

CHAPTER ONE

The End of Normal

I begin with not only a counterintuitive claim but also one, for those familiar with my work, that will seem a form of self-heresy. If we are now living in an identity-culture *eschaton* in which people are asking whether we are “beyond identity,” then could this development be related in some significant way to the demise of the concept of “normality”? Is it possible that *normal*, in its largest sense, which has done such heavy lifting in the area of eugenics, scientific racism, ableism, gender bias, homophobia, and so on, is playing itself out and losing its utility as a driving force in culture in general and academic culture in particular? And if *normal* is being decommissioned as a discursive organizer, what replaces it? I will argue that in its place the term *diverse* serves as the new normalizing term. Another way of putting this point, somewhat tautologically, is that *diversity* is the new *normality*.

Before I explain what I mean, I am obliged to lay out for those not familiar with my work what I have asserted in the past. In *Enforcing Normalcy: Disability, Deafness, and the Body* I argued that normalcy was a category that had been and is enforced in our culture. I argued that the rise of the concept of normality was tied to the rise of eugenics, statistics, and certain kinds of scientific claims about the human body, race, gender, class, intelligence, strength, fitness, and morality. I pointed out that the development in the nineteenth century of the concept of the normal person (*l'homme moyen*) by Adolphe Quetelet and of the bell curve by Sir Francis Galton acted as both scientific and a cultural imperatives socializing people to find their comfort zone under the reassuring yet disturbing concept of normality. Extremes would be considered abnormal and therefore undesirable. Galton's genius was to change the bell curve to an ogive in which the extreme right

side would flip upward and cease being the area of the abnormal. Rather the fourth or fifth quintile would become the location of very desirable traits—in his case, height, strength, intelligence, and even beauty.¹

Galton devised the ogive or the notion of quintiles because in actuality he was not promoting normality in the sense of being average—since that could also be another name for mediocrity. Rather, he was promoting eugenic betterment of the human race by encouraging the mating of people who had a kind of enhanced normality—which I have called “hyper-normality.”

Galton used the concept of the normal curve and normality to camouflage what he actually wanted, which was a bigger, smarter, stronger, more dominant human being that corresponded with the putative traits of the dominant social and political classes in a racialized and sexist society. Seeming to be an ideology of democracy and utilitarianism, the norm actually acted as a rationale for rule by elites. Doing that double work of appearing to maintain democratic ideals while promoting a new kind inequality, the concept of normality held powerful sway for more than 150 years. It has worked very nicely to consolidate the power of nations, institutions, bodies, and cultures over weaker entities, institutions, bodies, and cultures. The mythos of the normal body has created the conditions for the emergence and subjection of the disabled body, the raced body, the gendered body, the classed body, the geriatric body—and so on.

And the idea of normal was an effective rationale for a monocultural society that could define itself as the norm and standard. Immigrants, indigenous peoples, people of color, and foreigners were always going to be abnormal and were “proven” to be so using eugenically oriented biometric tests and measures.

I am not saying all that is over. The replacement of *diverse* for *normal* is a process of uneven development. Nor am I saying this is a bad thing. The idea of diversity has many things to recommend it over the concept of normal. On the surface we are better off abandoning some universal standard for bodies and cultures and acknowledging that there isn't one regnant or ideal body or culture—that all are in play concerning each other and should be equally valued. Diversity is in fact a much more democratic concept than normality since diversity applies to the broad range of the population unlike normality, which of course eschews the abnormal.

But it would be naive to see diversity as without ideological content. Diversity is well suited to the core beliefs of neoliberalism.² Neoliberalism is premised on a deregulated global economy that replaces governments

with markets and reconfigures the citizen into the consumer. The essence of this transformation of citizen into consumer is that identity is seen as a correlate of markets, and culture becomes lifestyle. One's lifestyle is activated by consumer choice—and this kind of choice becomes the essence of one's identity.³ If neoliberalism is premised on a culture in which lifestyle and choice predominate, then, as Will Kymlicka writes, "liberals extol the virtue of having a diversity of lifestyles within a culture, so presumably they also endorse the additional diversity which comes from having two or more cultures in the same country."⁴ As Manfred B. Steger and Ravi K. Roy note, global power elites, media giants, celebrities, and the like serve as "the advocates of neoliberalism" by saturating "the public discourse with idealized images of a consumerist free-market world."⁵

So while normality was enforced to make people conform to some white, Eurocentric, ableist, developed-world, heterosexual, male notion of normality, diversity imagines a world without a ruling gold standard of embodiment. Indeed, the citizen-consumer under neoliberalism is part of a diverse world that is, however, universally the same as far as consumption is concerned. As Steger and Roy point out, "The underlying assumption here is that markets and consumerist principles are universally applicable because they appeal to all (self-interested) human beings. Not even stark cultural differences should be seen as obstacles in the establishment of a single global free market in goods, services, and capital."⁶ Diversity may well be seen as the ideology that opens up consumerist free markets by arguing that we are all the same despite superficial differences like race, class, or gender.

How then, given the ideal of openness concerning diversity—where all are welcomed under the big tent of a diverse nationhood—do disabled bodies fit into this paradigm?

To begin answering this question, let's look to popular culture for some signposts. Walmart and Dove joined forces in an ad campaign called "Campaign for Real Beauty."

The advertisement shows us a diversity of women of color and national origins, a lesbian couple, a somewhat transsexual-looking woman playing basketball, and an older woman, as well as the usual white mother and daughter. All the women are full of life, engaging, but not beautiful by runway standards. They sing these lyrics:

Do your eyes sit wide?
Does your nose go to the side?

Does your elbow have a crinkle?
 Do your knees sort of wrinkle?
 Does your chest tend to freckle?
 Do you have a crooked smile?
 Do your eyes sit wide?
 Do your ears sort of wiggle?
 Does your hair make you giggle?
 Does your neck grow long?
 Do your hips sing a song?
 Do your ears hang low?

A visual on the screen says

Let your beauty sing

The message being promulgated is that there is no normal when it comes to a woman's appearance. Diversity is all. And we can say that the key to the neoliberal subject is that when we visualize such bodies we see them ipso facto as diverse—but within certain constraints, as I will show.

This advertisement, along with many others, including the famous diversity series done by Benetton, reflects a trend to embrace the diversity of the human body within certain kinds of limits set by television and Hollywood, cherry-picking the aspects of diversity that appeal to a regnant paradigm. But while celebrating diverse bodies, the ads nowhere show us women with disabilities, obese, anorectic, depressed, cognitively or affectively disabled.

The concept of diversity currently is rendered operative largely by excluding groups that might be thought of as abject or hypermarginalized. It is difficult to imagine a commercial like the one I've described that would include homeless people, impoverished people, end-stage cancer patients, the comatose, heroin, crack, or methamphetamine addicts. These groups fall into the category of what might be called "bare life," or *zoe* in Giorgio Agamben's terminology.⁷ Agamben distinguishes between *bios*, or life in the polis or political state, and *zoe*, bare life, which can be killed without sanction but cannot be sacrificed. *Zoe* is a life defined as not worthy of life, not worth living. For Agamben, though, the project of modernity and postmodernity is an attempt to reclaim *zoe* to *bios*, to create a biopolitics that involves technologies of life that recuperate *zoe* to some kind of political moment. But does diversity do the work of reclaiming *zoe*? In some serious

sense we have to say it does not and cannot. It cannot because its vision of a universal consumer-citizen cannot include these groups, who are at base not consumers and most likely never will be.

This is not to say that there haven't been attempts to include disability in the kind of advertising we are discussing. But when such attempts are made, they generally are unsuccessful—most often using disability as a token diverse category and always making it the kind of disability that is photogenic—usually the looks-forward wheelchair athlete. In a rare case of focusing on a particular disability, Benetton created a campaign using models from the St. Valentine Institute in Ruppolding, Germany. Most of the images are of children with Down syndrome who are likened to sunflowers. As the publicity for the campaign notes, sunflowers with “their stubborn joy and . . . the docility with which they follow the sun” remind us of the smiles of the children of the Ruppolding institute. This may be an attempt to include disability, but it is based on “normal” people's benevolent fantasies and not on the terms of disability lived by those children and others like them.

I want to make clear that I do believe it is a good thing that we are moving toward promoting diversity and away from enforcing normalcy. And there is both political and social progress in thinking of humans as diverse rather than normal or abnormal. But, in accepting this change, we should by no means feel that the new model avoids the pitfalls of what Foucault calls “technologies of life.” It would be difficult to imagine that “diversity” is so different a concept that it could avoid the larger project of modernity—the creation of docile, compliant bodies. One could argue that there is as much social conditioning, care of and for the body, and subjection of the body involved in this version of imagining the diverse human than in the previous regime. Indeed, it would be naive to assume that any contemporary form of social organization does not carry with it elements of control and categorization no matter how progressive it might seem to us at the time.

If there are elements of social control in the idea of diversity, I would argue we can best see them by looking at how disability fits into or does not fit into the category of diversity. To begin to do this, I want to point to a dichotomy between the kind of subjectivity implied by diversity compared to the subjectivity given to disability. My point here is that the idea of diversity is linked to a postmodern concept of subjectivity as being malleable, mobile, and capable of being placed on a continuum, complex, socially constructed, and with a strong element of free play and choice. In contrast to

this mutability, disability is seen as fixed—sharply defined by medical diagnosis and sometimes assigned to an abject position as “a life not worth living” or *zoe*. I will elaborate on this point for the remainder of this chapter, but I want to signal now the end run of this argument, which is that while diversity is the regnant ideology, the older concept of normal still holds sway, but only when it comes to disability, particularly when disabled subjectivity is constructed through medical models. Therefore, the ultimate question I raise is whether diversity can ever encompass disability, which is another way of asking whether diversity can ever encompass abnormality or whether *bios* under neoliberalism can ever encompass *zoe*.

To start discussing this general topic, I want to focus on the way that diverse subjectivity is broadly constructed. As I have noted, in postmodernity we can say about identities within diversity that they are always situated as complex, intersectional, and socially constructed—not as fixed or rigid. In this sense it would seem that the older reign of the “normal” with its simple and rigid notion of a norm could never apply to postmodern identitarian subjectivity.⁸

There are of course identities that concern nationality, religion, and even party affiliation. But the pressing identities in the United States, at least, concern some aspect of embodiment—race/ethnicity, gender, and sexuality. In these areas postmodern thought has therefore eschewed thinking of such bodily categories as tied to an essential self. In the case of race, we use the word *racialized* to account for groups formerly thought of as belonging to a “race.” We now say definitively, based on genetic findings, that “there is no such thing as biological race, but of course there is still racism.” Under these conditions, in some sense, we are thinking of race as something complexly social. Yet there is a return to genetics concerning race—which we now call “populations” with specific “genetic ancestry”—as geneticists attempt to construct notions of lines of descent through assemblages of HapMaps and SNPs.⁹ Yet no one would dare to say that one population was normal and another was not. Even popular television shows highlighting the DNA tracing of ancestry confound the old ideas of race by showing that Oprah, Skip Gates, and Sally Hemings’s children are complexly made up of diverse genetic provenances.

It seems clear that postmodern identities are less bound to an embodied, fixed, assigned self and more to a socially constructed, technologically intervened body, which, as scholars like Victoria Pitts-Taylor have pointed out, one can *choose* to have.¹⁰ In other words, an older model of identity, and one tied to the ideology of “normal,” might be considered essentialist and

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hierarchical, whereas the newer notion of identity appears to be chosen, constructed, and in that sense democratic.

Gender and sexual identities are clearly embodied but now are also seen as equally complex as race. We understand through thinkers like Judith Butler that gender is a performative category. Writers like Judith Halberstam and Leslie Feinberg teach us that gender is on a continuum and that sexual identities need not be tied to a specific kind of body. Queer and transgender studies have shown us that a single notion of normality is a procrustean bed in which no one really sleeps and from which everyone kicks off the covers. Genetics shows us that there are a variety of chromosomal identities that don't fit so easily into the gender binary created under the reign of normality.

By and large, diversity is dependent on the notion of what I have called the "biocultural."¹¹ By a biocultural body, I want to indicate the complexity of embodied identity. Bodies can be the sum of their biology; the signifying systems in the culture; the historical, social, political surround; the scientific defining points; the symptom pool; the technological add-ons all combined and yet differentiated. As Gilles Deleuze and Felix Guattari point out, the body is perhaps best thought of as a *body without organs*, a machine that produces effects. And more recently, Jasbir Puar has asked us to think of the queer body as a series of assemblages.¹²

In contrast to this roving, complex, and shifting nature of identity that is part of the notion of the diverse, we run into a very different notion of disability. Disabled bodies are, in the current imaginary, constructed as fixed identities. Outside of the hothouse of disability studies and science studies, impairments are commonly seen as abnormal, medically determined, and certainly not socially constructed. This may be because disability is not seen as an identity in the same way as many see race, gender, and other embodied identities. And the reason for that is that disability is largely perceived as a medical problem and not a way of life involving choice.

We may want diversity in all things, but not insofar as medicalized bodies are concerned. It is in this realm that "normal" still applies with force. Most people still want normal cholesterol, blood pressure, and bodily functions.¹³ The word most people want to hear from an obstetrician after a birth is that the baby is "normal." No one is advocating a celebration of cancer (although we do celebrate people who are fighting cancer), of chronic illness and debilitating conditions. The area of normal applies not only to physical disabilities but to cognitive and affective disorders as well. The *Diagnostic and Statistical Manual-V (DSM-V)* has elaborated a dizzying

display of lifestyle illnesses that demand medical treatments to cure and normalize people. Sadness, shyness, obsession, sexual desire, anger, adolescent rebellion, and the like now fall under a bell curve whose extremes become pathologies.

Surgical and pharmaceutical interventions are designed to return normalcy or the appearance of normalcy to aberrant bodies. Short children in the United States are now increasingly given drugs to augment their height, shortness now seen as a hormone deficiency covered by insurance. We don't celebrate crooked teeth; we correct them to their "normal" positions. The point is that tolerance for variation in the medicalized realm is far less flexible and inclusive than it is in the world of race and gender. Only in rare cases, such as the Icarus Project,¹⁴ is something like bipolar depression "celebrated," and only within the inner circle of autists and their parents is there a move to "embrace" autism, in fact calling it a form of "neurodiversity."

Because disability is tied to this medical paradigm, it is seen as a form of the abnormal, or what I might call the "undiverse." I say undiverse because diversity implies celebration and choice. To be disabled, you don't get to choose.¹⁵ You have to be diagnosed, and in many cases you will have an ongoing and very defining relationship with the medical profession. In such a context, disability will not be seen as a lifestyle or an identity, but as a fixed category. In thinking about this situation, we can return to Giorgio Agamben, but this time to his discussion of the state of exception. Agamben notices, in a somewhat paradoxical way, that "in order to apply a norm it is ultimately necessary to suspend its application, to produce an exception."¹⁶ In this view, it is not so much that normality has been replaced by diversity, but that normality has been suspended and put in a state of exception. The fact that normality exists for disability, but not for the rest of neoliberal diversity, suggests that disability is the state of exception that undergirds our very idea of diversity. Agamben is using Karl Schmidt's idea of the state of exception to describe how governments have suspended laws, or rendered them inutile by not enforcing them, in order to deal with "extraordinary" circumstances such as the "war on terrorism." While Schmidt might have been thinking of totalitarian governments, Agamben is clearly referring to governments in the neoliberal modality. Nonetheless, I think the idea is applicable to the realm of social organization. In this scenario, the norm is suspended because it is too clearly a sign of sovereignty and power (of the pre-neoliberal order). An ethic of diversity can now fill its place, which seems much more consonant with the aims and goals of democracy, which

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place emphasis on equality—we are all equal in this diverse world with no one group reigning supreme. But the state of exception so created operates tacitly by a fusion of the old regulatory form of the norm and the new openness of diversity, which means on some level that diversity isn't as open as it purports to be. As Agamben puts this, "the impossible task of welding norm and reality together, and thereby constituting the normal sphere, is carried out by the form of exception, that is to say, by presupposing their nexus."¹⁷

But it is disability that reveals the state of exception as just that by being continuously connected with the exception to the norm. Disability, seen as a state of abjection or a condition in need of medical repair or cure, is the resistant point in the diversity paradigm. In other words, you can't have a statement like "we are all different, and we celebrate that diversity" without having some suppressed idea of a norm that defines difference in the first place. It seems impossible to have difference without some standard that sets what is different apart from what is not different.

Now one could argue that given time, activism, and education, people will come to see, as we do in disability studies, that disability is an identity, a way of life, not simply a violation of a medical norm. Discussions of functionality may help this process along. Yet I want to argue for what seems like a certain incommensurability between the celebration of diversity and the normalization of disability. For diversity to be able to embrace disability, it will take more than consciousness-raising and political activism, both very important in their own right—it will take an entirely other paradigm shift.

What would that paradigm shift look like? I would argue that in the current moment the identity touted by diversity is always a healthy, able, whole one, one in accordance with technologies of life, lifestyle, and the ability to be represented with acceptably uplifting images. Diversity, given the images displayed in the popular media, is always upbeat, happy, alive, touching, proud, and above all healthy. The images we have of multicultural people holding hands in Benetton ads, of women such as in the Dove ad proudly, happily, celebrating their difference, only reinforce the dichotomy I am discussing. It may be hard to see this, but they are participating in the state of exception that may indeed be reinforcing in different ways the norm, both fighting the norm openly and also enforcing it on the level I am discussing.

Here I want to introduce the idea of multicultural or multiethnic identity into this discussion. When progressives describe a multicultural society, they imagine one in which there is no culture that is better than

another. We shouldn't have a hierarchy of cultures. So there is a tension between the idea of a fixed identity, which must then be situated on the grid of better or worse—normal or abnormal—and the postmodern malleable identity, with no judgment of better or worse. That is, under the old logic of “normal” there are groups that are standard and normal and groups that aren't. In the ideology of diversity, all groups are potentially equal. Within the ideology of diversity it isn't better to be Afghani than it is to be Sudanese. It isn't better to be a Christian than a Jew, or a North Korean than a South Korean. One may prefer to be, say, Arab rather than European, but that is because one has a cultural heritage and an identity one knows and likes, not because Semitic bodies or minds are proven scientifically or otherwise to be better than Caucasian ones. The old “scientific” justification for racism is no longer widely or officially accepted.

If identities are, for the most part, no longer fixed, then theoretically one has a choice—to choose one identity over another. I want to highlight this idea of individual “choice” because, as I've been saying, it is a central part of the formation of the neoliberal citizen/consumer. Thus paradoxically we choose iPhones, iPads, Xboxes, fair-trade products, and the like to show off “individuality” within a niche lifestyle market. I say “paradoxically” because of course these are mass-produced items that large groups of people can purchase. Michael A. Peters points out that even “welfare and social well-being are viewed as products of individual choice . . . within a free market economy.”¹⁸ Choice is a central mytheme in the neoliberal ideology of freedom and the expression of selfhood through globalized market choices.

The whole idea of this kind of choice for the neoliberal citizen/consumer is that it parallels the idea of voting in a two-party representative democracy such as exists in the United States. The illusion is that there is political choice and the ability to make change, while the reality is that choice is limited, and change is only possible as long as it takes place within the broad outlines of neoliberal capitalism. It is important to understand that the model I'm describing is not that of the duped consumer of mass marketing and media, such as described by the likes of Horkheimer and Adorno. Rather, the more subtle, and perhaps fatal, element in the lifestyle-consumption scenario is that the consumer is buying into a world that he or she both approves of and wishes to be part of with the best possible motives. I cannot go into detail here about how this feedback loop works, but a telling example will be the feelings that many had buying iPhones, iPads, and Mac computers. This was not a forced decision, but one taken with

vigor and desire—the desire to be part of a community of like-minded, progressive people who want to make the world a better place, who want to be part of a movement that seems to be hip, cool, and synchronous with many other progressive and positive ideals. Yet these purchases are in no way different from buying any other consumer product and are the result of countless hours of marketing research and locating niche markets. To make this point succinctly, lifestyle choice is one of the central motivators and tenets of neoliberal markets. Disability just doesn't fit into this concept of lifestyle choice.

If we move from purchasable signs of identity to collective group identities, we see that there are both identities one can choose and those for which there is no choice.¹⁹ As I've indicated, disability is not an identity one chooses, but ethnic identity might well be less fixed than disability. It may be hard to leave the ethnicity of one's birth, but it is possible. One can live in the culture into which one was born; one can also choose to leave it. Or one can choose to remain separate or to integrate. But there are certain identities that appear not to have this element of choice. These identities are racialized ones and disabled ones.²⁰

It is fairly obvious, for example, that one can be born a Muslim and decide to become a Christian or vice versa. It is possible to be born an Argentinean and to become a US citizen. It is even possible to be born a woman and become a man. It is less obvious that one could be born a black and become a white. It is patently not possible to be born a person with Down syndrome and become someone who does not have Down syndrome (although some cosmetic surgeries to normalize the faces of people with Down syndrome are available, and now drug therapies are being researched to improve cognitive skills). The distinction I am making is between identities one can choose and identities one cannot choose. Multiculturalism, with its devotion to diversity, is happy to embrace identities that maintain the neoliberal tenets of free choice but is less able to absorb those that do not. If we see diversity and identity politics as advocating acceptance of all identities, why is it that disability is often the identity that is left out—not choosable?

I recognize that the multicultural situation is different in Europe than in the United States. In the United States issues around culture are far less important than issues around skin color. The United States was formed along with slavery and the subjugation of the native peoples. Both of these forms of oppression rested on the color of the skin—putatively black, red, and white. The claim to culture was made, but it was made to be self-

evident—it was “obvious” that whites of European origin had the superior and advanced culture, whereas blacks and Native Americans had a more “primitive” culture. Because the United States was a hybrid European culture, there was no notion of a monocultural superiority among the various white immigrant groups. And even immigrants considered “black”—like the Irish, the Sicilians, and the Jews—eventually became “white.” Now, no one objects to immigrants on the basis of their culture. Even the most prejudiced Americans fail to see a problem with eating Mexican or Middle Eastern food, as they revile Mexican or Arab immigrants.

In Europe, the issue of culture is more prominent, although it may well be an alibi for race. The cultural argument on the right sees the incoming culture as optional and a dilution of the national culture. Immigrants see the host country as a site to establish outposts of their native cultures free from and undisturbed by the prejudices of the host country. Of course in France the issue of the veil is crucially in the news. The immigrants argue that wearing a veil should be a choice a citizen can make, while the proponents of the new law note that the immigrant can “choose” not to wear the veil at school or in public. For either side, the recourse is still to a notion of choice.

In either case, the notion of race or cultural background is seen as a site of change. One can in the neoliberal view leave behind a certain lifestyle and become Europeanized, as many immigrants have done. Or one can “choose” to return to ethnic practices, as many younger people are doing to show solidarity with their “original” ethnic heritage.

Even the seeming fixity of race is declining. And with the idea of race, DNA analysis is breaking down the simple binaries that allow race to thrive, as I mentioned earlier. Now we are thinking of race as something complexly social, but also something that involves various acts of choosing and being chosen. For example, Barack Obama came from a white, American mother and a black Nigerian father—but at some point he had to choose to be black. And popular television shows now tout our ability to find out if Oprah is Bantu or how Skip Gates is descended from a European male line. Racialized identities slide over to become consumer products that one can buy from websites like Ancestry.com or FamilyTree DNA.

Interestingly, the new International Classification of Functioning’s notion of functionality that is being used by the World Health Organization is an attempt to reduce the binary thinking involved in the normal/abnormal attribution to disability. The ICF manual is a compendium of biometrics marking the range of motion of the human body, functions of

the body and mind, and so on. It allows for very specific notation of ranges of functionality so that there can be a universal checklist of capacities and debilities that in some sense can be separated from broader and cruder designations like "cripple" or "double amputee." If these ICF categories filter down into popular thinking, one will no longer classify disability in the normal/abnormal paradigm, but rather there will be a graded scale of activity, functionality, and participation. In other words, disability will move from the hegemony of normal to the relativity of the postmodern notion of diversity. But the problem will not be in the utility of the scales used, but in the notion that disability is the state of exception that allows diversity to function. In fact, if disability is no longer in the state of exception, then diversity itself may have to alter paradigmatically.

Finally, I would like to interrogate the concept of diversity itself. I would suggest that as an intellectual idea, it does not have much to offer. The ideology of the concept is rather simply put: we are all humans, diverse as we may be. In that sense, although our diversity is a sign of our difference, it is also a sign of our sameness, the sameness of being human. This is a proposition with which few will disagree. There is a built-in contradiction to the idea of diversity in neoliberal ideology, which holds first and foremost each person to be a unique individual. Individualism does not meld easily into the idea of group identity. And yet for neoliberalism it must. In a diverse world, one must be part of a "different" group—ethnic, gendered, raced, sexual. It is considered boring if not limiting, under the diversity aegis, to be part of the nondiverse (usually dominant) group. So diversity demands difference so it can claim sameness. In effect, the paradoxical logic is: we are all different; therefore we are all the same.

The problem with diversity is that it really needs two things to survive as a concept. It needs to imagine a utopia in which difference will disappear, while living in a present that is obsessed with difference. And it needs to suppress everything that confounds that vision. What is suppressed from the imaginary of diversity, a suppression that actually puts neoliberal diversity into play, are various forms of inequality, notably economic inequality, as well as the question of power. The power and wealth difference is nowhere to be found in this neoliberal view of diversity.²¹ But what is also suppressed, as I have been saying, is disability—particularly a notion of disability without cure. In this sense disability (along with poverty) represents that which must be suppressed for diversity to survive as a concept. In a more schematic sense, difference must be suppressed to maintain diversity (which ultimately seeks sameness). Thus "we are all different; therefore

we are all the same” becomes “we are all the same because we aren’t *that* kind of different.” “*That* kind of different” would refer to that which cannot be chosen—the intractable, stubborn, resistant, and yet constitutive parts of neoliberal capitalism—*zoe*, bare life, the ethnic other, the abject, the disabled—that which cannot be transmuted into the neoliberal subject of postmodernity.²²

Ultimately what I am arguing is that disability is an identity that is unlike all the others in that it resists change and cure. It is not chosen, and therefore it is outside of the dominant ethic of choice. It is an atavism representing the remainder of normal at the end of normal. But as such it isn’t an anomaly, but rather the capstone that upholds the arch of neoliberal notions of diversity. It is the difference that creates the fantasy of a world in which we are all so diverse that we become the same. As such, paradoxically, it upholds meaning and significance because without difference there can be no meaning. Thus disability is the ultimate modifier of identity, holding identity to its original meaning of being one with oneself. Which after all is the foundation of difference.

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