize biopolitical processes of social categorization. The third reflects postcolonialism's grounding in methodological nationalism. The former two are particularly salient in considering white-settler colonies and the emerging critiques from indigenous scholars within these spaces and places (Byrd & Rothberg, 2011, p. 4). The last is distinctly related to the onset of neoliberal globalization and transnational relations of power.

In this paper, these theoretical and methodological challenges are drawn upon to critically situate, locate and map out indigeneity and disability under white-settler colonialism in the context of Australia. In the case of Australia, the administrative management of disability and indigeneity is reflective of what Olson (2009, p. 58) refers to as the logic of a system, governing bodies and minds, borders and boundaries. The techniques of governance, the boundaries of rule and repertoires of population patterning were grounded in a scientific racism that sat beside an ideology of scientific ableism. Colonial white-settler legitimization, with its desire to cultivate white masculine power, aimed to normalize its strategic intent of stratifying settler body and mind relations into a hierarchical order (Bashford, 2004). It pursued pseudo-scientific ideologies via the biological juncture of health, medicine and science that permitted the administrative management of disabled and indigenous bodies and minds as two *distinct* sites of contagion (Bashford, 2004). Questions of able, fit, disciplined, industrious and productive bodies and minds, a vital component of both the white-settler enterprise and the colonial settler nation-state, always stationed disability *and* indigeneity at its door.

Imperial visions of a good society resulted in the active expulsion of those not wanted to some distant space in the empire (Cooper, 2013). Australia, unlike its white-settler colonial sisters, was established as a 'penal colony'. White, poor, masculine working-class bodies, which transgressed the boundaries of respectable middle-class citizenship at the centre of empire, were the bodies that were 'shipped' to Australia. They had committed a range of transgressive crimes, from stealing food due to the pain of hunger they experienced with the advent of capitalist industrialization through to organizing as political dissidents against empire within the Irish colonies. Poor, working-class, white bodies and minds experienced colonial violence from a range of fronts prior to and on arrival in Australia, and it is this masculine white violence that is a critical and distinguishing feature of its landscape. This key historical point of differentiation from the USA, Canada and New Zealand, as Lovell (2009, p. 3) posits, has meant that Australia '*continues* to be substantially based on settler colonial institutions and ideas'.

This does not mean that postcolonial theories are devoid of value when situating the Australian state. By engaging with the debates on the limitations and constraints of postcolonial theory, this paper analyses the relationship between indigeneity and disability within this context, and suggests that indigeneity and disability are situated as *co-evolving* systems of biopolitical regulation. That is, while colonial ideological positionings may be structured upon a number of shared tenets, particularly given the role of eugenics and medical science in administrating these two population groups, the settler colonial state developed distinct strategies and systems of population control for each group.

In critically positioning the formation of the Australian nation-state and highlighting its point of differentiation, the analysis in this paper reveals that the dominant interstice between disability and indigeneity is situated in the realm of nation-state *re*production. Mapping various administrative practices in the reproductive sphere makes it possible to identify the specific gendered technologies administered and practised to control the fecundity of indigenous women and disabled women; separate, yet equally significant, social categories of critical interest to a newly formed nation-state. The insights provided by indigenous critiques illuminate radical state practices of biopower specifically targeted at indigenous women and disabled women. Before moving on to this historical component, the paper will theoretically deconstruct some key contestations around the limitations of postcolonial scholarship, largely drawing on the work of indigenous Australian scholars, many of whom are increasingly being cited by critical disability scholars. This section establishes the boundaries, borders and exclusions of current postcolonial scholarship when viewed through the lenses of disability and indigeneity.

Postcolonial contentions, dissention and confrontations

The historiography of postcolonial scholarship within the academies is often narrated as a radical break from hegemonic discourses on empire, colonialism and imperialism. Postcolonialism's rich scholarship, delineating and traversing cultural processes of colonial subjugation within nascent postcolonial nations, brought with it a critical reflexive engagement with issues of power, structure and agency – distilling relations and strategies of resistance, contestation and insurrection that were spatially grounded and locally situated. This radical break from western scholarship on, about, and for the postcolonial is most clearly attributed to the scholarly projects of the Subaltern Collective. While the idea of the subaltern was historically tied to the work of Gramsci, as Ludden (2002, p. 5) argues, this collective of postcolonial scholars in South Asia effectively reinvented subalterity, along with nation, nationalism and insurgency, through their radical project of scholarship from *below*. The work emerging from the Subaltern Collective may only represent one strand of the postcolonial intellectual journey; however, in many ways, it exemplifies the ongoing intellectual challenges that postcolonial scholarship presents to readings of the colonial, the postcolonial, and those fluid, hybrid states of being somewhere in between (Chibber, 2013).

Despite its promises, postcolonial scholarship is increasingly being questioned on a number of fronts. Support for its methodological threads and its theoretical assemblages are splintering as writers such as Chibber (2013, p. 3) argue that there is significant 'conceptual inflation in which the substantive influence of its framework appears to extend beyond its actual reach'. A range of protagonists support Chibber's apprehensions. In particular, indigenous scholars, advocates and activists too are contesting the relevance of postcolonial scholarship and its ability to adequately know, understand and describe the experience of indigeneity. In engaging in these debates, indigenous researchers have mooted the need for some primary departures. This critique is strongest from indigenous scholars within white-settler colonies (Rizvi, Lingard, & Lavia, 2006), pivoted around three points of contention.

The first area is the positioning of the 'post' in the postcolonial, and the multiplicity of assumptions that the 'post' embodies. An increasing number of indigenous scholars have suggested that the 'post' in the postcolonial faces real constraints; colonization has not ended and, therefore, the canons of postcolonial scholarship are unable to reflect the ongoing, broad dispossession of indigenous people, in particular when positioned in the white-settler colonial state (Hart, 2003). Indigenous people have thus openly questioned the 'post' to capture the *continuance* of colonization: their experiences of colonial violence including the dispossession of their land, culture and language with the intensification of neoliberal globalization (DeSouza & Cormack, 2009). This is best exemplified by leading Australian Aboriginal scholar Victor Hart, who argues that:

> Postcolonial studies are becoming a celebratory cover-up of a dangerous period in Aboriginal peoples' lives and especially a cover-up on the 'hows' and 'whys' relating to the genocide of Aboriginal peoples past and present. (Hart, 2003, p. 14)

A growing number of disability scholars embedded within white-settler colonial arrangements have adopted a similar stance in their grounding of disability scholarship. Meekosha (2011) and Greensmith (2012), writing in the contexts of Australia and Canada, have identified the colonizing effects of disability theorizing that heavily relies upon the collapsing of categories within white-settler societies, and those theoretical processes that juxtapose differing modes of governance as one and the same. Kuppers (2013, p. 175) supports these reflective propositions and suggests that disability scholarship needs to 'respectfully align research methods and cultural production at the site of encounter'. Combined, these disability scholars argue that the field needs to move through a process of *de*colonization,[1] to recognize the complex and multiple processes of differentiation that administer differing bodies and minds within differing spaces and places, rather than risk conflating real social experiences that are constituted differentially via the mechanisms that administer, manage and control differing social categorizations within the nation-state (see Grech, 2011; Sherry, 2007).

This mutual point of identification, however, does not mean that critical disability scholarship and indigenous scholarship collide in all instances. Indigenous scholars have developed a deep critique in relation to postcolonial theorizing on the hybridization of identity (see Garroutte, 2003). Theorizing hybrid identities within the postcolonial has become a significant analytical field of inquiry (Bhabha, 1990). In empire, identity formation was not necessarily singular. Divergent official categories of race, gender, ethnicity, caste, class and disability marked bodies and minds with power and privilege, or marginalization and dispossession (McClintok, 1995). Feminists such as Mohanty (2003) have been particularly astute in critically distilling the differential experience of race and gender. These arguments posit that the intersectionality of race and gender has offered an important avenue to explore the specificity of state forms of violence and how these are spatially differentiated, locally particular, and culturally situated (Yuval-Davis, 2006).

In terms of disability theory, this has been one of the key areas of critical engagement, elaborating and revealing the nuanced lived realities of disabled identities, within and under the conditions of the white, colonial, masculine settler state. Disability feminist scholarship has more frequently traversed this path. For example, Soldatic and Meekosha (2012) apply theories of intersectionality to understand poor, working-class, disabled women’s experience of neoliberal workfare; Dossa (2009) illustrates the role of identity hybridization via the intersections of disability, ethnicity, gender, religion and migration; while Parekh (2007, p. 173) ‘analyses the conflicting, competing, co-opting, and intersecting spaces of identity nexus formation’. Thus, postcolonial theories of hybridity have afforded the radical deconstruction of complex disabled identities that negotiate uneven processes of power and privilege, marginalization and stigmatization, through frames of the ‘geo-political, socio-economic, cultural or ideological’ (Parekh, 2007, p. 173).

Indigenous scholars, however, have raised two key points in their analysis of theories of hybridity and intersectionality as reified within postcolonial and, increasingly, disability scholarship. First, there are the real material problems with subsuming indigeneity under the broader rubric of ‘race’ – a common feature of postcolonial scholarship on race identity.

Povinelli (2011) contends that this process, often unknowingly applied, runs the risk of further marginalizing the experience of indigenous populations under the rubric of race relations and identity formation. While race is a key feature of settler–indigenous relations, it also sidesteps processes of dispossession where the principle site of difference for indigenous people under white-settler arrangements is the indigenous relationship to the land within the settler colony (Greensmith, 2012). From this indigenous standpoint, any critical engagement with theories of colonial relations needs to foreground the relationship of race as it stands in relation to indigenous land and indigenous identity, culture and embodiment, and indigenous territorial governance (Smith, 1999, pp. 52–53). As Australian Aboriginal scholar Vicki Grieves (2008, p. 289) contends, colonial conquest coupled strategies of indigenous dispossession of their lands alongside 'attacks on [the] identity, culture and rights of Aboriginal Australians as part of an ongoing colonial project'.

This is not to conflate claims for authenticity. In the context of the Australian settler colony, indigenous scholars stand these apart in their theorization of Australian Aboriginal identity. For example, Australian Aboriginal scholar Maryrose Casey (2008, p. 1) has identified the ways in which the imposition of maintaining indigenous authenticity 'acts as a weapon of whiteness to assist in the colonizing process' where 'authenticity' is required to be continually rehearsed, paraded and performed to maintain indigenous legitimacy for claims to Aboriginal land, culture, language and identity. Casey strongly suggests that the discursive positioning of authenticity is of strategic interest to the nation-state as part of the ongoing dispossession of indigenous land, culture, identity and rights under forms of neoliberal capitalist development. Thus, hybridization pivots upon a different methodological frame; the process of *de*colonization, as opposed to *post*colonization, offers a distinct process of *un*settling the settler nation-state.

Further, emerging work in the area has identified the ways in which the category of disability for indigenous people within the white-settler colonial state resonates strongly with ongoing violence, oppression and stigmatization. So much so that, in fact, many indigenous people with disability do not want to claim disability, impairment or ill health as another marginalizing identity (Gilroy, 2009). Disability, with its parallel discourses of biological inferiority, can be a dangerous identifier for indigenous people struggling against white-settler colonial power (King, 2010). Many indigenous people seek to make invisible any additional bodily and mind differences that may amplify their ongoing experiences of violence and dispossession (Hollinsworth, 2013). Further, indigenous knowledges map the body and mind differently from those of western disability epistemologies and, therefore, what stands as disability for the settler is not positioned in this way for indigenous people (King, 2010). In many Aboriginal nations, disability, as constructed within the western frame, is an unknown (Ariotti, 1999). While disabled scholarship may wish to centre disability to enrich intersectional, complex, hybrid identities, the converging of other identities can undermine indigenous repertoires of *decolonization*. This is most clear when we consider the ways in which indigenous activism for indigenous nation-state formations radically de-centres one of the central tenets of postcolonial methodological assumptions – methodological nationalism. Critics have argued that the emphasis on nation, nation-state and nationalism inadvertently places boundaries around the possibilities of developing a cosmopolitanism/transnationalism with the emergence of globalization and is not reflective of the intensified integration of neoliberal nation-state economies (see Chernilo, 2006, for a full discussion). Leading postcolonial theorist Ato Quayson (2013) has acknowledged this claim, suggesting that the substantive methodological framework of the nation-state has not, as yet, adequately addressed its methodological critics – now a more urgent task with the onset of neoliberal global (often forced) mobilities.

Scholars examining nation-state formations with the intensification of neoliberal globalization, such as Weiss (2003), posit that the theoretical assumption that the nation-state no longer has power is a reinforcing mythology which operates to normalize the retraction of nation-state intervention in the lives of its citizens. Many nation-states have actively reconfigured *internal* relations in line with the neoliberal political economy, such as increased flexibilization and restructuring of labour markets, to *externally* strengthen competitive power within the global neoliberal economy (Ong, 2004).

Further, transnational scholarship surrounding activism beyond nation-state borders recognizes that forms of transnational alliances are mostly positioned as a form of *rooted* cosmopolitanism, where external transnational alliances at the supra-state level are internally focused

(Garwood, 2011). Transnational repertoires of action against the nation-state at the supra-national level are thus not aimed at unravelling, shifting or moving the borders and boundaries of the nation-state itself; the purpose of these forms of rooted cosmopolitanism is to create downward pressure by forcing the nation-state to comply internally with its external obligations (in the form of treaties, conventions, trade agreements, etc.). We see this most clearly in disability transnational activism. Disability activism at the transnational level has been rooted within the nation-state, where repertoires of cosmopolitanism have focused on claims for rights *within* the nation-state. The most obvious case is the use of the United Nations Convention on the Rights of Persons with Disabilities – first with its development, then shaming, across a spectrum of overt to covert repertoires of action, nation-states to sign and ratify, and now its use as a mechanism of protest against the internal reorganization of disability social provisioning with the onset of neoliberal fiscal austerity. The effect of such actions, despite their external focus, reinforces the nation-state system, its sovereignty, and its territorial sphere.

The narration of nation, the national and nationalism/s in this way is shared *and* differentiated from that of indigenous people contesting the borders and boundaries of the white-settler nation-state. There is a growing movement of adopting a nationalist discourse to identify as First Nations. The clearest example in Australian political history is the establishment of the Aboriginal Tent Embassy in 1972 on the front lawns of the Australian Parliament. This act of indigenous nationalism was to contest the dispossession of indigenous land by the Australian government for international mining and has remained a powerful symbol of territorial contestation. This symbolic act of indigenous resistance to white-settler colonialism reveals the importance of locating the internal structures of nation-states and the ways in which nation-states reposition internal social relations for external interests.

Indigenous narratives of nation, however, are more complex than the above example implies. Indigenous nationalism is more reflective of transgressive transformative cosmopolitanism which aims to build a range of repertoires of resistance by forging alliances with bodies and minds situated as the abject, the wretched and the miserable. We see this most clearly through indigenous assertions of solidarity with other colonized peoples, such as the Aboriginal Passport Ceremony offering Palestinians

Aboriginal citizenship in solidarity as colonized subjects[2] and the Tiwi elders' welcoming of asylum seekers whose boat landed on an Australian island, '[B]ecause we are all one group – non-Australians' (Pugleish, 2006, quoted in Haebich, 2008, p. 62). These acts exemplify those critical transformative moments where 'the indigenous sharply confronts the sovereign power of the nation-state over its territory' (Povinelli, 2011, p. 15).

Indigenous narration of the nation thus moves beyond the methodological nationalism so central to postcolonial scholarship, radically displaying the disjuncture of the nation-state as a site of freedom (see Bhabha, 1990). No doubt, the internal arrangements of white-settler able-bodied masculine nationalism and the processes of violent dispossession that it entails are the militating force in promoting transgressive transnational repertoires of solidarity with colonized indigenous people. The internal dynamic of nation-states is, no doubt, the mobilizing force and, therefore, the idea is not different from transnational disability activism. What is different, however, is that indigenous contestations of the nation-state are devised to disrupt, discontinue and transform borders, boundaries and exclusionary zones. More poignantly, they are engaged in a radical act of *un*doing, rather than reinforcing the nation-state.

This rich texture of indigenous scholarship, mobilization and protest is drawn upon in the following section to enhance critical disability locations within the settler nation-state. By taking these radical, complex and nuanced indigenous critiques of postcolonial scholarship on board, it is possible to reveal the ways in which disability and indigeneity are situated as *co-evolving* systems of biopolitical power under the *continuance* of colonial white-settler rule – inscribing bodies, minds, borders, exclusionary zones and boundaries as part of the white-settler able-bodied masculine enterprise. Critically, indigenous scholarship encourages us to locate the colonial practices that are targeted at reproduction.

Disability and indigeneity in the white, able-bodied settler colonial state

Establishing territorial sovereignty in white-settler colonial nations involved the governing of a plethora of social relations – the existing indigenous society and the nascent settler seeking entry into the territory (Haebich, 2008). Administrative management to maintain population patterning was shaped by the anxieties of an emerging nation, where both internal and external positioning were adopted to guarantee whiteness of a particular kind (Bashford, 2004). Relations between the ‘settler’ and the ‘indigenous’ are vital workings of this narrative (Povinelli, 2011). Too often, however, the pivotal role of disability in making the white-settler colonial nation-state remains absent. From a disability standpoint, the collapsing of all non-indigenous bodies and minds into the singularization of the ‘settler’ negates the role of a scientific ableism that operated simultaneously with the scientific racism at the time (Soldatic & Fiske, 2009). The underlying logic of white-settler colonial nationalisms imagined the new nation as not only white, but also able-bodied – a key site of struggle readily neglected by prominent historians in the area (see for example Broome, 2010; Haebich, 2008).

Australia was intent on denying both Aboriginal Australians and disabled people, first at its initial claim for nation-statehood, then as a white able-bodied nationalist project of a future imagined nation (Soldatic & Fiske, 2009). The formation of the Australian nation-state was an attempt to bring about a future where the first peoples did not exist; to make *terra nullius* real constitutionally, politically and culturally (Rose, 2006). It also actively harnessed population management to ensure that disability remained outside its territorial borders (Soldatic & Fiske, 2009). Both projects were managed jointly, internally governing settler–indigenous relations and disabled settlers, and, where possible, externally excluding disability from the nation’s territorial boundaries.

Blue argues that white-settler colonial states ‘[B]y the turn of the twentieth century … had become more confident in their regulatory powers, if not yet in their actual enforcement capacities’ (2013, p. 5). This level of confidence in the settler colony of Australia is most marked by the mobilization of the colonies to become a (limited) self-governing federation, establishing ‘borders, boundaries and enclosures’ (Bashford, 2004, p. 1). The spectral presence of the 1901 Constitution with its pretense of *terra nullius* hung over the severe immigrant restrictions of the first act of parliament, also in 1901. The Immigration Restriction Act (1901), while well known for its racialization of border controls (Bashford, 2004), also marked out ‘any idiot or insane person’ or ‘any person suffering from an infectious or contagious disease of a loathsome or dangerous character’ (Immigration Restriction Act (1901), Section 3(e)(d)). Disability was excluded from white immigrant absorption to reproduce the imaginings of the nascent nation-state, more explicitly so than its exclusion of those potential settlers defined as ‘non-whites’. In turn, two distinct systems of biopower emerged – one to control, contain and confine Aboriginal peoples and the other targeting disabled people. The establishment of sovereignty, territory and jurisdiction resulted in an ideological consolidation of ideas on indigeneity and disability, but the administrative practices remained largely distinct.

Imperial systems of population management were shaped by the breadth and depth of local European settlement (Cooper, 2013). The ‘lack’ of depth in European settlement radically set Australia apart from its colonial sisters as the active concern of reproducing whiteness, via state administrative discourses of ‘population or perish’, engulfed the white new founding fathers of the nation. As Australian feminist historians have stressed, this was coupled with a core component of ‘masculine exclusiveness’ in nationalist discourse that harnessed administrative practices to regulate, control and contain gendered relations with the formation of the settler nation-state (Lake, 1992, pp. 156–165). The construction of an unruly, lone and independent masculinity acted as a unifying ideology across the colonies as it powerfully symbolized the needless domestication of empire. This lone, independent and unruly masculinity radically shaped the construction of gender and the emergence of gender reproductive controls at the critical juncture of nation-state imagining.

The specificity of the Australian white-settler colonial nation-state and its co-evolving systems of managing disability and indigeneity forces us to depart from recent colonial white-settler scholarship in the field of critical race studies, a dominant feature of US theorizing in the area, for its tendency to conflate race relations under the white, able-bodied settler project. Povinelli (2011, p. 20) argues that the universal of race ‘often operates discursively to figure the former as merely another version of the latter’. Povinelli’s remarks aim to highlight the differing material practices and strategies of containment that the settler nation-state employs to control, divide and to set ‘the indigenous’ apart from ‘the enslaved’ and the ‘other non-white’. This is most clearly illustrated in the differential political value of the slave’s body in the formation of the nation. In the US instance, a slave’s value was determined by his or her assessed physical ability to perform work in the settler colony (Jewett & Allen, 2004) and, as Patterson

(1982, p. 4) once remarked, the slave's physical body was a prized instrument of white power. In the USA, slave labour power not only provided wealth via the plantation, but their quantitative count was also deeply enmeshed in the US political system of white masculine power (Mason, 2006).

Historians such as Wills (2005, p. xi) suggest that this 'gave them [Southern slave owners] incentive to acquire more of them' in whatever means possible, including enforced procreation, as 'the economic value of the master's slave holdings depended in part upon the proven capacities of his bondwoman' (Burham, 1987, p. 198). Thus, the social death of the slave was governed by a brutality of power that situated the imperative of physicality with enforced procreation, while simultaneously positioning African slaves as being intellectually and morally inferior to their white masters (Burham, 1987).

The evocation of disability tropes of intellectual and moral inferiority alongside those of black physical labour power to justify the enslavement of Africans in the USA is therefore significantly different from the positioning of white–indigenous relations in the settler colony. The imperative of physicality did not apply, as indigenous people were constructed as intellectually, morally *and* physically inferior, and hence of no exchange nor use value to the settler colonial state. As Hobsbawm (1987, p. 24) recognized, white-settler societies 'assumed the elimination of the former indigenous people. Where they could not be eliminated by expulsion onto "reservations" or by genocide, they were not part of the political community'.

In Australia, George Barton was a leading proponent of these ideas. He made 'the much quoted suggestion that whites should "smooth the dying pillow" of the Aboriginal race' (Wyndham, 2003, p. 9). He was also the brother of Australia's first prime minister, Edmond Barton, who presided over the passage of the Immigration Restriction Act 1901 (Soldatic & Fiske, 2009). Thus, unlike 'the slave', erasure through either direct means or via policies of assimilation was the defining feature of indigenous (Mitchell, 1996) and disability relations (Meekosha & Dowse, 1997) in the settler colony. With no state requirement for procreation, indigenous and disabled women's fecundity was posed as a threat to the production and reproduction of the white able-bodied masculine settler nation.

Radical forms of exclusion, expulsion and genocide in Australia were crucial in addressing the anxieties of nation-state imagining at the time of its formation in 1901. The exclusive masculinity had the contradictory effect of reinforcing population anxieties, as at the turn of the century men dominated the Australian landscape and many women were actively self-managing reproductive controls (Kewley, 1972; Lake, 1992). Bashford (2004, p. 180) remarks that, '[I]n this period of intense nationalism, one's own intimate sexual choices and actions were understood to be always significant for the nation/race'. The reproductive sphere was central to the white-settler able-bodied masculine nationalist project and consisted of containment, sterilization, and child removal (Ellinghaus, 2003). Two regimes of reproductive containment and control were implemented – one specifically targeting disability and the other Aboriginal Australia.

Controlling for disability in the reproductive sphere targeted both able-bodied non-indigenous women and disabled women.[3] Reproductive administrative practices were two-pronged, embodying ideas of 'positive' and 'negative' controls, a key feature of eugenics thinking of the time (Wyndham, 2003). Strategies of positive eugenics involved incentivizing white women to engage in procreation. Australia became one of the first countries in the world to see the establishment of a baby bonus system (Kewley, 1972). The payment was purported to be universal in that it was targeted at *all white* women who gave birth to non-disabled 'viable' children. According to Kewley (1972), the payment was tiered for each birth and, during its existence, varied from a clear 'outcome' payment for non-disabled births, to a mix of pre- and post-birth instalments. The payment reflected the conscious anxieties of the populate or perish nationalist narrative of the time, where dominant caveats pertaining to moral codes of respectable mothering – such as single motherhood and working-class feminized sexuality – did not apply.

Indigenous women and disabled women, their bodies and minds, were to bear the brunt of 'negative' eugenic reproductive controls. Radical medical intervention, such as sterilization, was actively promoted across Australia as the primary means to control the fecundity of disabled women, alongside their incarceration in infirmaries and asylums (Bashford, 2004). The nation's concern was for 'productive', 'fit' bodies and minds to become future nation-builders, free from any mental or physical impediments to perform varying forms of labour. For indigenous women, these torturous reproductive controls were, in many instances, differentiated, particularly as the potential for absorption of ‘half-castes’ became a growing narrative within the scientific community. Anderson (2005, p. 193) documents the ways in which ‘scientists would instead attempt to shift the boundaries of “whiteness” and incorporate Aboriginal Australians into the category as distant relatives and object lessons’. That is, science conferred the very idea that *near* white indigenous people had the potential of a common physicality and, therefore, absorption into the white race could be scientifically justified (Anderson, 2005, p. 194). This shift in the nation’s governing logic on race, nation and population exposed indigenous women to the torturous practice of forced child removal, creating what is now commonly known as The Stolen Generation (Broome, 2010). The forced removal of children from Aboriginal mothers was premised upon a scientific masculine racism that stratified indigenous blackness into new racial categories depending on the shade of one’s skin – from those bearing the potential markings of whiteness through to those deemed too black, or too Aboriginal, for assimilation or absorption into the white-settler colony.

This new nation racialization of Aboriginal Australia was grounded in a scientific justification that by the late 1920s/early 1930s had become a dominant national narrative (Anderson, 2005). It meant that Aboriginal women would become even more vulnerable to the violence of Australia’s exclusive masculinity, as their bodies and minds now became the potential bearers of whiteness. Thus, the white man’s access to Aboriginal women became part of a new civilizing mission – to not only save the ‘native from dying out’ but also, more critically, to reproduce the nation. These children, once forcibly removed from their Aboriginal mothers, would then be placed in a range of Christian missions, farms and institutions that would bring them into contact with ‘respectable’ white men. This was not through hetero-normative gender roles played out in sites of marriage, however; across the federation, administrative approval for marriage between white men and indigenous women had to be granted by the governing authorities at the time. Aboriginal women’s sexuality thus became tied to a ‘positive’ eugenics strategy of white proliferation, increasing their vulnerability to white male sexual violence, whereas disabled women’s fecundity remained part of a negative national narration of inferior reproduction. While many disabled women also had their children removed, the point of differentiation in these practices is the underlying politics in which they served at the time.

The removal of children from either group was tied to an intense nationalism that differentially situated their procreation in relation to the nation's ideas on race, nation and population. These differing underlying biopolitics resulted in quite distinct systems of reproductive management for each group.

Transformative, transgressive and transnational bodies and minds: undoing the nation

> The recognition of Cornelia's humanity and a compassionate response came from two oppressed groups – Aboriginal community members in far north Queensland and her fellow detainees; mostly asylum seekers from Iran, Iraq and Afghanistan, also locked up in Baxter. (Soldatic & Fiske, 2009, p. 297)

In critically engaging with some of the central tensions of postcolonial scholarship and exploring its boundaries methodologically and theoretically, a more detailed and nuanced account of the interlocking sphere of governance is revealed. Signifying masculinity in the context of the formation of the settler nation-state as a pivotal site of analysis illuminates the ways in which indigeneity and disability under white-settler colonial rule have largely remained as co-evolving systems of state power, where from the moment of nation-state development, seemingly similar ideologies were in fact differentiated by a discrete set of practices. Moreover, the categories of indigeneity and disability are differentially mapped, contained and administered, yet the place of interstice is at the site of nation-state *re*production.

Further, the analysis reveals that the enduring absence of disability as a critical site of inquiry within white feminist settler scholarship, both historically and under its neoliberal regeneration, results in a problematic set of dualisms – the colonizer vs. the subaltern, white people vs. black people, the settler vs. the Aborigine. The tendency to overshadow, ignore or deny the role of disability negates the ways in which ideas of whiteness, fitness and productiveness, grounded in the rationality of scientific ableism, imbued the imaginary of the white-settler colonial nation-state (Jakubowicz & Meekosha, 2002; Soldatic & Biyanwila, 2006; Soldatic, Meekosha, & Somers, 2012). This system of logic resulted in a plethora of practices that separated the indigenous and the disabled from the settler. Situating disability and disableism as part of the colonial enterprise of power, repression and dispossession is to critically locate and identify the ways in which colonial systems of power legitimize themselves via discourses of scientific and administrative management; and the ways in which disability can elucidate key sites of biopolitical power within the colonial.

Borders, boundaries and exclusionary zones, their symbolic production of social control, merge to segregate, control and contain bodies marked outside the imperial imaginings that are concomitant with the dominant settler masculinities of the time (Bashford, 2004). While the shared intent was to contain, control and confine bodies that transgressed these imaginings, these biopolitical practices were in *effect* differentiated around state categories that differentially governed bodies and minds through unique administrative controls (Foucault, [1976] 1998).

Disability scholars such as Snyder and Mitchell (2010, 2012) have tried to capture the exclusionary zones that confine disabled people to liminal spaces within the nation-state. Their able-nationalist thesis argues that disability is a discursive construction of ‘homogenizing social others’ to the bracketed category of the other (Snyder & Mitchell, 2010, p. 114). When critically thinking through the liminal spaces of the white-settler colonial able-bodied *masculine* nation-state of Australia, the able-bodied nationalism thesis subtly hides indigenous struggles to *undo* the *continuance* of white-settler colonial able-bodied *masculine* rule. The ideological core of able-nationalism sits beside an interlocking ideology of scientific racism governed by ideas of masculine reason. These imaginings prescribed various forms of violence upon indigenous people and disabled people – marked by temporal-spatial subtleties, often shared but distinctly formulated for each. Thus, while white-settler nation-states may be shaped by an ideological framing of able-nationalism which Snyder and Mitchell (2010) sustain, many of the nation-state practices that violate bodies, minds and subjects are also specifically targeted at another point – that is, the realm of nation-state *re*production.

This aspect problematizes the work of disability scholarship that posits a single dominating narrative of the *intent* of administrative management to reproduce able-bodiedness as an underlying discursive positioning. When critically examining this idea in the case of white-settler colonial Australia, the *effects* of such practices are localized, nuanced and hybridized at the point of reproduction. Administrative practices to sustain population patterning, and their divergent differentiations, target two sets of bodies and minds – the indigenous and the disabled – where the *re*production of an exclusive white masculine nationalism is the interlocking frame.

Finally, there is a danger that conflating the violent dispossession experienced historically by indigenous peoples with that experienced by disabled people may risk dismissing the continuing ravages of indigenous dispossession in the white-settler state of Australia today. The hope of this paper is to critically explore the real potential avenues of building solidarity between indigenous people and the disability movement through scholarship that identifies the unique differences, discontinuities and disruptions that both sets of bodies and minds are embroiled in within the context of a white able-bodied masculine settler state (see Greensmith, 2012, for discussions on this issue in the Canadian context), alongside those areas where they come together as part of the nation-state enterprise. The focus on the *reproduction* of the nation-state, and the administrative practices that emerge to *reproduce* the new imaginings of a white able-bodied masculine state, potentially illuminate the place for transformative processes of solidarity.

Indigenous bodies and minds have been radically transformed by the advent, entrenchment and intensification of white-settler colonial violence, where impairment has been and remains the transformative marker of this violence (FPDN, 2011). While the first peoples of other nations, namely Canada, the USA and New Zealand, generally have poorer socioeconomic status than non-indigenous populations, the incidence of impairment is not comparable with that of Aboriginal Australians. Within settler colonies, Australia is the only country of this group with an Aboriginal disability rate that is more than twice the non-Aboriginal rate (FPDN, 2011). Australia is also the only country of this group that does not have a treaty between its indigenous and non-indigenous people (Langton, 2001).

It has been suggested that the over-representation of impairment is a reflection of Aboriginal Australians' dispossession, or to use a term from Deborah Rose (2006), a 'double death' – the interstice of white-settler disabling societies and colonizing violence and dispossession – producing impairment *and* disablement. The aim is, therefore, to build the possibility of solidarity between groups that *continue* to be marginalized and to experience the ontoformative effects contained within these processes of violence and dispossession (see Connell, 2011). Under systems of white-settler colonial governance, a critical examination of the singular categories of indigenous and disability illustrate the nuanced, situated and localized practices of oppression and dispossession, and map out the potential avenues that situate shared experiences.

Most clearly, the experience of Cornelia Rau, a white woman with a mental illness who was locked up in an isolation cell for several months in the Baxter immigration detention centre in central Australia, identifies where indigenous and disability dispossession can be remade through practices of solidarity that are, in effect, *undoing* the nation. At this moment, disability, gender and indigeneity collide as a transgressive act against white masculine able-bodied exclusiveness. Indigenous transgressive acts of building an alternative politics from below through the active welcoming of disabled bodies and minds marked as foreign and contagious are, therefore, an invitation to explore in a radical dialogue the reimagining of an alternative 'nationalism' that aims to undo the colonial biopolitics of control, containment and confinement.

Acknowledgements

I would like to thank S. Janaka Biyanwila for the lengthy discussions on co-evolving systems, the anonymous reviewers for their insightful feedback, and Kelly Somers for editing assistance.

Funding

This paper has been supported by research funded under the Australian Research Council Discovery Program, DP110102719 – *Disability in Rural Australia*.

Notes

1. However, as Greensmith points out, both Meekosha and Kuppers maintain a level of theoretical inconsistency as both writers move between the *de* and the *post* using these interchangeably within their arguments despite the significant differences that these entail.
2. The author has been in attendance at a number of these ceremonies across Australia.
3. Few historians have undertaken extensive empirical/archival research into the realm of disability, gender and nation-state reproductive controls in Australia at this time and, therefore, I am unable to say whether these strategies where targeted only at white disabled women. Australian historian Carolyn Bashford, who has written extensively on the impact of eugenics and the international hygiene movement, does not indicate if negative eugenic practices were targeted only at white disabled women at the time.

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WHO's MIND, whose future? Mental health projects as colonial logics

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This paper examines the Mental Health Improvements for Nations Development of the World Health Organization (WHO), or what it refers to as its MIND project, as it produces versions of human and human suffering. Arising at approximately the same time as decolonization began to occur, the WHO can be read as reflective of colonial history as well as a colonizing force in postcolonial times. Through an analysis of the WHO's publicly available material, we shall show how the MIND project is not only a product of, but also helps to produce the power of coloniality. In the WHO MIND project, professional disability knowledge is used to identify an emergent mental health crisis in need of Western medical intervention. Guided by Fanon's call to notice how assistance makes a subject 'thoroughly fit into a social environment of the colonial type,' we examine the role of disability knowledge in the production of people 'fit' to survive in environments that reproduce coloniality. We show how the WHO MIND project can be read so as to reveal the restrictive and exclusive versions of the human that have arisen from the colonial past as our way to attempt to disrupt the developmental trajectory of the coloniality of the present.

Positive mental health is linked to a range of development outcomes . . . [and] is fundamental to coping with adversity. On the other hand, poor mental health impedes an individual's capacity to realize their potential, work productively, and make a contribution to their community. In order to improve population mental health, WHO MIND supports countries to implement programmes to ensure that effective treatment, prevention, and promotion programs are made available to all people who need them. (WHO, 2013b)

Almost three quarters of the global burden of neuropsychiatric disorders occurs in low- and middle-income countries. We can measure the costs to individuals, families, societies, and economies. And the costs of these disorders, which tend to have an early onset and are chronically disabling, are enormous. Taking action makes good economic sense. These disorders interfere, in substantial ways, with the ability of children to learn and the ability of adults to function in families, at work, and in society at large. (WHO, 2010)

This paper examines publicly available documents produced by the WHO regarding its 'Mental Health Improvements for Nations Development,' otherwise known as the WHO MIND project.[1] As the quotations that open this paper demonstrate, the MIND project asserts a direct link between population health and national development, and promotes the connection of national development to a particular way of conceptualizing and treating mental health issues. Yet, postcolonial studies have taught us to understand that every description of a problem contains within it an evaluation of and prescription for the problem so described (Bhabha, 1994). Thus, every international attempt to solve social problems contains within it a representation of the world and its people in need of such assistance. Informed by both postcolonial and disability studies, our interpretive sociological analysis of the texts of the WHO MIND project will show how it imagines human problems in terms of how nations and their populations can be made to fit within current dominant political and economic structures. We will show how the MIND project's concept of problem people (re)produces a version of human suffering as a symptom of international disorder (DelVecchio Good et al., 2008, pp. 18–22). We read these descriptions of, and prescriptions for, the world and its people as an enunciation (Bhabha, 1994; Titchkosky, 2007) of the history of colonialism and thus as carrying forward the animating interests of this history. By resisting the notion that the WHO transcends its own history prescribing a decolonized future, we aim to show that the MIND project's textual (re)production of humans and human suffering as global problems reflects the interests of a colonial past while also carrying forward these colonial interests into what might (mistakenly) appear to be decolonized present.[2] According to Michael Fischer (2009, p. 261):

> We live (again) in an age in which the very institutions of humanitarian intervention are suspected of complicity, when the humanitarian industry all too often follows military intervention . . . creating new vortices of power and intrigue, before moving on to the next urgent call, the next crisis, the next firestorm of emotion and outrage.

Still, our analysis of its texts also makes it possible to trace the 'performativity of language in the narratives of the nation' (Bhabha, 1990, p. 3). We will show how the WHO MIND conception of human problems inscribes in global consciousness an image of the nation as the outcome of capitalist labour relations.

The emergence of the WHO

Posing the problem of mental health as a sign of a real and potential crisis in a nation's development, and international order, suggests a mutually constitutive relationship between 'security, commerce and disease' (King, 2002, p. 763). Nicholas King remarks that, 'Although often characterized as an humanitarian activity, modern public health as practiced in the United States and other Western industrialized nations has long been closely associated with the needs of national security and international commerce' (2002, p. 763).

The WHO integrated the Health Division of the former League of Nations, the Office International D'Hygiene Publique in Paris and the Pan-American Sanitary Bureau in 1947–1948 (Routley, 1947, p. 226). The League of Nations heralded a transition in thinking from the international to the global in which a discourse of the 'world' began to pose a challenge to the importance of international as frame of reference (Bashford, 2006, p. 69). In the aftermath of World War I, the League-imposed Mandate System enshrined the idea of international control (Logan, 1928), concealing the expansion of colonial policy and power. The Mandate System was designed to deal with the 'problem' of 'territories that were liberated from German and Ottoman colonial authority but considered to be not yet capable of self-government' (Matz, 2005, p. 54). Developed out of the New York Charter of 1946 (Routley, 1947, p. 494), the WHO was a direct result of a UN-organized International Health Conference (Broster, 1962, p. 787). The WHO constitution was signed by 61 countries and became an official agency of the UN in 1948 (Broster, 1962, p. 787). Although it claims to be a 'global' organization, only UN member countries are entitled to WHO services and aid, and each member state must pay an annual fee to the UN according to a fixed scale. Furthermore, WHO member countries must also bear the cost of International Health Regulations (IHR, 2005), which 'develop core capacities to detect, assess, report, and respond to any public health event that might have international effects, regardless of type or origin of event' (Katz et al., 2012, p. 1121).

According to Maxwell Charles Hardiman (2012, p. 1041), 'Since entering into force in 2007, the IHR have provided a legally binding global framework to support national and international programs and activities aimed at preventing, protecting against, controlling, and providing a public health response to the international spread of disease.' Disease, here, is understood in relation to disruption to economic productivity.[3] The focus of the WHO MIND project on mental illness is unique given that global health security initiatives have typically targeted infectious diseases (Brown & Bell, 2008). The Mandate System can be understood as a way to deal with the '*dis*-ease' that troubles the WHO MIND, most notably, how to achieve modernization and industrialization with fit bodies while also preventing the 'ill effects' (Sloan, 1996, p. 29) of resistance and revolution.

Despite the fact that most countries subject to the WHO MIND project are historically demarcated as postcolonial, their situation is over-determined by the interests of bureaucratically organized world powers such as multi- and transnational corporations, the UN, World Bank, International Monetary Fund (IMF) and the WHO. In recognition of the fact of the history of colonialism, it is necessary to examine the WHO MIND project literature through terms that focus on the unjust controlling forces of our times, in this case, the 'coloniality' of power. By coloniality (Mignolo, 2000), we mean governing processes that objectify human life as a problem in need of Western control and also make humans into economic units viable for Western profit (see also Césaire, 2000/1972; Fanon, 1967/1952).

This focus on the coloniality of power allows us to address the political and economic significance of the ways millions of people are described (as in the opening quotations) as an unfortunate and emergent mental health crisis deemed in need of Western medical intervention. Thus, we follow Sylvia Wynter (2003, p. 260) who says that, 'any attempt to unsettle the coloniality of power will call for the unsettling of this overrepresentation . . . (i.e. Western bourgeois) conception of the human, Man, which overrepresents itself as if it were the human itself.' Attending to how human problems and their solutions are articulated within the context of global mental health projects can reveal the role that public presentations of professional disability knowledge play in developing conceptions of the 'human.' Health management can be read as a new form of imposed order on postcolonial countries. This is achieved through the implementation of systems of surveillance and control ('treatment') administered by local governments but coordinated by global organizations such as, but not restricted to, the WHO (see Roy, 2010). Systems such as the IHR augment social inequalities. Putting them into practice requires access to rarefied languages, disciplinary knowledge and technologies designed, managed and, in the case of pharmaceuticals, patented, by Western powers. This is why we find it necessary to interrogate the power relations that make it possible for the WHO to define disability as a problem hindering national development, and whose solution makes disability fit within a singular conception of a healthy economic milieu.

We continue by showing *how* the WHO's commitment to minding the minds of others is one way empire now invades consciousness making for a version of people as fit, productive citizens able to actualize a nation's development trajectory as imagined by Western powers. We read the WHO MIND project as a form of governance and profit venture that gives rise to a restrictive version of the human and we do so as a way to play some small part in disrupting the developmental trajectory of the coloniality of power and its version of the future. We hold that by examining conceptions of disability while acknowledging the colonized history from which these conceptions emerge, and into which they flow back, we can address de-humanizing conceptions of our lives together. This means that one task for a more globally oriented disability studies (Goodley, 2012; Grech, 2012) is to come to know how dominant Western-centric conceptions of disability operate in the public sphere, and how their authority is activated, and often accepted at face value in news releases, executive summaries of public reports, and in fact sheets such as those produced by the WHO. Given that knowledge and economic systems carry with them the history of colonialism, and recent postcolonial interventions that view nationalism 'as a version of colonialism' (Dirlik, 2002, p. 428), we hope that re-thinking helping-relations to the disabled other will, to borrow from Shaun Grech, stop the 'solution' from so easily becoming the 'problem' (2009, p. 777).

Postcolonial theory: re-grounding the facts

Today it is said that:

> Across the globe 450 million people suffer from a mental or behavioral disorder. The estimate is that one in five persons will suffer from a mental illness in a given year. (WHO, 2011b, p. 5)

> The World Health Organization (WHO) projects that depression will be the number one global burden of disease by 2030, surpassing heart disease and cancer, and anticipated to be the number two burden by 2020. (The NGO Committee on Mental Health, 2012)

> Given the pervasive nature of mental illnesses, inaction results in higher cost and lower productivity. Many corporations have identified mental illness and substance use issues as a

> major source of the loss of productivity. In many developed countries, 35 percent to 45 percent of absenteeism from work is due to mental health problems (WHO, 2011b, p. 6)

These are some of the basic reigning 'facts' organizing mental health programs aligned with the WHO MIND project. These facts, in ready circulation, describe mental illness as a thing, thus rendering it measurable; such things strike many people and are a growing economic burden; such people represent a cost, a burden, as well as a drain on productivity. The global and local character of work environments (shadowed everywhere by profit extraction) are not objectified in this manner by the WHO. Yet, the '450 million people who suffer from a mental or behavioral disorder' are knowable, measureable, treatable and unquestioningly regarded as a burden to profit and even the root cause of economic loss. This is an ordinary, taken-for-granted contemporary way of knowing problems and the individuals who bear them. Now, how to wonder about what we seem to know too well?

Let us begin from a basic but provocative quandary. Anything we *know* about the world has been made possible by the world; and, moreover, what we know about the contemporary world is steeped in and reflective of the world's colonialist history. By colonialist history we mean all the material ways that the category 'human' has been socially invented, dispossessed and disciplined as productive things, 'thingified' as Césaire (2000/1972, p. 42) would say, in the name of colonial and capitalist expansion. All forms of knowing are thus regarded here as carrying conceptions of humans as well as human problems born of the colonial past, and make possible a future that governs humans as profit units while discounting the aim of collective wellbeing. This notion of knowing as already made possible by the world of which it is a part is articulated by Fanon, among others (such as McKittrick, 2006; Walcott, 2009; Wynter, 2003). In Fanon's 'The Fact of Blackness' (1967/1952), we read that he, the Black man, always arrives 'Too late. Everything is anticipated . . . Too late!' (p. 121), too late into a system of humanism that *qualifies* the Black man as participant on the basis of the colonial project. According to Fanon, 'every ontology is made unattainable in a colonized and civilized society' (p. 109). In understanding the system of humanism, Fanon describes the *where* of arrival (spatiality) – in our terms, the Global South versus the Global North – as no less important than the *when* of arrival. Any sense of decolonized space or time is reliant on something more than the transformation of individual minds, as the WHO would have it.

In his reading of Fanon, Bhabha suggests that this means that any individual's late arrival into the protective enclave of the human and its rights can be examined for 'the temporality of modernity within which the figure of the "human" comes to be *authorized*' (1994, p. 339, italics in original). While the WHO MIND project regards 'inaction' (not implementing its recommended health measures) as leading only to a failure in national development, postcolonial theorists such as Bhabha suggest exploring such programs for what version of 'man' is being authorized and for what kind of system of authority it establishes.

How we know the 'individual,' know what their problems look like, or know appropriate treatments, has much to do with the ruling orders organizing contemporary time and space and thus can be examined, as Wynter suggests (2003, p. 260), for the 'conception of the human, Man, which overrepresents itself as if it were the human itself,' in this case human problems understood as disturbing development, and made beyond question. One way that people arrive into the enclave of the human and also continue to be barred from it, is through the orders of mental health and the capitalist relations they enforce. Thus, the WHO speaks on behalf of the corporation, saying 'Many corporations have identified mental illness and substance use issues as a major source of the loss of productivity' (WHO, 2011b, p. 6).

The global citizen is produced by the colonial enterprise and so the need to explore the ways in which the WHO projects that aim to improve mental health for national development contributes to the reproduction of Western-centric social systems.

We now continue our exploration of the WHO literature in order to further assess the type of human life the WHO has in MIND, the imagined ideal subject as this relates to ideals of national development.

WHO's MIND and its irrational other

Constituted at the edges of the authorized human, mental incapacity, mental illness and other forms of impairment are of concern for international world powers who understand them/us mostly as a pre-existing quantitative entity, that is, as a 'global burden,' a 'looming epidemic,' a significant problem of, in, and for the developing world. For example, consider the ‘In Commemoration of World Mental Health Day Global Mental Health, WHO Action Plan 2013–2020: Integrating Physical and Mental Health’ announcement:

> The 2011 UN Summit on Non-Communicable Diseases (NCDs) addressed the rapid increase of chronic illnesses and the need to focus on primary care to develop effective prevention and intervention steps, including the need for behavioral and mental health strategies. The May 2012 World Health Assembly Resolution to develop country wide mental health programs and the drafting of the recent draft WHO Global Mental Health Action Plan to implement strategies are essential to curbing this looming epidemic, as well as from the trauma and emotional disorders arising from violence, war, and conflict that not only threaten global well-being, but the economies of all nations. (The NGO Committee on Mental Health, 2012)

This understanding of the burden, prevalence, growth and impact of mental health disorder has been articulated and treated as a threat to the wellbeing of developing nations for some time now. In 2007, the WHO launched its MIND project aimed at reflecting the basic concern that Mental health Improvements are central to Nations’ Development. This program is accompanied by, among other programs, an action plan, as detailed above. Whether mental health and illness do or do not reflect the burden, prevalence, growth and economic impact that the WHO (2011b) evidences is not our concern. Instead, we are concerned with how the WHO represents others as irrational – *they* don’t have a modernist approach that understands that disability needs rehabilitation, rights, technology, techniques, and treatment regimens (manufactured and sold by the West). In this regard, the various WHO reports acknowledge many medical doctors, professors and other professionals and also say that they wish ‘to acknowledge the generous financial support of the Governments of Australia, Finland, Italy, the Netherlands, New Zealand, and Norway, as well as the Eli Lilly and Company Foundation and the Johnson and Johnson Corporate Social Responsibility, [of] Europe’ (WHO, 2003, p. iii). Countries need to do the right thing, that is, make disability an objective medical matter, locate disability more clearly on the borders of the authorized and productive human, and clearly demonstrate both the numbers and expense of disability as a way to work toward reducing the problem. All this is understood as rational action. The WHO supports countries which abide with this understanding, as referenced in the 2011 World Mental Health Day publication, ‘The Great Push: Investing in Mental Health’: ‘The point we

[WHO] are trying to make this year: for societal advancement, mental health services are essential. The lack of mental health services is not just negligent; in economic terms, it is irrational' (WHO, 2011b, p. 3). The prescription to get rational relies, of course, on grasping the world as divided between the rational mind of the WHO and its irrational nations.

The 'real' of societal advancement and nations' development is tied to an understanding of persons with disabilities as an economic disorder that calls for bureaucratically ordered medical management. This is the 'reality' delivered by the colonial project and that helps to enable its operations. For example, the modern creation and use of an umbrella term to identify and manage 'the deserving poor,' which now includes 'the disabled,' reflects a version of knowing and governing others demarcated as productive and unproductive populations (Davis, 1995, p. 2; Foucault, 1977). Within the contemporary context of postindustrial capitalist expansion, the economic logic of the 'real' is difficult to resist. The WHO statement above suggests that resistance to Western medical institutional expertise, practice and policy is both careless and irrational. Investing in mental health does not only 'make sense' (WHO, 2011b, p. 5), 'it is the right thing to do' (p. 5); 'investing in mental health is a "best buy"' (p. 3); and, 'The bottom line: Not investing in mental health is very expensive!' (p. 6). The sensibility of societal advancement is supported with reference to studies for and by corporations conducted in 'developed countries':

> Given the pervasive nature of mental illnesses, inaction results in higher cost and lower productivity. Many corporations have identified mental illness and substance use issues as a major source of the loss of productivity . . . In the UK, one survey showed that people with psychosis took an average of 45 days a year off work. (WHO, 2011b, p. 6)

In our terms, the WHO's representation of mental difference and distress reinforces the authority and necessity of Western knowledge and power. As Dubgen (2012, p. 66) asserts:

> remedies aimed at rectifying injustice in the transnational realm must address not only injustices in the economic and political realm, but particularly in the epistemic sphere of representation. If development aid fails to do so, it does nothing to transform central features of the underlying frameworks that generate injustices in the first place.

What, then, are the defining features of the underlying frameworks of the WHO's MIND? Through various moves that define the reality of disability, split between 'the Enlightened' and 'the ignorant,' there is a dominant way of knowing the ‘Other’ that continues to justify a kind of colonial control. The control takes shape as governments being encouraged to perceive problems the same way as does the WHO and to implement a ‘rational’ plan of action, that is, a plan of action developed in the West and mandated by the WHO. For example, the WHO frames corporations and employers as in the know; they know that absenteeism is largely due to mental health issues, which is a problem of and for individuals that needs to be managed by drug treatment programs as developed by the West. *They don’t know what they are doing! But we know and so we do and we will direct the doings*. Or, to cite a passage from ‘The Great Push’: ‘We have the know-how and the interventions, and now even have models of mental health and development in practice’ (WHO, 2011b, p. 3). Things are done in the name of knowing better than those to whom they are done. This us/them dichotomy between those who know and those who don’t may in fact be a feature of disability experience shared around the globe. Let us thus proceed into a more in-depth analysis of how the WHO MIND project knows and represents the problem and the solution to mental health and illness issues around the globe today.

The development of de facto problems

According to the WHO, both productive mental health and poor mental health have an impact on the development of nations, affecting individuals and countries, as well as international relations. Recall the WHO MIND orienting assumptions with which this paper began:

> Positive mental health is linked to a range of development outcomes and is fundamental to coping with adversity . . . WHO MIND supports countries to implement programmes to ensure that effective treatment, prevention, and promotion programs are made available to all people who need them. (WHO, 2013b)

Countries, like their people, need support from the WHO in order to reorient and get in line with the rationality of the minority world[4] if these countries are to find and forge their rightful place in its developmental schemas. Along with the necessity of help, there is also the representation of the people in need: ‘Almost three quarters of the global burden of neuropsychiatric disorders occurs in low- and middle-income countries. We can measure the costs to individuals, families, societies, and economies' (WHO, 2010). And again:

> Mental and neurological disorders such as depression, schizophrenia, epilepsy and substance abuse, among others, cause immense suffering for those affected, amplify people's vulnerability and can lead individuals into a life of poverty. Despite the worldwide availability of cost-effective treatments the vast majority of people are left without access to the treatment they need. (WHO, 2008, cited in Tighe, 2008)

That such things are simply said, that an assumption of a costly epidemic where a growing number of people are thought to impede the wellbeing of nations, and that such things are then circulated amongst world powers, corporations, and their administrators, seems absurd. The social fact of colonialism, as we outlined in the introduction, is translated into a truncated history where disadvantages are depicted as produced by the disabled body, as though it is the disabled body that keeps some countries from their natural place in the developmental trajectory. These beliefs seem as oversimplified and as overstated as they seem outrageous. And yet, this understanding of the growing epidemic of mental health disorders and belief in readily available and efficacious Western drug and therapy treatments is cited again and again, over many years. Moreover, the WHO MIND project's oft-repeated statement of beliefs and aims is not regarded as absurd, but instead has garnered international support and corporate sponsorship. This public articulation of the problem and its solution can be understood as a normalized article of faith within the WHO literature – it is one of its 'sensible say-ables' in need of examination (Titchkosky, 2008, p. 42).

How does the WHO narrative achieve its rationality, its sensibility? Through an erasure. The complex economic terms and conditions of a country are erased by a simplified history, an individualized history represented through the number of people who count as disabled. Developing countries, along with their higher rates of disability, are understood as those who have failed to fully implement adequate treatment plans. The solution: tell countries to spend a higher percentage of their gross national product (GNP) on the pharmacological and treatment enterprise and support them in doing this (WHO, 2003, 2011a, 2011b). In this way, 'history' appears to begin with people with problems living in countries that spend too little on drug treatment plans to mitigate the problem of their problem people. The displacement of the actual histories of actual colonial interactions is central to the rationality at work in the WHO literature.

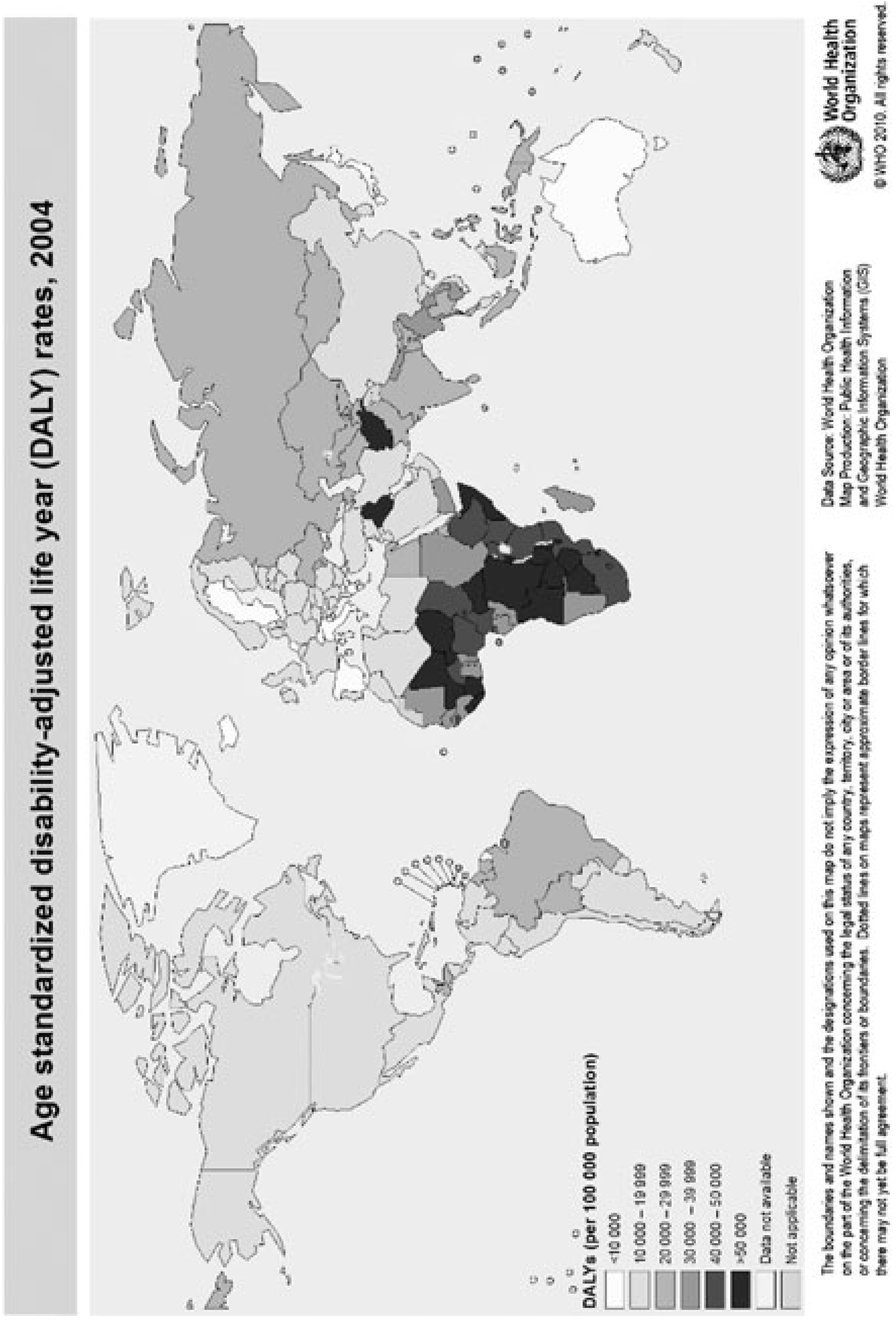
But have we developed a sense of the problem that is animating the WHO or have we belittled it? The Western world that the WHO represents as an exemplar of health, wealth, and prosperity, is the selfsame world in which the appearance of power is conditioned by forms of government that rule through processes of 'thingification' which perpetuate eurocentrism, racism, eugenics and hate (Césaire, 2000/1972). 'Thingification' is rampant in all of the WHO MIND project's public articulations of itself – populations' risk factors are assessed in terms of measureable levels of illness. Any departures from the normalcy of the assumed 'norms' of development are measured against the potential loss of productive power. This is starkly represented in relation to levels of production *for* world powers and entrepreneurs, measured and ranked in terms of Disability Adjusted Life Years (DALYs) where people are measured for their assumed drain on the nation-state; but also measured and thingified in the face-to-face of education and work in terms of utility-driven self-interest or a desire to know the other in terms of 'core deficits' and their inability to be other than the same.

The WHO understands disability unequivocally as a biological problem of bodies, minds and senses 'gone wrong,' and defines mental illness, again unequivocally, as a key form of disability. The world DALY map (Figure 1) represents the social and economic expansion of Western knowledge and power treated as both necessary and desirable. Human diversity and the cultural alterity of disability is adjusted to fit a scale that measures all people in terms of loss of productive years via a numerical indexing of disability conditions where 0 represents perfect health and 1 represents death. Consider, for instance, the WHO's 'key fact' regarding depression: 'Depression is the leading cause of disability worldwide, and is a major contributor to the global burden of disease' (WHO, 2012). Severe depression is ranked as 0.760 on the DALY scale, one of the highest ranks given to any of the conditions listed (WHO, 2004). The map reveals the complex nature of the thingification, not only of people but also of oppression since such measures support and are supported by a sense of the individual human problems troubling the supposed natural development of the human community. Thus, the WHO MIND program asserts the reasonableness of its rationality:

> Reason No. 1: The burden of mental health is huge and the costs of mental illness to society are enormous.
>
> Across the globe 450 million people suffer from a mental or behavioral disorder. The estimate is that one in five persons will suffer from a mental illness in a given year. Over a lifetime, one in two persons will experience mental illness. Four of the six leading causes of years lived with disability are depression, alcohol use disorders, schizophrenia and bipolar disorder. By 2030, depression is projected to be the leading cause of years lived with disability. (WHO, 2011b, p. 5)

The sensibility of the DALY map requires a relation to ‘mental or behavioral disorder’ as something factual and tangible for which lists can be made and around which lines can be drawn. That is, the WHO openly asserts the inferiority of non-Westernized countries’ inability to secure their own development, and then attributes this manufactured inferiority, framed as *disability*, to the country being less-developed (Chisholm, 1946). The inferiority of the subjugated becomes a social fact and the grounds of an appeal for Western medical intervention. Thus:

> WHO is appealing to countries to increase their support for mental health services . . . estimates made by WHO in 2002 showed that 154 million people globally suffer from depression and 25 million people from schizophrenia; 91 million people are affected by alcohol use disorders and 15 million by drug use disorders. (WHO, 2013a, paragraph 2)



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Public Health Information and Geographic Information Systems (GIS)
World Health Organization

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Figure 1. DALY rates, 2004 (WHO, 2010).

This ready-made statement of fact transforms millions of people into an unfortunate natural disaster of mental illness. This is now a fact ready-made for public consumption. All people are now to understand that many of the world's people suffer a disorder. Whereas lack of medical treatment signals a threat to human reason, participation in Western medical regimes is heralded as reasonable and thus key to development of a nation's wellbeing. The WHO holds that mental health improvements are central to nations' 'development' in that,

> By treating many of the debilitating mental disorders and by promoting mental health, people will . . . be able to work and rise out of poverty, provide their children with the right social and emotional environment to flourish . . . contribute to the economy of their country. (WHO, 2008, cited in Tighe, 2008)

All this can be achieved, according to the WHO, by putting in place 'human rights oriented mental health policies, strategic plans and laws to ensure that [there are] effective treatment, prevention and promotion programs' for all (WHO, 2008, cited in Tighe, 2008). On the WHO's overall programmatic map for development, mental health articulations are used to make discernable borders between misfortune and injustice; a clear border between emergency and history; and a clearer border still between resilient productivity and failure to function as a productive member of one's society.

Disability is defined as a biologically given asocial problem that is nonetheless understood to cause all sorts of social problems such as lack of work, poverty, and restrictive social and emotional environments. This definition of disability supports Grech's assertion that 'disability not only coexists with and remains embedded in the larger socio-economic, political and cultural context, but also that disability issues cannot be dealt with separately from wider poverty concerns' (2009, p. 779), concerns which are themselves shaped by histories of racism and sexism. Yet, in relation to this historically complex intertwining of poverty, racism and sexism, it is the health versus illness perspective that the WHO uses to document, map and treat nations as though no other perspective is possible in that no other perspective is reasonable.

The ambivalence of a singular narrative

Through acting as a ‘minder’ of troubled minds, the WHO clears a pathway to future forms of human objectification where recognition of humanity is achieved through knowledge of others as a unit of profit and their fitness for productivity. The WHO is intimately involved not only in mapping individuals with problems but also mapping countries’ inappropriate responses to problems (itself documented by the WHO as a significant problem). The WHO is directing the governance of conceptions not only of millions of people but also of many countries in the world. We have demonstrated that the WHO provides a singular, even totalizing, conception of mental health problems and their treatment protocols.

In this paper, we have followed the tacit methodological advice that lies in Fanon’s (1967/1952, p. 121) exclamation that the Black man always arrives ‘too late’, too late into a system of humanism that *qualifies* a person as participant. Millions have arrived too late, and their ‘health,’ like the health of the nation, remains an unattainable ontology (p. 121). At first, it appears that the only hope is to help people to fit into the productive enclave of Western treatment regimens via a right to treatment (pharmacological, psychiatric and/or community treatment). But the right to have rights, the goal of recognition and inclusion into Western mental health regimes can, as Gayatri Gopinath (2005) suggests, be understood as a myth and lure that can and should be resisted. After all, this hope is premised upon the myth of people arriving with a ‘developed’ Western sense of the obviousness of the health/illness divide. Globally, people are urged to accept the myth of a health/illness framework of human vulnerability and arrive ‘on the scene’ of colonial history so as to forge an ahistoricized connection between health and nation development. And again, too late, always too late since this version of a sciencetized and bureaucratized neo-liberal modernity has already authorized only a particular figuration of the human (Bhabha, 1994, p. 339).

In our analysis of the WHO literature, developing nations and their people are positioned as marking, at best, the borders of health. Fanon (2004/1961, p. 182) puts the matter this way:

> The truth is that colonization, in its very essence, already appeared to be a great purveyor of psychiatric hospitals. Since 1954 we have drawn the attention of French and international psychiatrists in scientific works to the difficulty of ‘curing’ a colonized subject correctly, in other words making him thoroughly fit into a social environment of the colonial type.

In the pursuit of a singular narrative of health, colonial processes of standardization as represented by the WHO structure, literature and programs supply the drive for *fitness*, attempting to enforce a version of the human suitable for expanding productivity and profit values through the proliferation of Western developmental psychology's legitimation. More treatment, greater access to treatment, treatment ensconced in law and human rights rhetoric, and treatment governed by imperialistic countries and corporations is emphasized over and against any more ambivalent or nuanced depiction of the millions of people said to suffer from mental illness. This shows once again that, unlike the worth of disabled people who are depicted as always a cost and a burden, the value (and efficacy) of treatment is uncontested (Titchkosky & Aubrecht, 2009).

During his time as a psychiatrist at Blida Hospital, Fanon focused his attention on people who displayed anguish and distress (Butts, 1979). This focus encouraged interpretations of relations, thoughts and behaviors deemed disordered or 'mentally ill' as expected reactions to the totalizing violence of everyday life under the exploitative and oppressive conditions of colonialism. However, as Fanon (1967/1952) also makes clear in his critique of Mannoni's attribution of a 'dependency complex' of the lives of colonized people, recognition of oppression on its own is not enough, since such recognition can be used to authorize Western knowledge and power. Such knowledge turns people into things and things into use-values that are then mapped on productivity charts. The programmatic administration of mental health puts us in contact with some of the dominant ways to mind the global human community (but it can also provoke questions about the possible *dis*encounters with disability such contact may provide for).

The WHO plays a role in redrawing the lines between developed and developing, the ruler and the ruled, but this time through a system of medical knowledge and Western treatment protocols[5] that aim to fit people into the environment as a productive type. It also entails making sense of human suffering as a lack of development, a lack of mental health or, as many of the WHO statements indicate, both. Suffering is thus located only in the here and now of individual nation states and individual subjective states. Moreover, and in line with a global security perspective (Lakoff, 2010), the WHO MIND project advocates containment, not only of illness but also of our collective imaginations and of history – all of which are placed within the immediacy of individualized terms. In this, lies ambivalence.

A globally oriented disability studies informed by postcolonial theory offers the possibility of questioning the language of development and its power to set objective standards for the qualification or authorization of the human (Ghai, 2002; Grech, 2009; Meekosha, 2011; Sherry, 2007). Such a project requires that major world-organizing powers, such as the WHO, be examined for how they represent disability and how, through these representations, they wield the power to identify, depict, and circulate, that is, *order* how human problems appear and dictate what *form* solutions will take. We, in contrast, aim to understand disability as a multi-meaning phenomenon and thus follow the opportunity to understand the inherent ambivalence regarding the meaning of mental health and illness (Aubrecht, 2012). Ambivalence lies in any version of global health caught in the fantasy that colonial power is behind us.

Further ambivalence lies in this: the recognition that creating a ‘better’ world is not the same as beginning to imagine a different one. This ambivalence is related to seeking ways to know and wonder about what is said to be true and beyond question in new and unexpected ways. What, then, to do with the on-going process of transforming millions of people, whole populations, entire nation states, into those in need of Western medical treatment? What to do when this will not be read as a crime against humanity but instead as a humane, human rights-based ideal which offers sustenance and hope to suffering others? And, what to do when this is taken as the most reasonable way to level the playing field in the game called human vulnerability?

This paper is our attempt to demonstrate one possible way to live in the face of taken-for-granted definitions of global problems and solutions that are delivered through representations of disability. How people are encouraged to identify who is disordered and who is not is directly related to powerful ways in which the world and its people are already known. Reflecting on the essential relation between knowing trouble and being troubled can be understood as a way to actualize a version of a global citizenry. The history of the WHO is part of this knowledge system from which our extrication is highly unlikely. And yet, we must at least suspend belief in the WHO’s benevolence if we are to begin to reflect upon how human and human suffering are articulated and thus produced.

Acknowledgements

We would like to thank the anonymous reviewers for inviting us to attend to our understanding of the colonial. Thanks also to Rod Michalko for discussion and editorial assistance.

Notes

1. This paper builds on Titchkosky and Aubrecht's (2009) analysis of World Health Organization texts in Kempf's (Ed.) *Breaching the colonial contract: Anti-colonialism in the US and Canada*.
2. While some scholars make a clear distinction in moments of history where a country is, or is not, governed or owned by another country, we treat the colonial as systems of power foundational to and enabling both capitalism and contemporary ways of knowing and governing. For this conception of the colonial, we thank Katherine McKittrick (2006), Rinaldo Walcott (2009), Gayatri Gopinath (2005) and others who take seriously Césaire's (2010, p. 127) words that the 'colonial situation', colonialism, the semicolonial, and the paracolonial situation is the 'odd conditioning' of all cultures everywhere. This work shows that everything bears the marks of enslavement including 'normalcy' (see, e.g., Erevelles, 2011; Meekosha, 2011; Sherry, 2007; Wynter, 2003).
3. The IHR represents the WHO's efforts to enforce compliance with its regime of global health security. Andrew Lakoff (2010) suggests that a global health security perspective rests on the assumption that establishing surveillance and early warning systems in developing countries is necessary to protect global health.
4. See Emma Stone (1999) for a discussion of the distinction between minority and majority world in relation to questions of development.
5. For more on this see the entire issue of Sephis E-magazine, volume 6, issue 3 (Roy, 2010).

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A Foucauldian journey into the islands of the deaf and blind

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This autoethnographic study integrates Foucault's genealogical approach to explore disability, notably deafness and blindness, from historical, social, and personal perspectives. Disability as a modern institution is defined through nuances of language and silence so that power constructs are hidden and continue to evolve through social collusion. Multiple modern circumlocutions intensify the sense of dislocation, emphasising the difference it attempts to conceal, which makes disability a ripe field for ethnographic work. The two men studied, Blind Brewster and Deaf Brewster, led creative working lives that found a small place in history. Both were sustained by a deep piety. The language used to hide disability in the contemporary world is more destructive than protective, in comparison with the blunt labelling of the deaf and blind two hundred years ago when it was a point of distinction, not discrimination.

The English preacher Blind Brewster of Bingham (1855–1915) and the American artist Deaf Brewster (1766–1854) were defined publicly by what they seemed to lack, yet in that definition was their legend. In our age, the deaf and blind are not labelled but they are assimilated, assessed and aided, the object of medical interventions and pensions. Distinction is denied.

I met the two Brewsters and explored my relationship with them in the course of traditional genealogical research which began when two of my children were diagnosed with severe hearing loss.[1] When doctors demanded a family history, I was surprised by my ignorance. All my life I had heard the stories of my blind, deaf and eccentric relations, but I had never confronted the questions of *how many, where, when* and *why*. Blindness was predominant in my ancestors, leading back to my ancestor Blind Brewster of Bingham. The deafness was more mysterious and more persistent in my own direct descendants, appearing at birth instead of in old age. Medical diagnosis of both conditions in our family is unhelpful, because we do not fit the textbook descriptors. The research became genealogical in the Foucauldian sense when I breeched the boundaries of my own family ancestry to explore the deaf as a people group and the power construct of deafness as it shaped my life. Just as Foucault used social history to disrupt perceptions in the present, I immersed myself in the deaf and blind historically to disrupt my own prejudices concerning my family's peculiarities. As Rabinow and Rose (2003) observed, Foucault:

> enabled us to visualize different kinds of relations between practices that sought to know and manage human individuals and the emergence of conceptions of ourselves as subjects with certain capacities, rights and a human nature that can ground all sorts of demands for recognition. (p. 3)

Foucauldian genealogy 'demonstrates how particular discourses are historically constituted, and how these are changed and reconstituted into qualitatively different practices' (Meadmore, Hatcher, & McWilliam, 2000). Foucault's genealogy does not dig into the past so much as reinterpret and analyse from a critical historicist perspective, exploring ontological fields of self-knowledge where we construct ourselves as moral agents, both historically and through the fields of power where we are subjects acting upon others (Foucault, 1983, p. 351). Autoethnography coalesces with Foucault's fluid methodology (Kaufmann, 2005) but it is research that begins with the personal and immediate (Ellis, Adams, & Bochner, 2011). Foucauldian engagement with Deaf Brewster, whose genetic connection to me is tenuous and unproven, allows me to draw out symbols of difference at the margins of society by exploring the life of the deaf in his time. Traditional genealogy as an autoethnographic tool excavates rich seams of data yielded by census, birth, death and marriage certificates, newspapers and the grey literature of unpublished memoir, diaries and domestic records. It is laborious and slow work, but the identity that is constructed provides a deep and safe harbour for life's vicissitudes (Gatson, 2003). I am linked to the Brewsters by one known bloodline, two genetic disabilities, and a predilection for the more mystical and passionate margins of religion. In Foucauldian terms, I am linked through the social genealogy of all deaf. Behar (1996) described autoethnography as an attempt 'to map an intermediate space we can't quite define yet, a borderland between passion and intellect, analysis and subjectivity, ethnography and autobiography, art and life'. Moreover, it is regarded as a transformative process because it is both therapeutic and healing (Giorgio, 2008), and educative.

Boyd (2008) describes the transformative educational power of autoethnography in interpreting one's own life and social relationships. His discussion was with his whiteness and its impact on teaching. My dialogue was with the ethnicity of the deaf and blind, which also reshaped my career, firstly as an advocate for deaf education and later to give greater emphasis to issues of diversity and inclusion in education. Genealogical autoethnography is an educative process that leads the researcher into many fields of knowledge: history and geography, theology, crafts, music and literature, library technologies and archival skills. Genealogy that delves beyond lists of names and dates provides an intricate, authentic and detailed tapestry of ordinary life in times past. A few prominent ancestors may emerge, but the majority lived quiet lives of contented obscurity. The Brewsters were not prominent, but they were different, and the labels that we regard as discriminatory made them accessible to me.

Baggage labels for a journey to Holland

Following diagnosis, my deaf children were fitted with hearing aids, and then the doctors wanted to explore their visual fields and cognitive issues. The intrusive medicalised labelling seemed to question the intrinsic value of my children. Letters announcing their deficits went out to the schools. The pre-eminent author on deafness, Harlan Lane (1993) has described the agonising cost of assimilation. He suggests benevolent strategies are intended to make those who are different, fit. In the midst of diagnosis it is easy to share Lane's view with its emphasis on loss and oppression. Friedner (2010) says that Lane's important work fails to explore the productiveness of deafness. She sees in Lane's readings of Foucault a negative focus on bio power which places the deaf person at the mercy of clinical and educational interventions, whereas Rabinow's concept of bio sociality suggests that diagnosis of a shared biological classification provides entrance to Deaf community with its unique language and culture. In Freidner's reading of Foucault, deaf persons are not disempowered subjects, but people able to shape their identity through biological associations that operate outside of traditional power spheres. Neither view is a neat fit for the ill-informed parents of a newly-diagnosed deaf child.

Yet difference does shape individuals in unique and valuable ways. The Brewsters, deaf and blind, built rich cultural lives within their personal boundaries. I try to learn from them and approach my own degenerating hearing and sight in the same way, allowing myself to be shaped by this extraordinary genealogical landscape. I am willing to learn to be in the cleft of difference where so many others have gone before. Yet the social labels and interventions are unwelcome. Like another academic, the social psychologist David Myers (2000), I fear that labels and interventions imply something about my capacity in every arena.

In a eulogy for his Down Syndrome son, former Australian deputy prime minister John Anderson referred to the *Sesame Street* writer Emily Perl Kingsley, whose metaphor on parenting a different kind of child was *Welcome to Holland*. She told of planning a journey to see the splendours of Italy, only to end up unannounced in Holland. Anderson, whose journey to Holland ended so sadly, concluded: 'The important thing is they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place' (Anderson, 2006, p. 141). As a parent, I felt I had ended up in a place of pestilence, imprisoned not by my children's hearing loss, but by the benevolent society. My life was indeed denuded by remedial wars. I was seduced by the idea of Italy, and so I initially conspired with educators and doctors. It was not until my children were adults that I finally saw the beauty of a family shaped by congenital hereditary disease: a different landscape. Difference was our familial identity, not hidden nor the subject of half truths and circumlocution. With adulthood, many parents recognise that the vertical relationships (Solomon, 2012) marked by shared inheritance are less sustainable and less rewarding for their child than peer-group or horizontal relationships that can lead to affirmation and resolution of a unique identity. Solomon asserts that the horizontal place that every child seeks will be entirely a world shaped to their needs. He is awed by selfless parental love for children who are different, and it is true that parents often ache to see their child achieve separation and independence, no matter how strange their new community of belonging must be. But in childhood, the problem with newly-diagnosed difference is raw and subtle.

In discussing the brief life of his child (Griffiths, Fitzgerald, & Francis, 2006), Anderson used a word that parents rarely admit: *embarrassment*. My shame became clear to me in May 1999 when my deaf daughter gave birth to her first child, a dwarf. I heard myself saying with shame that no normal child had been born into our family in decades. I heard my daughter saying, with equanimity, that her child was a perfect dwarf, and she would be allowed to grow up true to type. My daughter's decision came out of her own childhood of interventions. Approaching adulthood, my granddaughter is proud of her difference and chooses to capitalise on it by performing in a circus. If performance becomes her vocation, it will not be because she lacks choice.

Deaf, Down Syndrome, Dwarf are words that represent clusters of people with shared characteristics, physical and intellectual. Shame stands behind the social fear of naming the distinctions of human identity. Labels provide accurate signposts, and I like their uncompromising adequacy. My children's lack of clear labels – they were not *Deaf* – led to confused responses from educators, doctors and employers. Lane (1993) recognised that the world of profoundly pre-lingual capital-d Deaf who are defined by their manual language, is small and exclusive. In some ways, the exclusive world of the real Deaf, with their defined community, marginalises the majority who are labelled *hearing-impaired*. Although I liked the dignity of the word *deaf*, it did not explain the complexity of our world of multiple mild disorders. We find the phase *Little People* patronising and demeaning, but in other countries it is the respectful way of referring to dwarfs, midgets, and others whose height is well below average.

It is only in exposing personal prejudices that we free ourselves to evaluate our place. European immigrants struggle to find beauty in the stark Australian landscape. In time appreciation dawns because this vista is home. It takes time to discover the gift in difference, not in the spiritual sense, but in a tangible way. Difference is socially defined, and genealogical autoethnographic research exposes the ephemeral nature of diversity and inclusion.

I was introduced to the gift of sensory difference almost as soon as my children were diagnosed with hearing loss, with the Damocles' sword of visual degeneration dangling over them. When the doctors scrambled for Pollyanna statements, one paediatrician told me about the possibility of the gift. She said she observed a capacity for intellectual focus in hearing-impaired colleagues, which enabled them to do demanding medical research. Hearing impairment is good for any kind of work that requires sustained concentration. I did not unwrap that gift for a long time. Educational jack hammers tried to wedge my adventurous and often feral deaf children into appropriate social notches. They did not progress steadily and predictably despite good intelligence. Their ability to gain speech made them more vulnerable to a process that Lane (1993) describes as the colonisation of a people group, subjugating them to processes of normalisation. They were criticised by teachers with words from Lane's '*ugly list*' (p. 34) of characteristics of the deaf. Although I knew how hearing loss affected socialisation and impulsivity, I also wanted to eradicate my children's mis-fit.

The coming of age of a gift

I finally recalled the paediatrician's promised gift when I was writing my doctoral thesis. When friends marvelled at my capacity for concentration in a noisy household, I realised my interests had shifted in the shadow of my own encroaching hearing loss. I would rather write than teach, I immersed myself in research and sustained engagement with complex subjects. I allowed my deafness to reshape my ambitions and interests. I was finally free to celebrate the gifts I found in my children that had not been expressed in ways that are recognised and rewarded.

The idea of deafness as gain resonates with Friedner's (2010) reading of Foucault where deafness is creative and assertive in relocating power and identity. Deaf Gain as a conceptual experiment emanates from Deaf Studies at Gallaudet, particularly in the work of Bauman and Murray (2009). They reflect on the shrinking deaf population of Australia and suggest that Deaf Gain answers the question of why the continued existence of Deaf people is valuable. Australia's small and diminishing deaf population has been described by Australian Sign Language (Auslan) advocate and academic Trevor Johnston (2004, 2005), who has struggled with the legal and ethical issues of selective reproductive, medical interventions such as the cochlear implant, and the loss of Auslan in education. In Australia, the dearth of Deaf people, resistance to sign language and lack of Deaf community outside a couple of major cities has isolated my children and deprived me of family as they moved geographically towards Deaf community. The fragility of Auslan and emphasis on audism in education meant that my older children learned to sign, and the youngest, whose need was greatest, had no Deaf language and no Deaf friends. However, the Deaf Gain of Bauman and Murray moves beyond subjective benefits of culture and language to the Deaf. It is an attempt to map the contribution of Deaf people to cultural, linguistic and cognitive diversity.

Edward Miner Gallaudet (1864–1910) described the intellectual capacity of the deaf in his history of the Washington university for the deaf named in his honour:

> The deaf and dumb are not inferior to any other class in mental activity and power, and from the want of the sense of hearing are capable, perhaps, of more undisturbed attention and sustained effort for the accomplishment of high mental achievement … in short, every branch of human thought, with the exception of that which relates to sound … (Gallaudet [1906] 1983, p. 122)

Gallaudet was uniquely positioned as the son of a Yale graduate and a deaf mother. He worked as a teacher of the deaf at Hartford, where his father used French manualism to teach deaf children gathered by his congregational minister friends. Following his father's death, Edward was invited to Washington to superintend a new school for the deaf and blind, where a convergence of his ideas with political influence led to the establishment of the liberal arts university. Gallaudet ([1906] 1983) regarded the deaf as 'an interesting class of persons' (p. 4) foreshadowing the self-concept his graduates would ultimately develop of Deafdom, an ethnicity. Gallaudet strenuously resisted academic compromise, but he knew English language was not the whole of education. Too few people understood the nuances of deafness: the syntax of sign does not translate smoothly, the subtleties of culture and humour do not correlate with the hearing world (Gregory & Hartley, 1991). In Lane's words, describing the shock of the Gallaudet University 'revolution' of 1988: 'We knew there were oppressed language minorities: we did not know the deaf community was one. We thought we were doing all that an enlightened society would do for deaf people' (1993, p. 99).

Gallaudet University staked a place for the signing deaf in mainstream America, and the present intellectual depth of deaf culture and its vigorous voice are still largely 'out of sight' to the hearing world (Bauman, 1996, 2008, p. 8). There is nothing comparable for Australia's small scattered deaf communities. Australian sign (Auslan) was not officially codified until the late twentieth century. Other nations actively suppressed sign as potentially subversive. Deaf culture in the USA owes its existence to two phenomena that Lane (2004) describes as powerful tributaries: first, the presence of a large cohesive deaf population in America from the seventeenth century; secondly, the early codification of its language among an elite and educated deaf population, many of whose Puritan religious convictions provided impetus for both community and communication.

Deaf John Brewster has become an important symbol for America's deaf culture through his prestigious genealogy, although Harlan Lane's biography puzzles over his abandonment of the deaf culture (Lane, 2004). A descendant of the *Mayflower* pastor William Brewster, Deaf Brewster was the son of a prominent and wealthy Connecticut doctor. He probably did not need to work. Yet he was a travelling portrait artist, despite a lack of discernible language or literacy (Lane, 2004). He was 51 when he became the oldest student in the deaf school at Hartford, but after three years he returned to his occupation and lived out a long life with no loyalty to the burgeoning Deaf community in New England.

The haunting beauty that emerges from silence

American Deaf culture sprang out of Martha's Vineyard, where deafness was once so common that everyone was bi-lingual (Groce, 1985). The occurrence of deafness close to Plymouth is known as the *founder effect,* where hereditary conditions are concentrated by small gene pools. The Martha's Vineyard deaf traced their ancestry to the Weald, Kent, 30 miles south of London. For 200 years in American New England, profound pre-lingual deafness was a dominant trait in families in Chilmark and Henniker. Groce (1985), an anthropologist, noted that deaf people were remembered for individual skills and characteristics because mode of communication was irrelevant. A similar bi-lingual community where deafness was prevalent was later found in the Balinese village of Benkala in Bali, which has its own distinctive sign language, Kota Kolok (Lucas, 1995). The regular occurrence of deafness did not relieve the suffering of Martha's Vineyard mothers who superstitiously attributed the birth of a deaf child, to maternal fright (Groce, 1985, p. 119).

The pitiful catastrophe of John Brewster's deafness for his family is revealed in the notes and diaries of the congregational clergy and doctors who helped him advertise his skills (Lane, 2004). Deafness was unknown to the Brewsters at that point, but in subsequent generations it emerged in two separate lines from William Brewster the Elder, and continues to emerge in the USA today. It is my belief that Brewster painted because his gift defined him and deafness did not. Brewster's subjects were educated and wealthy

Puritan families who wanted to preserve their history in an age when death visited too frequently (Lane, 2004), and his fees were equal to a week's wages.

When Brewster's portraiture is reviewed, the silence and intensity of his subject's gaze are often described as evocative. Fenimore Art Museum reminds us that he was not an artist who was deaf, but one whose ability to capture his sitter's expression arose directly from his inability to communicate with them. He 'gave us hauntingly beautiful images of American life during the formative period of the nation' (Fenimore Art Museum, 2005). In another exhibition of his work, the Florence Griswold Museum review stated: 'Brewster's serene and ethereal portrait of Francis O. Watts is one of his most compelling portraits of a child. In this work – modern viewers often feel a palpable sense of the silence that was Brewster's world' (Florence Griswold Museum, 2006).

My ancestor Blind William Brewster of Bingham was described as a 'blind itinerant hawker' in the 1891 census of England. He sold fine linen door-to-door to support his large family. In an unhelpful spasm of political correctness, the newly released 1911 English census has obliterated reports of disability, and so I cannot ascertain whether his sons were also blind. A street was named in memory of Blind Brewster by the City of Nottingham, most likely for the thrift, piety and industry which were an expression of his spiritual heritage. He was a primitive Methodist preacher in a district where vociferous religious ferment had prevailed for centuries. Family lore has it that his wife, Jane Castledine, was also blind. She came from a family of primitive Methodist preachers whose graves at Bingham jostle with the Brewsters to proclaim their evangelical faith with the words of Wesleyan hymns. The Brewster gift was music. Public documents attest to the extraordinary quality of church choirs in the villages around Nottingham where my extended family sang, and we all sing. The blind uncles, my sighted brothers, my sons, are all musicians.

The spiritual vision of simplicity

Blind Brewster was better defined by his spiritual vision than by his lost sight. The ancient values of the Puritans were community and simplicity, and he embodied his faith. For Blind Brewster to prevail as a preacher in the soil of Nottinghamshire, there must have been a rare consistency between his life and words. Nottingham was the home to an imposing institution for the blind whose residents were mostly basket weavers and piano tuners. Nottinghamshire was also the home of covenanters and separatists, Quakers and women preachers (Bennett, 2005) as well as religious radicals such as George Fox, General William Booth, and Elder William Brewster. I had other ancestors in that city who are remembered for piety, such as the Clay family, given to visions and dreams. I identify my own interest in religious debate, which predated my genealogical research, with these ancestors. One branch at Mansfield braved the stocks and tempted the stake with their opposition to the established church until they were swept away to America as early Mormon missionaries who fully embraced polygamy. In a climate of spiritual ferment Blind Brewster needed an enduring testimony, and it was apparently his own life.

Brewster's recognition came through his friendship with evangelical Nottingham City Councillor John Morley, who was too farsighted to subscribe to the unhelpful sentiments in that era: 'The affliction of blindness makes an irresistible appeal. The blind can count all men amongst their friend' (Blanesburgh, 1932). The late Victorian Morleys were Christian socialists, and they blended public duty with piety in the English Midlands, where they owned knitting mills that employed up to 10,000 workers. They developed pensions for ageing staff, served as politicians and local aldermen, helped build congregational churches, and supported evangelicals with a social conscience such as General Booth. Brewsters Close in Bingham was not named in memory of a man who eked out a living despite his blindness, but a man who preached and lived out his faith industriously.

Blind Brewster's daughter, my great-grandmother, had 14 children, six of whom were born blind. She inherited her father's faith which sustained her in poverty, so that she is remembered for her generosity, a trait that I find in my own mother, who is now also blind. My grandmother, aunts and cousins had blind children. Many were also deaf. Predictably, most of the blind were musically gifted, a skill passed on so reliably for 200 years that I have traced ancestors by reading accounts of exemplary church choirs. The willows that grew so abundantly in the swamps near Nottingham were the source of cane for the blind basket weavers of the family, who were patronised by Queen Victoria. The generations of the blind were never defined by sensory deficit, but by the workmanship that went into a cane crib made in 1923, or a basket given as a gift in 1918, and still remembered.

In the final analysis, both Deaf Brewster and Blind Brewster were defined by their faith: good Puritans who lived simply and earned their living. I speculate that the ancestral roots of these two Brewsters converge somewhere in the Nottinghamshire forests before 1500, although the surname was common and Puritans plentiful. *Mayflower*'s William Brewster grew up in the village of Scrooby, on the northern borders of Nottinghamshire. His father was clerk to the Archbishops of York, living in the Manor House, and the son took the deadly risks of using the property for secret meetings of his sect. Two of William's Cambridge cohort was executed by mutilation as heretics for distributing pamphlets criticising the established church.

Gradually growing away from home

Deafness explains some historical, intellectual and spiritual influences on my family. It also justifies my meandering career path through Russia, Scandinavia and China when I worked for deaf welfare. The marginalisation of the deaf under Communism – they were given pensions, forbidden sign language and deprived of any opportunity to work – led to the ghettoisation of the deaf that ensured they retained their strongest characteristic because the genetic pool was not diluted by interaction with others. All along the Trans-Siberian railway there are still deaf communities that developed either around their faith or their follies, and deafness in all the former communist nations is endemic. Criminal activities were necessary to simply survive at times, and perhaps to strike back at the wider community that had no place for them, and so in some places the deaf were associated with knavery and deception. On my final journey, the pension was still automatically given in Estonia, which had thrown off the shackles of communism in the previous decade. In Australia, the presumption of inability is demonstrated by the automatic pension available to the blind, but not the deaf. My redundancy as an educator of the deaf became clear to me when the disparate deaf communities throughout Eastern Europe shook off benevolence and became an ethnicity stretching from Finland, with its concentration of people with the Usher Syndrome form of deaf-blindness, to Tallinn in Estonia, just across the Baltic sea, right through to Vladivostok in Siberia. The freedom to use their language had made independence possible. It made the small-d deaf educators redundant, and grateful to be so. It had taken two or three sign language interpreters to penetrate the language barriers I had faced in Russian churches in Estonia, but when I showed the videos to my eldest son he began to translate for me. Sign language is not international, but it engages the visual and eschews syntax, and it is a small step for those immersed in deaf ways of being.

Independence is what we plan for our children, yet hearing-impaired adolescents struggle to achieve mainstream expectations. By way of compensation for late maturity, my hearing-impaired children seem less resistant to family support, and they are loyal and generous to a naïve degree, full of explosive hilarity. My deaf children have left home gradually, sometimes by way of a new community of the deaf. Deaf explains the influences on what I have become. Yet *deaf* is not a word that can adequately encompass the complexity of that endlessly fascinating *class of persons* who are the gift of family to me.

Autoethnography that is situated within the Foucauldian genealogical concerns with power and identity in history provides a triangulation of the data that rescues it from intense subjectivity. It recognises that we are rarely alone in a troubled status. It is a liberating and educative process through the merging of horizons (Gadamer, [1960] 1989) that are historical, sociological, theological and vocational. It is a useful tool in an age when individuals stripped of long-term familial relationship go to the past to discover the roots of identity and meaning. It reconstructs tribe and place to build some certainty of continuity and belonging in an age of great uncertainty.

Note

1. Another hearing-impaired child was born later in my life, and we also adopted one deaf child and fostered two others. Seven of the eight children I was involved in raising had disabilities.

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Ain’t I a woman? Female landmine survivors’ beauty pageants and the ethics of staring

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The paper addresses the recent flurry of beauty pageants as reintegration rituals which specifically aim at the symbolic integration of some stigmatized *embodied* identities: Miss HIV (Botswana[1], Uganda, Nigeria, Zimbabwe but also Russia), Mr or Ms AIDS (Kenya) and the most recent Miss Landmine (Angola, Cambodia). Common reactions to such events betray a most uncomfortable moral quandary: people seem torn between condemnation, repulsion and a very hesitant acknowledgement of the stated aim of positive re-integration. The paper explores this moral discomfort through its relations to a number of unresolved issues: the ambiguous status of beauty, the complex relationships between stigma and (its lack of) public representation, the multiple uses of beauty pageants as integrative rituals and the importance of beauty practices as a means to re-create meaning and dignity in distressing circumstances. Contestants’ interviews make it clear that they use the beauty pageants as one of the few – or maybe the only – site allowing for personal, social and political affirmation. The necessary collective dimension of these affirmations is linked to the socio-cultural and political contexts of countries just re-emerging from armed struggle.

In an article entitled ‘From “General Field Marshal” to “Miss Genocide”’, Förster (2008) writes about the commemorations of the Herero genocide by descendents of survivors in Namibia. The apparently incongruous title refers to one of the commemoration events, a beauty contest leading to the election of ‘Miss Genocide’, held close to the site of the battle which led to the final steps of the eradication policy by German colonial troops. It is a short (2 pages) section which argues that:

> Hereros deliberately brought together two contradictory concepts: the notion of beauty and the notion of death. The live and vivid bodies of the beauty queens were proof that the genocide had been survived by its victims. Literally, they were embodiments of the recovery of the Herero nation and the restoration of Herero culture. (p. 190)

It is a cogent, though unusual, argument. It points to the popularity of all sorts of beauty contests in Africa, and in particular to one variant within the recent proliferation of beauty pageants as reintegration rituals. Yet, the concept of a ‘Miss Genocide’ can be perceived as morally jarring and so would a variety of unlikely ‘Misses’ and even a few ‘Mr’ all aiming at the symbolic integration of some stigmatized *embodied* identities: Miss HIV (Botswana, Uganda, Nigeria, Zimbabwe but also Russia), Mr or Ms AIDS (Kenya) and the most recent Miss Landmine (Angola, Cambodia).

Questioned about their opinions of such contests a variety of people (colleagues, students, friends …) shared a few reactions (‘grotesque’, ‘immoral’, ‘exploitative’ were the most common reactions). People seem to be particularly incensed by the Miss Landmine beauty contest. Discussions were set up with five groups of students (about 15 students per group). They were given pictures of the candidates downloaded from the website of the project (http://miss-landmine.org/misslandmine_project.html), a brief outline of the project, its aims, media excerpts discussing the event and a short biographical note on the project organizer. The discussions led to a sharp division between the majority who reacted negatively and a very small minority who noted the positive aim of reintegration and the fact that the contestants entered ‘willingly’ in the pageant (willingness was hotly debated due to the very impoverished situation of the contestants). But most importantly, a large minority of participants seemed lost in moral quandaries, perplexed into a state of moral indecision by the many issues and moral arguments pertaining to the case. When asked if the contests had on the whole positive or negative effects, many were unable to settle on any position with consistency.

In this paper I propose to describe and analyze the most common reactions to this event with an aim to show their shared assumption, namely women’s position as objects of, and for, the symbolic representation of groups. It is its necessary concomitant, the imperative of female beauty, which creates the many perplexities of discussants. Beauty has a very contradictory moral status. Beauty is simultaneously a valued social attribute, yet is viewed with suspicion (Ballerino Cohen, Wilk, & Stoeltje, 1996), linked to the devaluation of women, yet also a tool for the empowerment of individual women (often seen as ‘unfair’), an imperative for women which is socially constructed and serves as a tool for oppression (Banet-Weiser & Portwood-Stacer, 2006). Conversely its lack can function as stigma which also indicates the moral failure and lack of discipline of the stigmatized subject (Rothblum, Solovay, & Wann, 2009). I intend to present a different perspective, namely beauty, and care for one’s appearance as creative corporeal practices which re-install human dignity and self-respect ‘in the midst of existential chaos’ (Bakare-Yusuf, 2002). This is because of such implications that beauty pageants can function as re-integrative rituals for stigmatized identities. However, irrespective of their re-integrative function, the landmine survivors’ beauty pageants not only share in the moral ambivalence of beauty itself, but also suffer from the added moral burden of being ambiguous spectacles as betrayed by such comments as ‘grotesque’, ‘obscene’ and ‘exploitative’. This is illustrated in the inability of discussants lost in moral quandaries to settle on any final opinion.

Before arguing for the social importance of ‘beauty’ practices as a dignity-restoring discipline, it is necessary to analyse the complex relationships between stigma and (its lack of) public representation. The moral confusion which is generated by the events has its source in the contradictions engendered by such complex relationships. The paper will then discuss the use of beauty pageants as re-integrative rituals and the debates they can occasion. A presentation of the specific landmine survivors’ beauty pageants will follow and the main reactions will be discussed with an aim to support my argument on the importance of beauty practices as a means to re-create meaning and dignity in distressing circumstances.

Stigma and the ethics of staring

The issue of stigma arises because disabled female survivors are most often shunned, abandoned by families and communities for whom they are a living reminder of trauma (Women’s International League for Peace and Freedom [WILPF], retrieved from www.wilpf.int.ch). But that hardly explains the specificities of disabled *female* survivors’ abandonment and their precarious situations in the most affected parts of the developing world. According to the (scant) literature on the subject, male disabled survivors are not treated in the same way, a ‘truth’ that seems to echo across cultures and times but which must be tempered with the recognition that a majority of the victims are male (Landmine Action, 2005). Evidence for this comes from a disparate collection of documents ranging from studies of representation of disabled people and their re-habilitation which notes the disproportionate absence, and containment, of female representation (Cohen, 2001) to media articles on the abandonment in France of wives who have been disabled in terrorists attacks (while similarly disabled husbands are taken care of), to global overviews of the stigmatized and impoverished situation of female survivors (Chaganti, 2008). If stigma is a spoiled identity, the evidence suggests that women's identities are much more likely to be spoiled after physical disabling than men's are, a view supported by US compensation law which in the 1950s quaintly asserted that '[beauty being] … one of the greatest assets of a young unmarried woman' 'more should be awarded a young unmarried woman than a married or older female' (Daniels, 1952/1953, p. 181).

As Garland-Thomson writes: 'the exposure [of disabled bodies] … is rare outside medical venues or sideshows' (2009, p. 9). In fact, such exposure invites staring, an activity far different from looking. Garland-Thomson defines staring as 'intense looking' (p. 9) which is commonly understood as 'rudeness, voyeurism or surveillance' with 'starers as perpetrators and starees as victims' (p. 10). I would add that the stare produces, and is produced by, the staree as outsider, as stigmatized other.[2] The disabled experience 'the stare' because they are confusedly felt to be 'out of place' in public. Female disabled in particular are too confronting, they unsettle too radically the dominant association of femininity with beauty and seduction producing what Sontag (2003) calls 'repulsive attractions'. Sontag goes on to condemn such staring as an ethical violation but differentiates 'bad staring' from 'good staring' which can 'jumpstart a sympathetic response' that leads to political action.

Sontag then places the bar rather high by reducing our choice to 'good staring' and 'bad staring'. This however is a logical consequence of her specialized subject (she is concerned with media photographs of human suffering). When it comes to an encounter between living people, there is a possibility of transforming the stare, and its converse, looking away which functions in a similarly obliterating mode, in an intersubjective encounter that can potentially restore the dignity of the former staree. This involves, writes Garland-Thomson, a great deal of work for starees to engage the starer in such a way as to gain control of the social interaction (2009, p. 84) by staring back and developing a number of strategies to force recognition of their human status.

But can this argument, developed in the context of face-to-face interactions, be extended to the very different circumstances of the beauty pageant?

On the collective functions of beauty pageants

Traditionally, feminist critiques of the beauty pageant in the West have denounced its objectification of women for commercial purposes and the reinforcing of prejudicial stereotypes of femininity and beauty (Shissler, 2004). It may come as a shock therefore to see that in (some? most?) non-Western countries, beauty pageants can be used as tools of women's emancipation and modernity or as symbols of national or ethnic pride. In fact, there are a number of excellent works on the enthusiastic adoption of beauty contests in the non-Western world as a showcase for collective affirmation (Bames, 1994; Crawford et al., 2008; Davé, 2001; King-O'Riain, 2008; Rowe, 2009; Schakt, 2005; Wu, 1997).

Shissler (2004) notes that Turkish newspapers in the 1920s and 1930s presented:

> … page after page of headline coverage of a beauty contest presented as a radical positioning of women in society – [and saw] beauty pageants [used] as tools of women's emancipation and modernization. (p. 109)

She explains this as a consequence of previous segregation of women which made 'the ability to show one's physical self in a public forum without fear of harm and dishonor' 'deeply radical'. Thus, of beauty pageants in Turkey:

> In fact, [they] represented a redefinition of the concept of respectability or honor, namus and an expansion for women of the limits of the social contract. (p. 109)

She makes comparisons with similar beauty contests in Japan and other non-Western countries to strengthen a more general argument that 'the public physicality of *respectable* [italics in the original text] women was the point' and thus 'beauty queens really did embody a social agenda just by existing', one that expanded women's social choices.

Less the reader imagines that such emancipation potential was a unique feature of the very first beauty pageants, Crawford et al. (2008) note how:

> … beauty competitions today play an important role in the production of nationalist sentiments by projecting an idealized and specifically nationalized femininity. (p. 64)

In many cases indeed, beauty queens do not only represent an idealized and nationalized femininity, they are also 'used as symbols of a country's arrival on the '"global stage"' (p. 64). Furthermore, in her study of the reactions to a 2005 Nepali beauty pageant, Crawford et al. show that beyond generating controversy, it met with the mostly enthusiastic approval of middle-class, educated Nepali women who argued for the benefits to the participants themselves (instilling ‘self-confidence’ and the ability to come forward in public and ‘express themselves’) and the potential advantages to the country as a whole as a form of global recognition and ‘nation-branding’. Mostly the beauty contest was therefore seen as a sign of, and means of fostering, ‘progress’ echoing in 2005 the arguments put forwards in Turkey in the 1920s.

Similar arguments on the emancipating effects of beauty pageants are repeated in studies of Indian, Jamaican, ethnic Mayan in Guatamala and ethnic Chinese or Indian in the USA with, in many cases, ‘emancipation effects’ also being a recognition of non-white criteria of beauty. In diasporic communities around the world, beauty pageants become a means of re-affirming cultural uniqueness in the welcoming country and cultural loyalty to the country of origin. In other words, beauty pageants work as an embodied ritual of integration and affirmation of collective pride at the sub-national, national and international levels.

But beauty pageants are not only rituals, they are also spectacles which invite us to stare at beauty and judge its display. Beauty, by its nature already invites staring (Scarry, 1999), a staring far different from the one directed at stigmatized people but just as involved in the politics and ethics of staring. Hence using the form of the beauty pageant to challenge the stare directed at stigmatized people destabilizes the act of staring by requiring to shift one form of it (disempowering pity, or mocking) into its opposite (admiring, enjoying, worshipful).

From integrative to re-integrative rituals

If beauty pageants often function as integrative rituals, can they be used as re-integrative rituals especially as these two functions can be opposed to each other? This opposition explains why the Cambodian state, which had first agreed to the Cambodian landmine survivors’ beauty pageant to be held at Phnom Penh in 2009, reversed this decision and banned the contest one week before it was due to happen. Among the reasons cited by government spokesman Khieu Khanarith were the facts that the contest would damage ‘the dignity and honor of our disabled’ and ‘would make a mockery of

Cambodia's land mine victims'.[3] The Cambodian government very clearly could not imagine the potential reversal of staring which could transform the mocking stare into one which would at least acknowledge the starees' human dignity. And thus, logically, the Cambodian government banned the proposed beauty pageant in a move consistent with the fact that the 'dignity and honor' of the disabled is rarely respected in Cambodia (International Labour Organization (ILO), Cambodia country report, August 2002, p. 9), especially women and girls who are most excluded from all social activities (Takamine, 2003, p. 22). What was at stake in the government decision has more to do with issues of collective pride than concern about the victims. Says one victim:

> 'Life for amputees in Cambodia is very bad,' Sakhorn says. 'The shopkeepers don't even like me standing in front of their stores. Sometimes the police try to arrest us, or confiscate our merchandise. We're treated like outcasts– the authorities harass us because they think we're below them.' (Hughes, 2003)

The Cambodian government does not believe in the possibility of staring at landmine survivors without mocking them. It makes the fundamental intellectual error to read mockery –or maybe pity – as a necessary response called forth by the nature of the stigmatized staree, rather than one possible response coming from the starer. This error however begs the question: under which circumstances can the disempowering stare addressed to stigmatized starees shifts into one which transforms the nature of the event in an encounter which respects the subjectivity and dignity of the former starees? Are landmine survivors' beauty pageants a possible venue to effect this transformation?

I have alluded above to what Garland-Thomson calls 'visual activism':

> … by putting themselves in the public eye, saying 'look at me' instead of 'don't stare', people … practice what might be called visual activism … as a three steps process: look, think, act. (Garland-Thomson, 2009, p. 192)

Visual Activism stresses the agency of the staree in confronting the inequality of the stare. But much depends on the starer's willingness and capacity to open up to the encounter and answer staree's challenge. At first view, a personal encounter is much more likely to obtain this than a photograph or a collective performance which create a distance that facilitates starers' disengagement. Is this necessarily true?

The landmine survivors' beauty pageants

In an interview, Morten Traavik explains the origins of the first beauty pageant he organized in Angola. As an artist (actor and director) he wanted to 'apply his skills to a more challenging and unpredictable reality [outside the arts scene]' and preferably in a socially relevant way. As he said:

> 'The Miss Landmine project began three and a half years ago, when I visited Angola for the first time. The very long civil war had just ended the year before. There were still very strong restrictions as to where one could move outside of the big cities because the whole countryside was, and is still, littered with landmines.'
>
> 'I attended a beauty pageant that the street kids in the back alley had put together on New Year's Eve. It struck me as being so different from all the commercialism in our western culture, associated with those kinds of pageants.'
>
> 'On the contrary, it was a feel-good experience; it was more like a street party with the whole neighborhood attending. The kids organized everything themselves, with girls from seven to 17 parading through all the regular motions of a beauty contest with great earnestness and dedication.'
>
> '[It] has been my objective all along that Miss Landmine would have a political or humanitarian impact. What is special about Miss Landmine is that it's between arts and public service. The beauty pageant in this particular situation is not an end in, and of, itself, but rather a means of expression to get a message across.'
>
> 'What do I see when I look at the pictures of Miss Landmine contestants? I see true beauty. I see beautiful women who are proud, dignified and comfortable with who they are. And that strong, feel-good factor is all the while undermined by the tragic and quite horrible back-stories of mutilation and war that inevitably stays with a landmine survivor. It is a picture of ambiguity, but where the forces of life prevail.' (All extracts from http://miss-landmine.org/misslandmine_press_english.html)

On Afrik.com, Traavik explains:

> J'ai pris l'initiative de ce concours parce que je voulais attirer l'attention en Angola et dans le monde sur un sujet important. Mais j'étais fatigué des photos des pauvres africains qui souffrent publiées dans les médias occidentaux. Je voulais montrer que ces femmes sont bien plus que des victimes passives à plaindre.

The Angola beauty pageant ran in 2008 with the collaboration of local authorities as 'no foreign NGO would have anything to do with us and still don't'. The website describes the project:

> There are currently no landmine survivors' networks directed specifically towards women in Angola.
>
> The Miss Landmine project is a possible nucleus for a national female landmine survivor's network through a CBR (Community Based Rehabilitation) – programme with practical guidance and support from national authorities (CNIDAH) and international NGOs.
>
> Depending on the level of commitment from local authorities, each participant may be assigned as a Miss Landmine representative in her own province, with responsibilities of

> coordinating and providing information and assistance to other women in the same situation and monitoring ways of empowerment, such as education and specialized health care.
>
> We are hopeful that a successful Miss Landmine pilot event will function as a catalyst, both to Angola and internationally in other landmine-affected countries, for the project to grow and develop, with or without the assistance of the original Miss Landmine team.

The article continues:

> L'objectif … est de restaurer leur confiance en elles-mêmes (les femmes mutilées) et d'en faire les ambassadrices de leur propre cause », a expliqué au journal angolais Jornal de Angola Madalena Neto, coordinatrice de la Commission nationale de déminage et d'assistance humanitaire, partenaire de l'événement avec l'Union européenne. (All extracts from http://miss-landmine.org/misslandmine_press.html)

The 18 contestants were all willing participants, each representing their regions. Most were single with kids and were either unemployed or making do with 'survival jobs' such as street seller. Unlike contestants in a typical pageant, they were all sizes and shapes (one was even pregnant). They were paid for their time ($200 a day) as they worked with contest organizers to raise awareness of the global landmine threat, and many were offered employment by landmine aid organizations. For the photo shoots and in the pageant, they were outfitted in free American Apparel swimsuits and dresses, and were competing for a golden (functional) prosthetic leg made by 'Norway's leading manufacturer'. The winner also received $2500 and a variety of domestic appliances. The prizes were presented by Angola's First Lady, Ana Paula dos Santos.[4]

The project included a live pageant aired on national television, and a photo exhibition as well as a website. There were two votes: in the pageant itself, and online. The information provided on each participant online included location, date and circumstances of the accident, marital status and number of kids, occupation, dream job and favorite color as well as a detailed description of the mine that disabled the candidate as a counterpoint to a 'glamorous' photograph (see Figure 1).

Other elements on the website include information on sponsors: humanitarian organizations and government funding. A documentary had been released, and there is a large press section in 16 languages from more than two dozen countries. There are also some photos from the two Miss Landmine exhibitions.

In 2009, Traavik sought to replicate the Landmine Beauty Pageant in Cambodia. At first, the Cambodian government was co-operative, and the project looked to become a success. However, as explained above, the government changed its position quite late in the process and the pageant was cancelled a week before its due date and the candidates forbidden to leave their villages. The search for candidates had ended and 20 finalists had been selected. The organizers had prepared a photo exhibition and a fashion magazine presenting the candidates both in Cambodian locations and in the site where the final pageants were to have happened. Both pageant and photos exhibition were relocated to Norway, as well as online, hosted by Norway's Association of Cambodians and its Khmer Buddhist Council. This time, the winner (Dos Sopheap, 18) received a Norwegian custom-built prosthetic leg and $1000 cash to support her education. All candidates also received a cash prize of $300 each for their contributions to the Miss Landmine project, enabling them to invest in household goods or set up a small business in their home villages. Table 1 reproduces the 'Miss Landmine Manifesto' that greets the reader on the opening page.

Miss Benguela
Ana Diogo

Age / Idade: 32
City / Ciudade: Benguela
Mine accident / Acidente da mina: 1984
Kids / Crianças: 3 (12, 11, 3)
Occupation / Profissão: Unemployed / Desempregada
Dream job / Profissáo preferido: Anything / Qualquer coisa
Favourite color / Cor preferida: Sand / Areia
Clothes / Roupa: American Apparel, € 34
Turban & Jewellery / Jóias: Myffdesign, € 15
Location / Locação: Hotel Panorama, Ilha do Cabo, Luanda
Mine / Mina: VS-50 anti-personal , € 12
Release / Accionamento: Pressure / Por pressao
Explosive / Explosivo: 45 grammes TNT
Produced by / Origem: Italy / Itália

Figure 1. Example of photograph and information provided for online voting. Reproduction courtesy of © Miss Landmine / photo: Gorm K. Gaare.

Participants' understandings

Though I was not in a position to interview participants, some of their comments were published in various media and also on the Miss Landmine website. Naturally, one cannot estimate the sincerity of these comments, though certainly some seem reliable enough. For example *The* Phnom Penh Post published an interview of the Miss Landmine Cambodia winner and her mother:

Table 1. Manifesto, http://miss-landmine.org/ Reproduction courtesy of © Miss Landmine.

THE MISS LANDMINE MANIFESTO

(in no particular order)

- Female pride and empowerment.
- Disabled pride and empowerment.
- Global and local landmine awareness and information.
- Challenge inferiority and/or guilt complexes that hinder creativity – historical, cultural, social, personal, African, European.
- Question established concepts of physical perfection.
- Challenge old and ingrown concepts of cultural cooperation.
- Celebrate true beauty.
- Replace the passive term 'Victim' with the active term 'Survivor'

And have a good time for all involved while doing so!

> I never thought I could win the award. I was very excited when I received the information. I was glad to participate in the contest because I want people to know that disabled women are not discouraged.

Her mother amplified:

> Sopheap was mistreated for having one leg. She cried and cried, but I consoled her, saying not to be angry with villagers and to tell herself: 'they will stop discriminating against you one day'. I felt pity for my daughter, but now I am proud of her. (http://lg-media.blogspot.com/2009/11/pageant-proceeds-in-norway.html)

From *Voice of America* (2009), Khmer:

> The reason I take part in the contest is to seek an equal right and call for an end to discrimination against disabled people.
>
> Though we are disabled women, we have our beauty to compete and to show people around the world. We have the rights to tell our own story to all people; and the beauty is not the physical appearance, but our pure heart. (Song Kosal, participant, http://www.voanews.com/khmer-english/news/a-40-2009-11-14-voa1-90170927.html)

In a *Marie-Claire*, UK (2008*)* article:

> [*Emilia (Angola)*:] ‘I am happy to be representing my region and all disabled people,’ she says, batting her eyelashes as a photographer comes near. ‘But it is also good to feel special and glamorous. This is the first time I’ve worn such nice clothes.’ … When Emilia appears, she moves as seductively as her crutches will allow her, to tremendous cheers from the crowd. She tells the compère her plans for the future and how she dreams of opening a school for landmine survivors in her province. ‘Now all the country is going to know who I am,’ she cries when she returns backstage. ‘My ex-husband is not going to believe it!’
>
> [*Sandra (Angola)*:] When told that the pageant’s critics have claimed that it objectifies women, she laughs: ‘Most of the ladies here are from small villages: we struggle, we are isolated, yet here we are being noticed and accepted – how bad can that be?’
>
> [*The Angola winner, Augusta:*] Augusta’s ‘eloquence, grace and vision’ for the future role of Miss Landmine has most impressed the judges. She wants the government to set up a fund for disabled people, and for all amputees to be given quality prosthetics. As part of her prize, she was measured for a custom-made artificial limb.
>
> ‘I wanted to die when I was injured. But God gave me courage to keep going,’ says Augusta. ‘All the women here tonight were so beautiful and happy. Perhaps the government will take notice of us now.’ (http://www.marieclaire.co.uk/news/lifestyle/257750/miss-landmine-the-beauty-pageant-with-a-difference.html)

Even a cursory reading of such comments shows that the contestants know very well that the pageant is not so much about beauty per se, but about public recognition of their status as women and full human beings. They might enjoy the fashion and glamour aspects to which they not accustomed (why should they be blamed for, or judged upon, such pleasure? Why should their poverty justify a purely utilitarian form of help and disqualify them from enjoying looking their best?). If one remembers their stigmatized status, one can fully appreciate this desire for public recognition at its just value. Instead of the habitual greeting by mockery, jeers and shunning, they are applauded and rewarded, and they are listened to, their (modest) dreams are recognized, they have finally rights as persons.

Understanding the reactions

The reactions analyzed below come from commentaries by readers of the media articles or by bloggers analyzing the pageants. It is disturbing that the most common reaction upon learning of the pageant is guided by a moral outrage which rejects such pageants as a ‘freak show’, an exhibition of human conditions expected to shock the viewers. Let us remember as written above that, in the West, freak shows flourished when ‘ugly laws’ forbade ‘any person who is diseased, maimed, mutilated or in any way deformed so as to be an unsightly or disgusting object, or an improper person’ (Schweik, 2009, p. 85) to show themselves in public (in the name of public decorousness). In other words, the prurience of the freak shows was the other side of mandatory public invisibility. As such, the condemnation of the pageants as both obscene (disgusting and morally repugnant) and exploitative (exposing the mutilated bodies of – gullible? – women for the gratification of possibly perverted voyeurs) is necessarily suspect. Note how riddled with assumptions, the moral outrage and qualified judgments are. What causes the obscene quality of the event? The mutilated bodies? Their spectacular visibility in societies which prefer to ignore, stigmatize and erase such female bodies? The sexy dresses, glamour poses and all the paraphernalia of a beauty contest contrasting with the maimed bodies? The assumed 'perversity' of the audience? Perversity is defined as 'deliberate contrariness' and/or 'deviation from what is good'. Applied to the landmine beauty pageant, the latter could be perverse only through the contestants' deviation from beauty norms or the assumed prurience of the viewers. In the first case, we have a brutal reiteration of the stigmatization of female landmine survivors (they should not be seen for their own good) while the second one assumes –or projects – the perversity the judger seems to condemn onto other viewers. One suspects that the judgment of exploitative, which re-inscribes the women as unwitting victims unable to make their own decisions, helps justify a moral outrage which is principally caused by the violation of a widely-shared cultural imperative of beauty for women. This is the more so as there is little to no commercial activity or sponsorship associated with the pageant.[5]

The other most common response betrays a similar assumption as people object that the frivolous stress on beauty, and the fun aspects of the pageants detract from worthier, more utilitarian projects. This echoes the Victorian ethos of dour charity which associated 'doing good' with a spirit of penance and self-righteousness (unless it is the charity cases themselves who had no right to enjoyment?). Again, the contestants are not seen as full human subjects with a right to the ordinary pleasures (care for one's appearance) that are – mostly – unquestioned in other ordinary people. This short-sighted criticism discounts without a thought the nonetheless obvious effects of self-care on human dignity and self-respect.

Ain't I a woman? The use of beautifying practices to restore the self

> ‘In 1960 while most Western journalists were writing copy about the “Congo crisis”, Bakongo women were styling their hair in splendid concentric, spiral patterns to celebrate the restoration of black rule’ (Robert Farris Thompson). At a time (1980s) when Jamaica was violently plunged into economic decline and social chaos, urban underclass Jamaicans were busy adorning their bodies, styling their hair in the most elaborate manner … In Lagos Nigeria, the reign of terror and material scarcity unleashed by the Abacha regime did not stop many Lagosians from dreaming of complimenting their wardrobe with a material known as cocaine. Today in the same city we see the return to aran (velvet) and damask that were popular in the 60s and the 70s, even if the material and existential reality of many Lagosians is now much worse than during these periods. (Bakare-Yusuf, 2002)

There is unfortunately little work done on such use of beauty practices. There is some work in psychology discussing the use of beautifying practices to relieve suffering (Amiel et al., 2009). France has created a Beauty School in 1979 (CODES: Cours d’esthétique à option humanitaire) which trains beauticians to also function as para-medical carers and which aims ‘to intervene among suffering populations fragilized by either physical, psychological or social handicaps’ (CODES, http://www.chu-tours.fr/codes/rub3_1.htm) in partnership with medical and social workers.[6] There is so far no other such professional training available elsewhere (apart from Japan) and, as far as I know, few assessing studies have been published. Programs such as ‘Look good, feel better’ since 1987 in the USA provide beauty therapy for women affected by breast cancer. This is a program that has been exported to various countries including Australia and which seems reasonably successful for these specific patients. Though there is some research assessing such programs, they generally limit themselves to assessing ‘improvements in self-image and mood’ among breast cancer patients. There is, to my knowledge, no general study of the effects of beautifying practices to restore the dignity of the self. Yet, it makes intuitive sense to expect positive effects from such practices.

Miss Landmine and the ethics of staring

In this section I use Garland-Thomson’s ‘visual activism’, Scarry’s understanding of the nature of beauty and Sontag’s notion of ‘good staring’ to examine the transformative potential of the Miss Landmine pageants as ‘visual activism’.

Firstly we may note the limits of Garland-Thomson’s concept insofar as she deals specifically with individual women, ones who consistently exhibit an unusual amount of educational and/or artistic cultural capital which gives them a rare self-assurance. Activism, including visual activism, to be effective has to take into account the very social forms it partly contests. Or to put in Bourdieu's terminology, the contesting of the limits of the possible in a given society is partly defined by the orthodox limits it contests. The individual visual activism that Garland-Thomson writes about works because our society not only recognizes the right to individual self-expression but expects it from individuals. Shocked by the recognition of the disabled's individual self-expression, we become conscious of our tendency NOT to see them as individuals. We are forced then to reconsider our unthinking attitudes: the care invested in the disabled appearance forces the attentive starer to consider the staree's subjectivity, thereby granting the latter autonomy and agency, in other words, human dignity. Thus is Sontag's shift from 'bad' to 'good' staring achieved. Note however how it still depends on the scope of the starer's ethical imagination.

However, we cannot unproblematically use Garland-Thomson's notion of everyday visual activism for disabled women in the context of Cambodia and Angola where individual women are far more likely to be subjected to communal pressure, especially in the village settings they come from (see above interviews). Indeed, for Cambodian and Angolese disabled women, visual activism needs a collective form of action, one that preferably receives authoritative recognition: the participation of the First Lady in Angola, the fact that the pageant was televised (as well as being a 'glamorous event') were important elements for the recognition that indeed the participants were women with rights to visibility and dignity. The question that remains then is whether the form of the beauty pageant allows the shift from 'bad' to 'good' staring.

I was not present and therefore my impressions are based on the videos, documentaries, pictures and interviews. From what I have seen the event was thoughtfully organized. The participants seemed to have enjoyed the unusual pleasure of being taken care of and beautified, and the company of the other women. During the pageant itself, they moved with dignity and self-confidence in front of the Angolan elite. Their poise was striking. They may well have found strength in their collective action. They knew why they were there (to attract attention to themselves and others like them when nothing had been done before in Angola in the way of help and rehabilitation for landmine victims).[7] It was impossible not to see them as individuals, each with her story and her hopes, each impressing her own personality in the way they met the audience of their ‘betters’. The event created a special place where they indeed were beautiful and ‘bad staring’ unacceptable.

Scarry, in her dissertation on beauty (1999, pp. 112–115), argues that in the presence of the beautiful, we undergo a ‘radical de-centeredness’, which, in creating spaces for the others, when absorbed in the contemplation of beauty we forget ourselves, opens the way for more symmetry of everyone’s relations to one another, i.e. opens the way for the pursuit of justice. She sees in this a fundamental moral quality (generosity) of beauty which leads people to generally wish beauty to be, even if their self-interest is not served by it. This philosophical argument has a distinguished history, but is also fiercely contested.[8] But what interests me particularly is the concept of ‘radical de-centeredness’ when we ‘forget ourselves’ and thereby ‘create spaces … for more symmetry of everyone’s relations to one another’. Scarry does not quite define what is beauty except for the fact that she uniquely addresses beauty attached to an object (a garden, a person, a flower, a poem are some of the beautiful ‘objects’ of contemplation).

If beauty is defined by its capability to take us out of ourselves, then the Miss Landmine contestants qualify. Like others, I have had many doubts about the pageant. But when I watched the video, listened to the participants telling their stories and saw them move and interact with the audience with a dignity, hope and grace I am not sure I could match under similar circumstances, I too felt they were beautiful. They had the beauty of resilience, of courage and enough spirit to make the most of what they have been dealt with. How could one not perceive their individual heroism, reaching beyond pain and social rejection, and fighting to make themselves a life as women? The contestants were compelling because of their bravery, their vitality, in a word their spirit and that made them beautiful. Scarry’s concept of ‘beauty’ as I understand it, is not limited to a notion of physical perfection but can integrate the dimension of the sublime or, more prosaically, encompass the French understanding of the ‘Belle Laide’ attractiveness: a beauty which is all the more beautiful and compelling as it transcends physical imperfections. Scarry’s understanding of the power of beauty to effect radical de-centering indeed works better with such a revised concept of beauty encompassing the power of the human spirit. It is the latter which has more potential to compel us out of ourselves so that space can be created for fairer relationships.

However, as much as I like Scarry's philosophical argument, I have a problem with its specificities, or rather, the lack of such. Beauty, the sublime has the potential for radical de-centeredness. Does it necessarily mean that this potential is always realized? There are too many instances of the willful destruction of beauty and I think the context of the interaction as well as who is interacting (an undefined subject in Scarry's argumentation) play an important role in the realization of this potential. To return to our object of discussion and to the moral ambivalence which greeted the Miss Landmine pageant we can see that there are several audiences: those who were present at the pageant, whose who saw some of the pageant on videos or TV and those who only learned of the pageant without seeing any of it. Presumably Scarry's argument does not equally apply to these different audiences. The more mediated the interaction is, the less her argument might be applicable. But I would suggest that even in the optimum case, the outcome (radical de-centeredness) is uncertain. My argument here is not beyond criticism as it is built through an analogous experience. A few years ago, I attended a conference on humanitarianism and, during the conference dinner, one guest of honor, a representative of the Rotary Club who contributed funding, talked about his experience in helping some African countries with a high rate of sightlessness though glaucoma, lack of medical care and so on. This older man talked to an academic audience in simple and heartfelt terms of his experience in helping others. I found it saddening and shameful that most of the audience reacted with derision and politically driven attempts to 'de-construct' his experience in ways which refused to grant him recognition of what good he thought he was doing because, as a member of the Rotary Club, he must always/already be enmeshed in relations of power deemed responsible for African countries' situation. He was clearly bewildered, and I thought/felt the intellectual audience as rather lacking in moral generosity. My impression was that pre-conceived, ideologically driven intellectual judgments had narrowed the moral imagination of that audience to the point that they could not disentangle the good that was done, from a pre-supposition of the immorality of who was doing it. In this particular case, I would have sided with the audience's intellectual judgment except that, being in the presence of a man whose generous giving of his own time and resources I could not doubt, I felt compelled to suspend ideologically driven judgments and to honor his generosity and contribution. Our co-presence and what I perceived as his sincerity forced an extension of my own moral imagination.

To go back to our case, how often do audiences, even physically present audiences, have their perceptions derailed by ideologically driven pre-conceptions? Are the moral judgments of ‘grotesque’, ‘exploitative’, ‘immoral’, reflective of the pageants or of the judgers (or both)? One is forced to consider how the most generous ideology can suppress empathy and foreclose the moral imagination. But as I indicated above, such foreclosure can be avoided in the compelling presence of the Other. This draws our attention to the role and importance of the politics of presence, when presence is understood as emotionally charged inter-corporeal exchanges. It is no accident that Mr Traavik Morten’s expertise is in the field of theatrical production, which I take to mean he has practice in producing emotional and bodily affects in an audience. Though I do not have the space here to discuss such a politics –or is it an art? – of inter-corporeal exchanges, the latter offers a promising avenue to explore the possibilities to expand or support people’s moral imagination. It also draws our attention to a frequent flaw of intellectuals’ abstract work: whose judgments can – too easily? – be derailed by the seductive power of theory.

Conclusion

My first reaction on learning of the pageant was one of hesitation between moral uncertainty and condemnation of what could be cynical exploitation. The research however revealed a much more complex moral reality. The argument started with the importance of ‘visual activism’ to turn the bad stare which stigmatizes the staree into the good stare which recognizes their essential subjectivity and restores them to human status. It noted that the context of beauty pageants in many ways defines their social function and that individual visual activism can be limited by cultural capital. In Angola and Cambodia, a collective form of visual activism is more likely to be successful especially if it receives authoritative recognition. It next questioned the capacity of the pageant to effect the radical de-centeredness which is the aim of visual activism and concluded that the capacity exists but much depends upon the receptivity of the audience to the thoughtful staging of inter-corporeal exchanges. The fact that the majority of non-present people were morally ambivalent means that some de-centeredness has been effected and that a space has been open for reflection. Fairer relations are still a possibility.

Acknowledgements

The author thanks Mr Morten Traavik for his comments and responses and his generous authorization of the use of his website resources (www.miss-landmine.org/).

Notes

1. This has been the subject of a documentary (*Miss HIV*, 2007).
2. In this regard, it is interesting to note that a wide range of laws, in the USA ('ugly laws') prohibited certain people from appearing in public places. Writes Garland-Thomson 'An 1881 Chicago City Code, which stood for almost 100 years, captures the spirit of these laws: "Any person who is diseased, maimed, mutilated, or in any way deformed, so as to be an unsightly or disgusting object, or an improper person to be allowed in or on the streets, highways, thoroughfares, or public places in this city, shall not therein or thereon expose himself to public view, under the penalty of a fine of $1 (about $20 today) for each offense" (Schweik, 2009, pp. 1–2)' (quoted in Garland-Thomson, 2009, p. 72). Yet, the same era saw the popularity of freak shows soaring.
3. Cambodia has the highest rate of landmine victims in the world, one in every 300 people (Cambodia Landmine Victims, http://current.com/shows/vanguard/76317802_cambodias-landmine-victims.htm), with 4–6 millions landmine still unearthed. Two to three people a day are killed or injured in a landmine accident with a third of victims being children.
4. Winners and participants in Cambodia pageant received significantly less as the government ultimately refused to fund the pageant.
5. One of course could suspect the organizer, director Traavik Morten, of deliberate exploitation for his own career ambitions, or of unwitting collusion with racist/sexist ideologies or both. I cannot pronounce on this question which is anyhow outside the limits of this article. But I would answer by another question: if the contest 'empowers' women, as it seems it does, does it matter if the director also gains in terms of professional recognition?
6. Recently CODES has formed entered into partnership with Japan (2004, with the first class graduating in 2008).
7. That goal was fulfilled to an extent. Angola has since started a support program for Landmine victims and many of the contestants have found work within this program.
8. If 'beauty' is read too narrowly, it will not allow for visual activism. It also discounts many instances when the marginalized are moved whether by resentment or fury to the defiling of beauty (equated with privilege).

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