

ON BECOMING DISABLED AND ARTICULATING ALTERNATIVES

The multiple modes of ordering disability and their interferences

The topic of this article is the ordering of disability. The question is how people become, and are made, disabled. This is linked with a further question about how to investigate and represent differences such as those between ability and disability. How can studies that aim to contribute to opening up and remaking the conditions of possibility for disability avoid reproducing the same differences and distributions of power and agency? Indeed, disability studies have contributed to denaturalizing ability as well as disability. Many of these studies owe much to genealogical approaches focusing on the descent, regulation, and generative power of discourse. But then the problematic inference is drawn that this discourse imposes itself to order how people perceive and think, materializes in bodies and practices, and does so in a coherent manner. The objective in this article is to pursue a different approach that investigates ordering in practice, brings out the existing alternatives and explores the possibilities for articulating these. For this endeavour, the author mobilizes a specific strand of Foucauldian work and reworkings of it in science and technology studies. Drawing on a study of life after road traffic accidents in Norway, this article explores the following: how disability becomes enacted in everyday practices; the character of the modes of ordering that emerge in these practices; how this ordering is achieved; and the nature of the relations and interferences between these ways of becoming disabled. The argument is that in practice people slip and move between multiple modes of ordering that co-exist, are partially related in complex ways, and even folded into each other. Finally, the article considers the relation between openness and multiplicity – and their study – in view of possibilities for articulating alternatives.

Keywords disability; genealogy; materiality; modes of ordering; partial relation; interference

The topic of this article is the ordering of disability. This implies that disability is not something a person *is*, but something a person *becomes*. The question is *how* people become, and are made, disabled – and what the possibilities for articulating alternatives are.

Disability studies has long worked to denaturalize disability. By now a large and heterogeneous body of work, disability studies have traced the normalizing efforts of medical practices, health care professions and institutions, and the politics of administrative categories.¹ More recently, it has investigated the enactment of disability in a diversity of cultural and representational practices.² Many of these studies owe much to the work of Michel Foucault and genealogical approaches focusing on the descent, regulation and generative power of discourse. Often, however, a simple and problematic inference is drawn: that this discursive ordering shapes how people perceive and think, and materializes in practices, bodies and relations, in a manner that is *coherent*. The image that is then created is of a very powerful, normalizing discourse that is often traced back to medical science, and sometimes also a wider spectre of ordering efforts or interests to do with the regulation and government of bodies.³ Whatever the disparate origins of these strategies might have been, they are usually assumed to come together in one ordering effort, as a singular discourse. And this, it is assumed, works to order disability as well as society in a unified and coherent way.

But is this really the case? And if so, *how* does it work and enforce itself? And what possibilities for articulating alternatives does that leave us with? This links the initial question about how one becomes disabled with a further question and concern about how to investigate and represent differences such as those between ability and disability. How can studies that aim to contribute to opening up and remaking the conditions of possibility for disability avoid reproducing the same differences and their distributions of power and agency? I have been wrestling with this problem in my own work for a number of years, but it is my claim that this is also a more general challenge facing disability studies. How can we avoid colluding with and adding to the power and dominance of an order of the normal? I am concerned with how we can avoid becoming involved in its exclusions and its disarticulation of alternative ways of living.

The objective in this essay then is to pursue a different approach that investigates how ordering is done, embodied and expressed *in practice*, in order to bring out the existing alternatives and explore the possibilities for articulating alternatives. Drawing on examples from a study of ways of living after road traffic accidents in Norway, the essay explores enactments of disability in everyday practices.⁴ I argue that there is not one but *several* modes of ordering disability at work, including orders of the normal, lack, fate and passion. I explore the character of each of these modes of ordering, and also how ordering is achieved. I then turn to the nature of the relations and

interferences between different modes of ordering disability. My argument is that *in practice* people are not caught in any one mode of ordering such as normalization and its other lack, but rather slip and move between multiple modes of ordering that co-exist, are partially related in complex ways, and even folded into each other. Finally, I consider the relation between openness and multiplicity – and their study – in order to think about possibilities for articulating alternatives.

Conditions of possibility

So, what are the tools and resources for such an inquiry and intervention? How might we open up disability? My suggestion is that we move outside disability studies and mobilize a specific strand of Foucauldian genealogy and reworkings of it in feminist science and technology studies. I believe that disability studies has much to learn from science and technology studies of health, bodies and medicine, and from a material semiotic approach in particular.⁵

The points of departure that these intellectual strands share is: that ‘disabled’ is not something one is, but something one becomes, and, second, that this process can be traced genealogically, as emerging out of a generative play of power/knowledge and enabling and regulating arrangements. A material semiotic approach takes quite literally the Foucauldian definition of ‘discourse’ as *a strategy in materials* (Foucault 1981, pp. 94–5, Law 1994, pp. 105–10), and traces it in local, situated practices and a wide set of relations and arrangements. What material semiotics adds, or perhaps stresses is, first, the material heterogeneity of the conditioning arrangements – the fact that these are neither simply discursive nor purely social; secondly, the emergent, precarious and recursive process of ordering; third, modesty in empirical scope and claim; and, fourth, the multiplicity of and relations between arrangements, productions and settings.

I will elaborate this move by considering the concept of ‘conditions of possibility’. Foucault searched, on the one hand, for the conditions of knowing and of reality in discursive formations and regimes which he referred to as ‘epistemes’ (1970, 1972). Epistemes structure and regulate what it becomes possible to know and how it can be known within certain historical periods. On the other hand, he traced them in local practices; particular settings and events; and the ‘extra-discursive’ objects, actors, techniques, buildings, procedures, rules etc. involved in the event in which knowing takes place and realities emerge. Foucault called this wider set of material relations and interactions upon which the emergence of facts and realities rest a ‘dispositif’ (1979, 1981). This French term is often translated as ‘apparatus’ and denotes an ordered and ordering arrangement.

It is from this latter strand of work that a material semiotic approach in science and technology studies has been developed. In the early laboratory studies of Latour and Woolgar (1979), the apparatuses that condition and limit what is possible were traced in the specific setting and practices of laboratories, and, in particular, in the sets of scientific inscription devices through which facts and artefacts are fabricated.⁶ Other scholars went beyond the instruments, inscriptions, and walls of the science lab when tracing the social and material conditions regulating how natural facts become known (Traweek 1988, Haraway 1989, Martin 1994). An important debate that sprang out of this concerned the privileged position of the laboratory for the production of facts and realities, where and how far one can trace what is involved in the setting or practice of knowledge production, and where to stop and how to cut the networks for one's inquiries (Latour 1990, Haraway 1992, 1996, Strathern 1996).

The concept of 'dispositif', especially in its translation as 'apparatus', as a tool for genealogical investigations has also been criticized because it is too static and structuralist (Barry 2001). The notion of 'actor-network' was partly introduced to avoid this problem. Stressing the 'networky' character of the ordered arrangements opened up the possibility that they might or might not be systemic, coherent, stable, and so producing sameness. Even more important, the concept of 'actor-network' was coined to make it possible to trace the dynamic networking *activities* that link together places, facts, artefacts and realities – and so may be said to macro-structure them. The network in actor-network theory thus refers to a process of active association, in which entities emerge (Latour 1988).

Feminist interventions in this field criticized actor-network studies for being 'managerialist' and colluding with power (Star 1991), and for repeating and re-enacting narratives of science as active, vanguard and a cornucopia of power, new facts and realities. The rest of reality was delegated into passivity (Haraway 1991, 1994, Martin 1994). One consequence of these engagements was a turn to studying science and medicine *in* and *as part of* our lived reality, rather than above and about it, to see whether and how, for instance, medical knowledge actually comes to order society (Mol 1998).⁷

But even if early actor-network studies were occupied with the productive powers of scientific practices, they did not assume that science imposes itself on a passive society. One of the main arguments is namely that facts and realities do *not* move and spread effortlessly. The active association of other actors is required to move and re-enact scientific facts and realities in new locations. And they never reach further than their network, or material and practical arrangements (Latour 1988). They only go so far. According to John Law, the problem with discourse is that it always seems to be larger than life. Switching as he did to the notion of 'mode of ordering', the intention was to

'cut it down to size' and invite us to study *how* ordering is done and how it enacts itself in different material forms (1994, p. 95).⁸

It was these critical engagements and debates that moved me 'out' to study disability, technical aids and health care practices in other locations. Instead of tracing how disability is constituted either in and by rehabilitation medicine, *or* special education, *or* welfare policy, *or* representational practices in the media – or in the circulation between all of them! – I have looked at everyday life as the location where these ordering practices meet and enact their normativities, more or less together.⁹ And the crucial question is precisely whether they *are* together; and if so, *how* they hang together, and what their effects are.

I will start with an example from my visit to Jarle's house.

Building an order of the normal

I first met Jarle in a seminar where he gave a presentation on the possibilities smart house technologies offer to disabled people. Using his own situation as example – he is paralysed from the neck down and attached to a ventilator to breathe – he described how his new voice-based environmental control system finally allowed him to live at home and control his own life. He invited me to come and visit in his new house. When I arrived, however, Jarle could not work the environmental control system as he would normally do via microphone, headset and a transmitter at the back of the electric wheelchair. He had been given a new electric wheelchair and the system was not mounted onto it yet. But he could still show me around and demonstrate his house, he said, because he had an alternative control from his bed. He worked this by way of a suck and blow-system, a switch that is activated by sucking or blowing in a pipe, almost like a straw, in front of his mouth. Turning the system on, the computer started scanning through and reading all the alternatives aloud. When it got to where Jarle wanted, he blew the pipe: the television turned on, it switched to another channel, the sound was turned off and the television was turned off again. He could also call for assistance, regulate the bed, open doors and windows, switch the light on and off, control the blinds or turn down the heating. We moved from the bedroom to Jarle's office. He worked the computer in the same way by sucking and blowing, a digital keyboard on the screen, and a small reflector tag between his eyes. By using this computer, he told me, he had organized the plan for the stepwise realization of his goal – to build himself a house and move back to live in his own home. He made budgets, calculated costs, set up schedules and deadlines, wrote letters and applications, negotiated with architects, building authorities, banks, local authorities and the social security – and kept track of everything that needed to be done. He concluded: 'I can work the computer exactly the same way as 'a normal' (person). . . . Indeed, this is a big step in the right direction of

raising my quality of life. In principle, I control my whole life via my voice, microphone, chin and sucking-and-blowing'.

What Jarle demonstrates here, then, is normality. He demonstrates that he is a competent normal subject. Crucial to this, we learn, is control. But what kind of capacity is this, and what is its relevance and importance? My argument is that it is a competence that implies that the person knows, overviews and controls a situation – and is in a position to act upon it. As such it is a capability that is linked with and goes into other related capacities such as active and independent agency, but also discretionary choice, autonomy and strategic planning and management. So when Jarle claims control and competent normal subjectivity, all of these capacities, and positions, are involved.¹⁰ Different combinations of these components of subjectivity are important in different situations, but they all contribute to – and rest upon – a centring of the subject.

And this, I want to argue, is also what the environmental control system and the computer do for Jarle. They bring together and make available tasks and functions that would otherwise have been distributed in time and space. The environmental control system also arranges these tasks and functions in the order of a menu, a hierarchically structured, treelike, menu, so that they can be distinguished, overviewed and acted upon. In this way, they build a centre of control and action, and place Jarle in the middle – the centre – of it. It is structured in the same way as a command and control centre in a railway or air traffic control system. By way of technology, paths are built that direct and collect information and control at certain defined locations that become centres of knowledge and action.¹¹

But even if Jarle is strongly centred and placed in a position where he controls, if not his whole life, then at least important parts of his everyday life, this is only possible so long as he remains attached and linked to his environmental control system. That is, he – his body – must remain attached to a set of ordered relations between elements such as infrared beams and apparatuses, transmitters and receivers, the electricity network and its cables, a computer, a software program in which the many possibilities are programmed, a fuse box the size of a wardrobe, switches, remote controls. What this shows, is that his subjectivity, as well as his capacity to act, are made possible by and emerge in these embodied relations and arrangements. They include, but are not limited to Jarle's body, or say, his mind.

But *why* is it so vital to Jarle to demonstrate that he is a competent normal subject? This is because disabled people are frequently *not* attributed competent normal agency and subjectivity. Unlike able-bodied people, who are seen inherently to have it, agency and subjectivity are often, and in an almost systematic way, distributed *away* from disabled people. This is not just a matter of 'prejudices' playing themselves out in conversations, as in the infamous 'Does he take sugar?' Indeed, such distributions and attributions get

enacted and materialize in institutional practices and physical infrastructures as well as policies and legal regulations. This is why Jarle, when he was about to be released from hospital, was so horrified by the news that the local authorities had reserved a room for him in a nursing home: people living at such a home are not perceived as able to manage their daily activities on their own, get around on their own, have a family and private life, or live a social and active life outside the institution. And people living in nursing homes are not granted the same rights to technical aids or a car, as disabled people living outside institutions. Accordingly, everything in this place, care practices and physical arrangements included, contributes to enact residents as disabled and dependent on care and assistance. Jarle, however, had quite other future plans for himself and his partner than to be 'left behind' in a nursing home. He had been educated at a school of forestry and lived in the mountains with a partner with whom he shared an interest in forestry, wildlife and dogs. He had been an active sportsman and also captain of the national team of formation skydiving. And he was determined that he would fly again. As a first step, in order to shift the distributions and attributions in the nursing home, he had to build himself a new house in which relations were ordered differently, and in which these relations were literally written into the design and the material and technical architecture.

This is also in line with the objectives of public policy on disability in Norway, which aim to make it possible for disabled people to live a normal integrated life in their own homes.¹² And yet, there remains a contradiction in these policies that hinges on the very definition of disability. According to this official definition, disability is 'a discrepancy between the capabilities of the individual and the functions demanded of him by the environment'.¹³ But, crucially, this gap or mis-fit is attributed to individual loss or lack of function, and identified as a condition in the individualized body, rather than as a problem with the standards or requirements of the environment. In other words, the same patterns of attribution of agency and subjectivity are repeated here again: able-bodied people are seen to have agency and subjectivity naturally, while disabled people are not.¹⁴ Further, operating with a taken-for-granted and unquestioned notion of the normal, bridging or compensating for individual loss or lack of function becomes a likely strategy. This is also the case in public policy on disability in Norway, where the strategy has been and continues to be to compensate and limit the consequences of reduced function for the individual, and so to contribute to *normalize* the situation of disabled people.

Whether this is a viable strategy, is an issue I will return to. For now, I will simply state that the pattern that emerges in Jarle's situation and story works to build an order of the normal. But who or what is it that orders? What are the conditions of possibility for normalization, and how is it achieved?

We have seen that Jarle himself both subscribes to and enacts this norm of centred control, and the form of competent subjectivity it contributes to. We have also seen that the technical aids that are mobilized embody, enact and enforce the norm of centred control. Jarle himself especially stresses the importance of the technical aids. Technology fixes in place and consolidates the conditions required for the performances of competence and control that Jarle demonstrates. It materializes what is otherwise a fragile and threatened reality. This is because Jarle needs people looking after him every hour of the day. At the moment, he has a staff of nine assistants. The local authorities are responsible for providing him with these necessary health and care services. But if they say, 'no, we cannot afford it, you have to move to a nursing home', then Jarle has no control whatsoever. This is a threat that Jarle has been living with and fighting since he was released from hospital and decided to build himself a house and move home.

But the value of centred control is also enacted in public policy and inscribed in action plans and strategy documents: 'The public services will contribute to ... provide and ensure the highest possible degree of individual control over the rehabilitation process' (Ministry of Health and Social Affairs 1999, p. 6). Such normativities are, however, not automatically activated and enacted in the local community where Jarle lives. Indeed, Jarle had to actively make the links with disability policy himself. *He* had to argue for the right to live at home and not in a nursing home, the right to a new care scheme called 'personal assistance managed by users', which turns the care receiver into the employer and manager of his own home-based assistance, and the right to technical aids that contribute to improve his ability to function in daily life and be cared for at home.¹⁵

What the example from Jarle's story shows, then, is that a specific way of ordering disability is at work which enacts itself in and through subjects and bodies, technical aids and adapted physical environments, health care schemes and practices, policy documents and social security regulations, rehabilitation guidelines and disabled people's associations. This is a mode of ordering geared towards normalization and order building, working systematically and according to a plan to fix in place and stabilize an order of the normal. It is enacted in all these locations, but it cannot be reduced to and does not originate in any one of them in particular. It is not simply that it spreads out from a centre, becoming dominant and adding to the power of the centre. Instead, all these locations and many more are both being ordered and contributing to ordering. Public policy on disability is for instance informed and shaped by disabled people's associations and their discourses.¹⁶ It is also informed by critiques and debates within the social sciences, health care professions, the press and disability movements in other countries.¹⁷ As such it collects, connects and articulates all these locations, practices and actors into an extensive network.

Further, disability policies are translated into government action plans, legal documents, social security regulations, new care schemes, building regulations, and even schemes and development grants for the manufacturers of technical aids. In the form of policy documents, social security regulations, administrative provisions, standards for public services, etc., normalization is transported and circulates widely, to many different locations, following but also extending the extensive networks of public services, and working to standardize many different practices. Technical aids, rehabilitation methods, personal-assistance schemes, financial and other resources, all of these and many more objects, travel and are passed on from one location to another and also create the necessary conditions for normalization to take place. However, as Jarle's story shows, it also requires effort to make and activate these links: They do not work by themselves, but only through active association.

So this is how normalization is enacted and comes to order practices, relations and materialities in new locations.¹⁸ Drawing things together, what we see here is: the collection, articulation and translation of the normalizing mode of ordering into a welfare state ideology and a disability policy, the circulation and embedding of it in an extensive network of public services and measures, and its delegation into more durable materials such as law texts, technologies and physical environments that make it productive and powerful.¹⁹

But does it succeed and achieve its goals? And what are the alternatives? This is what I turn to next. I start by exploring a further story – this time from Roger's life.

The ordering of disability as lack

I visit Roger in his flat. He is 30 years old. Ten years ago, he had a steady job in the local stone quarry, but then he had an accident and suffered severe injury to his head. He was out partying and drinking, when they stole a motorbike and went for a ride. Then there was an accident. Roger does not know what happened, or who his accompanying friends were. Only that he landed in hospital, and woke up after eight weeks in a coma. He explains, 'I got aphasia. For a long time, I could not walk and was parked in a nursing home'.

Today, Roger has been granted a flat and so a home of his own, along with some adult education, through the local social services. We are sitting at his kitchen table, in front of his computer. Roger is demonstrating his use of the computer, and describing the self-help group for people injured in road accidents that he is involved in. This is a groupware-based forum for discussion and exchange of experiences directed at people living in sparsely populated areas, a project under the Norwegian government's information technology policies for disabled people.²⁰ Roger got the computer, a modem and a printer

through this project. He clicks on the icon for the regional public services network in which the self-help group is located. He looks at me and says: 'The network and self-help group is ok, but . . . I have a problem. And that is that I have difficulty with my memory and I cannot write. I can read, but not write. Well, I can write a little, things like 'hi', 'hello', and 'have a nice weekend'. But that is all'. But he adds that he has people who help him. Two days a week he has adult education, and then a teacher comes to his place and trains him to use the computer and its programs, as well as writing. Roger also writes to the others in the group when his teacher is with him. But he really doesn't have enough training, he says; he very easily forgets things.

Roger opens the discussion database and shows me what the self-help group is about. Sometimes he seems to get lost and not to know how to get on with his task. Then he stops, interrupts himself, looks at me and asks what now, what had he wanted to do and how to proceed with it.

So Roger has problems with his memory, with speech and with writing. He knows what he wants to say, but cannot find the right words. If he finds them, he cannot write them down. Sometimes the words are also difficult to articulate and pronounce. And sometimes he cannot remember other things, either, their details, the order in which they occurred, or how to get things done. My suggestion is that what is enacted here is verbal and cognitive incapacity. Not a capacity, but an incapacity. A lack. As opposed to Jarle's story, that among other things also demonstrated the importance of verbal language to competent normal subjectivity, what we see here is the other of this verbal competence. Significantly, it comes out as a purely cognitive incompetence.

Cognitive incompetence does not just mean poor memory and the inability to speak; poor memory and verbal language are components of cognitive incompetence, which become symptoms and expressions of cognitive incompetence, tout court. 'Stum er dum', or 'dumb is stupid', as many interviewees put it. What this means is that it is assumed that poor memory and lack of verbal language means lack of capacity to reason and deliberate, logically and rationally; to understand facts, connections and implications; and so to have a qualified opinion and independent 'voice'. Treated as an attribute of the individual person and mind, rather than as a relational and practical matter, it implies a lack of rational competence. And, further, the disabled person is turned into a restrained, weak and dependent subject. This, in my view, is what is at stake. But how does it work?

My argument is that this lack, this verbal and cognitive incapacity, is produced by an order of the normal. And that in practice, in the setting I observed, it is enacted by the computer, the self-help group, the adult education Roger is offered, and the interviewer who comes and asks him to demonstrate his use of technical aids. But also the policy, action plans and apparatus of social services that lay the conditions. The paradox is that the

computer-mediated practices that the efforts to normalize Roger's situation introduce, all contribute to produce his verbal and cognitive incapacity. The technology that was intended to materially support and extend his social existence, to build connections for him, and to support his verbal and cognitive functions too, through the adult education programme, does not seem to give Roger the kind of support and assistance he needs. In particular, computer and computer-based communication limit Roger's modes of expression to asynchronous written communication. If he could use body language or have people around who could help him find the words he is searching for, he would be much better off. When I visited, Roger used body language and gestures to back up his verbal expressions. If there was a name he had forgotten, he had people's cards taped onto the computer or in other strategic places. Or he looked through his photo album and showed me a picture. In this situation, his memory, his intellectual capacities, and his communicative competence, were all distributed across a range of actors and entities and mediated in a flexible way. In the computer-based forms of communication, these entities were radically narrowed and restricted to writing – for Roger the most difficult form of communication of all.

Roger's story exemplifies an argument developed by Susan Leigh Star about standards and how they make 'monsters' (1992). Her argument is that standards enable and create order for those with standardized bodies and subjectivities, but make trouble for, disable or exclude others with non-standardized bodies and subjectivities. Further, standards produce their own 'monsters'; those who cannot escape, who *have* to relate to them, but do not fit. This also parallels an argument made in disability studies and literatures, namely that disabled bodies or people are doomed to appear as spectacle, forever visible and problematic, never able to disappear into the background because of their bodily particularities (Thomson 1997b). What Star adds to this discussion is that the particularity is materially produced in the clash between non-standardized embodiments and standardized environments.

What this implies is that the material arrangements, relations and distributions that enable standardized bodies and subjectivities become invisible, or disappear into the background, and allow these bodies and subjects to appear as detached, independent, bounded and with inherent capacities for agency and subjectivity. Non-standardized bodies and subjectivities on the other hand, appear as problematic and particular, and so do the relations and distributions that disable or enable them. And so they remain visible. They do not disappear into the background. Accordingly, they are unable to perform as a 'disembodied mind': to enact a boundary between body and mind, disconnect from, censor and master the body and other forms of embodiment.²¹ To perform as a 'disembodied mind' is a required form of embodiment in normalization. But as long as reality is built on the assumption

that there is a universal and so normal body, non-standardized and disabled bodies will always come out as problematic and fail in performing as disembodied mind. Indeed, they are doomed to fail.²² In this way, normalization contributes to the reproduction of the differences and asymmetries that it seeks to escape and undo. In this sense, normalization itself cannot succeed – and neither can policies and welfare services that build on the principle of normalization.

What the above suggests is that there are limits to what is possible within normalization, and that normalization accordingly has an outside. Indeed, working to produce normality feeds on and works with something that is not normal. The normal implies the abnormal, the deviant and lacking.²³ However, they not only build upon it, but also help produce and reproduce it. Lack, then, is not a mode of ordering in its own right but the other of normalization.

But is everything that is not legitimate or possible within normalization, simply an otherness to it? Or could it be that reducing it all to lack misses out on something important? The question here is whether it is possible to imagine that what is an otherness also can be – or perhaps used to be – an order in its own right. Annemarie Mol and Jessica Mesman suggest that the answer to the above question might be ‘yes’ (1996). Semiotics, they argue, is about registering order or path building in the signs or other elements we study. And what is not incorporated as information and contributing to order, is differentiated from this order, and comes out as noise. But what is noise in one order, is probably, or possibly, information in another. It belongs in, and makes present, a different order.

Could this apply to lack? That is what I explore in the following section. And for this I will wrestle with one of the oddest interviews I did for this study.

The order of fate

Siv’s situation was different from most of the other people I interviewed. It wasn’t her injury that made it different; like the others, she was injured in a car accident, and was paralysed from the chest down and was left with only some arm movement. But Siv didn’t want technical aids, or at least most of them. Just a few. To her, it was good to get help and assistance, and have people caring for her. She gladly delegated tasks to other people. She was happy to stay at home, she didn’t want more action and activity. She didn’t have any ambitions about a different future life, such as plans to get herself an education and a job. She was content with what she had. She didn’t make plans for the future, at least not many days ahead. If she hadn’t been injured in that car accident, she said, she would probably still have a small job in the flower

shop in addition to caring for her daughter. Coming towards the end of the visit and interview, Siv was in a philosophical mood. Having paused for a moment, she turned to me and said: 'One has to learn to take one day at a time'. And she added: 'It is good that we don't know what tomorrow will bring'.

For a very long time, I didn't know what to make of this interview. I couldn't figure out what was going on: exactly what was being established between us in our interaction and communication? One possibility I considered was that gender made this interview different. Was it the interference between the making of a gendered difference and a disabled difference that made it so different? Or perhaps class was at work, too? Or a combination of all three?²⁴ Surely these different differentiations were at work, but my feeling was that what went on could not be reduced to a question of gender or class. There was something more to it. My proposal is that Siv was pointing to a whole different way of ordering and living disability. Indeed, she enacts disability not as a negative lack to be compensated and undone, but as a fate to be accepted and lived with. Thus, it seems that for Siv the negatives of normalization – what normalization strives to undo – were not negatives.

So my suggestion is that the normativity expressed in this communication is acceptance. Accepting what is, and what is brought upon one. And here it is really positively valued, a good one strives to achieve and learn. Not a failure or an irresponsibility.

So what kind of capacity is this? It is first of all not an incapacity to think of the future and make plans, or a lack of preferences, aims and ambitions. Rather it demonstrates a recognition that many, if not most things, in life are outcomes of circumstances, coincidences and events beyond our control, and cannot be mastered or managed rationally. And that if one goes at it as if it was, as if life was a career to be planned, one will be doomed to fail and be forever disappointed. Whereas if one takes one day at a time, and avoids making everything into the means for larger ends, one might not only be able to mobilize the necessary powers, but also be able to enjoy life and be content.

But what kind of subject does this create? What are the normative capacities, and their location, form and distributions, enacted in and by fate?

First it needs to be noted that the normativities of fate – including acceptance, endurance, passivity, weakness, lack of ambition – meant, and still mean, something else in a spiritual life than within normalization.²⁵ Indeed, fate has become so colonized by normalization that the meanings of these virtues have become lost to us. Or there are only remnants left. They are for instance prerequisites for becoming receptive and open to the divine, and so becoming a vessel for it. But this is not the kind of weakness or passivity that is the other of active agency.

Second, this implies that in fate agency does not reside with the individual, but one is nevertheless an actor, even if one is not one's own agent. And the subject is not constituted as a container of inherent capacities for action and subjectivity. In fate, one is the carrier of someone else's agency and subjectivity. As with Jesus, Son of God, or Judas Iscariot, whose fate and destiny was to betray the Son of God.²⁶

So how is this subjectivity enacted, how does it work in practice? It works, for instance, in the way Siv approves and accommodates herself to the way in which bureaucratic systems, such as social security, function, or the way social services and health care apparatuses work. That they take time. That there are scarce resources in local health care. That on the days when one has toilet day and empties one's bowels, and needs to wait for the ambulant nurses to look in when they have a free moment sometime between 9 o'clock in the morning and 3 o'clock in the afternoon, one cannot have other plans. That one needs to wait up to eight months to have one's application to have one's car repair handled by the social security system, and so cannot get out for this period, since it is winter. But it is also enacted by the ordering of the physical environments in Siv's community, the local authorities and social services that enact Siv as someone who does not need to get around, be active and have (other) plans.

The argument, then, is that there is a form of ordering being enacted here that cannot be reduced to lack. Further, it is that the capacities and incapacities that come out as lacks within normalization have been, and are, virtues within an order of fate. And that this constitutes a mode of ordering in its own right, enacting disability as fate, and as an outcome of circumstances and forces beyond anyone's control. A matter of fact, and a fact of life. Not necessarily a 'tragic' or 'cruel' fate, but one out of many, which may or may not be hard, but which shapes one's conditions of living in particular ways. Not something to be escaped, overcome, compensated and mastered, and for which one might make people, society or the state accountable and responsible, but something to be accepted, endured, and perhaps alleviated.

This may sound as if it is a vestige of the past, a way of living and ordering that belongs to another world. And, indeed, fate was the mode of ordering disability that the public policy based on normalization was intended to replace more than thirty-five years ago.²⁷ I argue, however, that it never succeeded in doing so. It co-exists with and alongside normalization. Fate has become marginalized, silenced, and layered over with lack, and it has disappeared from the public scene, but as Siv's case shows, it is still at work and perhaps even offering an alternative to normalization. What we have here then is a past ordering that is continued and folded into the present.²⁸

But if, as we are now starting to appreciate, reality and its orderings are complex, discursively as well as materially, might there not be yet other possibilities, and even already existing alternatives?

Arranging for passion

The first time I met Vidar was in a feature article on handicap extreme sport in *Aftenposten*.²⁹ Vidar was presented as one of a handful of performers of downhill wheelchair in Europe. The image showed a young man in a sporty manual wheelchair, stripped from the waist up, his muscular and tattooed upper body standing out. The story started with a quote: 'I threw myself down the scree right outside our house. I had been lying six months in hospital and was longing for the feeling of fear'. Vidar describes the way in which he had been thinking of doing this since he came to himself again in the bed in hospital. Before he was injured, he used to be an active performer of off-road biking, free-ride and trial. For him, sitting at home and staring at the walls was not an option. He had read on the Internet that you could go fast in a wheelchair too. That was how it started. First in the scree at home, later in the tracks of bikers and downhill slopes:

We roll down the mountain. We may run into muddy soil, roots, stumps and holes. The speed is close to 100 km/h. Since we are sitting so low, it will feel twice as fast. But I will go as fast as I can. If I brake, I will lose control. I will have to let go. And I will enjoy it all the way. Live life to the full. [...] Sometimes I get banged about . . . But that is what drives me; the kicks. That is what makes this so delightful, that you are close to the edge. That is what makes you feel you are still alive.

What is demonstrated here, I want to suggest, is passion. Vidar tells about and almost evokes the feeling, a strong bodily emotion that arises in and with a mixture of fear, pain and pleasure, when he goes racing and is taken by passion. What is interesting to us here is whether, and if so how, this story and practice enact a different ideal and form of agency to that of normalization. Analysing the story and its distributions of agency and subjectivity carefully, what we learn is that Vidar is moved and acted upon by something external (he is driven by the kicks), and he is seized and loses himself to this other. But he also willingly exposes himself and abandons his agency and subjectivity to this other. The form of action is thus passionate. At first sight this seems more closely related to fate (with its ideals of passivity and self-abandonment in order to be acted upon by an other) than normalization, and as set up in contrast to active agency. But it is equally distinguished from passivity. Passivity is, as Vidar says, not an option. What we have here, then, comes out more or less as an oxymoron: active passion, or passionate action.³⁰

So what kind of subject does this make? And what kind of ordering does it enact?

My proposal is that what we see here is the enactment of a mode of ordering that aims to allow or 'produce' passion.³¹ Compared to normalization

or fate, it aims at a quite different effect. Neither mastery and control nor passive acceptance, but an experience of being immersed in intimate interaction (often, but not necessarily, with technology), of being passionately taken and carried away by it, and the bodily kick and transformation that comes with it. Further, what we also learn from Vidar's story is that passion requires a *decentring of control and agency*, and so a different form, distribution and *flow* of consciousness, knowledge and agency that goes into an enactment of control – an enactment that is different from that of normalization.³² But in what ways is this different? What does it mean in practice, and how is it done? I will try to explicate this process through more of the story about Vidar's wheelchair racing.

First, control is delegated and given away to the wheelchair. Just look at how Vidar describes his wheelchair:

It is more like a downhill bike with four wheels than a wheelchair, actually. A real hardcore toy. We are talking about four 2.10 inch-tyres on Mavic 26 inch downhill wheel rims, and Hayes hydraulic disc brakes. The wheelchair is produced by Groovy Innovations in the USA. and has the same wheel suspension as a Formula 1 racing car, including for instance independent suspension on all wheels. Fox shock absorbers with 125 mm of give and adjustable progression and return damping. The rig weighs 20 kilos and can withstand the toughest conditions. The frame is steel, the steering arms are titanium and magnesium – they would probably never be agreed to the budgets of the national insurance ... We use a seat moulded for the individual body and two safety belts so that the knees don't bump about in the terrain.³³

So when Vidar throws himself down the downhill tracks, it is in a wheelchair specially designed for the physical conditions and challenges of this venture. Trusting that the four-wheeled rig, as he puts it, with its steel frame, wheel rims, hydraulic disc brakes, independent suspension on all wheels, shock-absorption, etc., will stand up to the treatment. That it will not tip over when landing on the ground after flying through the air. That it will not fall over as it turns corners or when it bumps into holes or bangs against roots. And that enough control has already been delegated and built into it, partly at the stage of design and development and partly through the careful individual adjusting and fine-tuning to which Vidar himself contributes.

What this demonstrates is precisely a delegation and decentring of agency and control. But agency and control are also delegated to the body, and particularly to other parts of the body than the brain and its rational faculties, for instance, to the embodied, tacit skills and knowledges of the body that runs the wheelchair. The body knows how to move to steer the wheelchair and to keep it balanced and on the track, instead of turning it over in a ditch. The body

that feels the condition of the ground through contact with the wheelchair, and that knows what is going on, and reacts before the brain does.³⁴

What happens is that agency and control are moved, given away and allowed to flow between and across many elements and locations. Rather than being constituted as located and bounded in an individualized body and mind (or in a particular technology), they are enacted as heterogeneously embodied capacities, including, but not limited to, the body. As when Vidar finds himself surrendered to the downhill wheelchair and his embodied skills, and simply has to let go – because there is no time to think, and because thinking about strategy, control, or braking would guarantee that he loses control and lands in the ditch, as he puts it. Clearly, this delegation and decentring of control is based upon and requires some skill, if not complete proficiency. Vidar speaks – with passion! – about the importance of developing wheelchair technique, which comprises skill and technique in driving the wheelchair as well as tinkering skill and technical know-how.

And so passion emerges in open, unrestricted, and intimate relations – for instance between the body and the machine – rather than as centred, fixed and contained within an individualized body. Indeed, passion, seizure, the flow it rests upon and cultivates, can only come about when boundaries are blurred or undone – rather than made.

This means that passionate ordering is necessarily prosthetic in character. Within passion it is a good to live with attachments in which boundaries get blurred, because it is in these intimate interactions that passion emerges and allows one to be moved and seized. What this further implies, is that one operates not with two different theories of agency and subjectivity, one for the person who is taken to be normal and another for the disabled actor, but with a single theory for all: agency and subjectivity emerge in relations and so are always mediated. Accordingly, the attached or prosthetic body and subject is seen to be both normal and desirable.

But this also means that in passionate ordering disability does not necessarily make a difference that matters. At least attachment is not what makes the difference – since attachment is reinvented – it is no longer a lack, and dependency becomes a good. It becomes a good that promises desire and passionate seizure to abled and disabled people alike. That this is indeed the case, is demonstrated when Vidar is out practising wheelchair downhill and able-bodied people approach him to ask if they may try out the ‘rig’. This shows that the wheelchair is no longer a mark of difference, dependency and disability, but is turned into a promising prosthetic attachment.

So passionate activities promise to generate bodily emotion, intensity and pleasure. This is particularly noticeable in the imagery with which handicap extreme sport is promoted. They emphasize, and set off, the body, instead of working to make it as neutral, normal and invisible as possible, in order to allow it to ‘pass’. These images, and the activities they represent, make the

disabled body stand out visibly, not as a spectacular, dysfunctional or problematic body, but as sensual, intense, desiring and desirable prosthetic embodiment.

Slipping between modes of ordering disability

In trying to bring out the 'logics' of each of these modes of ordering, I have simplified, purified, and made what is going on more definite than it is in practice. As a part of this, I may have created the impression that modes of ordering disability appear separated and isolated from each other, and work to enact 'types' of people – who are either normal, passionate, lacking or subjected to fate. However, this is not the case. Instead, people tend to slip and move between different modes of ordering disability. And become enacted in multiple and shifting ways, in shifting spaces and times.

Vidar, for instance, describes how he was back at work in his job as a graphic designer a few weeks after returning home from hospital. But that he couldn't cope because of chronic pain. In the end, he gave up his job. But today he is very happy that he is free to pursue his interests in sport instead of going to work every day. What I make of this is that Vidar first, on being discharged from hospital, enacted and was enacted by an order of the normal. He came home, was supposed to manage on his own and to start working again. But he had not been well prepared. Coming home and *not* managing was a shock. When he went to the grocery to do his shopping, he could neither get around on his own nor could he get hold of the goods on the shelves. Further, the staff addressed his companion but not Vidar. My interpretation of this is that Vidar saw himself sliding into lack and becoming enacted as lacking. But at that point, passion opened up new possibilities. Where normalization had banished and displaced him into lack because he couldn't live up to the required standards, within passion he is enacted as fully competent and is attributed agency as well as subjectivity. Except, perhaps, from time to time when in the grocery or a café, he is still enacted as lacking and unable to express his wishes and preferences. 'Does he take sugar?'

Roger, however, was moved from lack through normalization and back into lack again. Being parked in the nursing home, as he put it, he was enacted as lacking. Moving into his own flat meant that an order of normality was being set up and a process of normalization started. For instance, he was now entitled to technical aids as well as adult education. The new ordering nevertheless failed. But in the story Roger told, it seems to be he who enacts himself as lacking, whereas other actors try to reinvent and re-enact him within an order of fate. Roger sees himself as lacking a job, money, driver's licence, girlfriend – and as lonely and isolated. Others try to do something about the lack Roger enacts, work to compensate it by means of adult

education, a computer and a net-based self-help group, and put in place elements of an order of the normal. But these are not well adapted and don't work. Still others try to convince Roger that he really needs to accept that there are many things that he can no longer do. They work hard to shift from an order of the normal, and so displacement into lack, to an order of fate. Roger, for his part, tends to run away. He just has to, he says, and so slips into an enactment of passion. In the middle of a summer night, when he is all alone and there is no traffic, he goes off on the three-wheeled Harley Davidson which his pals at the local motorcycle club have built for him.

Siv distinguishes herself from the other interviewees in that she actively embraces an order of fate. She lives life one day at a time, she does not make plans and she refuses the offers to be followed up and to take part in further rehabilitation courses and programmes. She does not need these, she says. Within this ordering, to which Siv actively contributes, she is not enacted, or enacting herself, as lacking. It is fate. A fate – one possible fate among many others – for which she cannot be made responsible and about which she can do little or nothing. But other actors introduce an order of the normal: a computer has been made available to her and now she is waiting for a proper desk, an Internet connection and adult education. And an environmental control system is just being installed. However, Siv has been insisting that she does not want it all, only a few components. And the computer has been put – provisionally, yet tellingly! – in the laundry room.

So there are different modes of ordering being enacted in people's everyday lives, and people slip and slide between them. They are, accordingly, enacted in multiple and shifting ways. But it is not enough simply to have established this fact. The pressing question is what this *means*. Does this imply that people are free to choose and move between modes of ordering disability at will, or at least that there is play between them, and therefore space for resistance and (some) action? Or is passion just a relief valve that makes the dominance of normalization even stronger?

Indeed, simply assuming that difference, or multiplicity, implies openness, means stopping short of the urgent question – not in general, but for this particular case and field – of what *difference* difference makes, and how difference may or may not contribute to ordering and even dominance. The further question then is what the relations between the identified modes of ordering disability are and so how they interfere with one another.

Relations and interferences between modes of ordering disability

My starting point is that the above stories suggest that the co-existence between modes of ordering takes different forms. For instance, co-existence

does not necessarily imply that different modes of ordering are also co-present in the same situation, location and practice. They may order different locations, and different practices at different moments in the daily round of activities. Alternatively, they may be enacted sequentially, in different locations in time in people's lives and life-stories. This varies. It follows that the different modes of ordering disability relate in different ways.

First, they may co-exist harmoniously. They may be enacted in different places and order different activities. Even if Jarle insists that the prevailing rule in his home is that of normality, he does reserve some slots and spaces where life is not supposed to be ruled by plan, reason and caring routines, but rather by inspiration and passion. As mentioned, Jarle was captain of the Norwegian national team in formation sky diving before he was injured, and he still cultivates his passion for flying. This involves a whole different collective of friends, former colleagues, military pilots, staff and aircraft, as well as developers of ventilators, a collective that is quite unlike that which sustains him in his normalized everyday life.

So this is one possibility: different modes of ordering exist side by side more or less unproblematically. The next possibility is that of a clash between modes. Modes of ordering disability clash when they contradict each other, when the normativities that they enforce and enact cannot be enacted at the same time. When one good or objective violates another. This is what I make of Vidar's story about the process of giving up his job, learning to live with pain, and reinventing himself within passion. These three normativities – working, accepting the pain and infections that are inflicted on his body periodically, and giving in to his passion – did not fit together. The consequence was physical breakdown. The resolution to the conflict was that Vidar gave up the ambition of succeeding within an order of the normal in order to be able to devote himself to his passions. With it, he also gave up, and rejected, the concomitant normativities. To be self-sufficient and economically independent is no longer a normativity that has any power; for Vidar there is a whole set of other virtues that now guide his doings, including passionate action, dedication, dynamic movement, and transformation.

But does this imply, then, that passion, which is clearly in tension with normalization, challenges and potentially works to subvert the dominance of normalization? Does it mean that passion makes a real alternative to normalization? *In principle*, perhaps. The normativities of normalization may be given up for the virtues of passion. Instead of an overall goal of contributing to society, getting a job and having a family, the aim now is to indulge in one's passions and realize oneself through the projects that passion might stir up. *In practice*, however, at least in the cases I have studied, the answer seems to be 'no'. The reason is that passionate ordering is dependent upon normalization. It is in tension with, but also dependent upon, normalization.

This dependence is brought out most clearly in extreme sport versions of passion. Since there is no institutional support for what is called handicap or HC extreme sports, Vidar both mobilizes the resources and builds the necessary arrangements himself, in the sense that he purchases and even develops his own off-road and down-hill wheelchairs. But he could not pursue these interests without the disability benefit and the van provided for him by social security.

This means that normalization is implied in passion. Vidar still subjects himself to a logic that works to bridge disability by way of compensation. Indeed it is this surrendering to normalization, to an order that enacts one as lacking and in need of compensation in the form of benefits and economic support as well as technical aids, that makes it possible for him to pursue his passions.

So passion turns out to depend upon normalization, and normalization turns out to support passion. Thus, normalization is not only co-existent but also co-present with, and implied in, passion. But passion also supports normalization. This is because these modes of ordering are equally geared towards activity, movement, and transcendence. The ways in which they locate, distribute, and achieve these normative capacities differ substantially; the one works through strategic planning and management, the other through play and passionate seizure. But they still share them as normativities. And this implies that they produce almost the same, or at least more or less overlapping, lacks. Passion, despite the efforts to the contrary, turns out to collude with normalization in the production of lack.

What about fate then? Fate seems to be something completely different. As I argued earlier, the virtues of an order of fate are other to those of normalization. But even if they are closer to passion in its original, spiritual meaning, they are also other to the virtues of modern, secularized and ‘postmodern’ versions of passion. As opposed to these forms of passion, fate does not, however, depend upon normalization. And it does not enact disability as lack.³⁵ This does not mean that it does not also produce bads, perhaps even failures, but they are different, they do not match and overlap with those of normalization and passion. Fate, therefore, seems to offer a way of escaping normalization, the ‘demands of the environment’ that policies of normalization naturalize, and their production of lack. It might even turn disability into a privilege.

The problem is that fate is layered over by lack. In restraining from activity, fate challenges normalization in subtle, but passive, ways. Whereas passion comes up with alternative forms of activity, fate does not. At least they are not recognized as activities, and as active, from within ‘activist’ modes of ordering. Fate is turned into lack, and so becomes implied in lack. And as normalization rests upon disability as lack, it also rests upon fate. And fate ends up supporting normalization as its lacking other.

The conclusion, then, seems to be that the effect of all of this ordering work, and of the interferences between these modes of ordering disability, is that normalization is not challenged and its dominance not subverted. Quite the contrary: normalization is strengthened and reinforced through its co-existence with other modes of ordering. But this means that the power and dominance of the order of the normal relies not simply upon the circulation, translation and distribution of a discourse of normalization into an extensive and heterogeneous network, and particularly upon delegation into material forms that are durable. It also rests upon other modes of ordering.

This resonates with what John Law has argued for organizations, namely that no single order and strategy can do on its own: organization, as process, as organizing, needs to move between different strategies, or it will come unstuck (1994, p. 111). It also resonates with Bruno Latour's analysis of colonialism, where he argues that the power of the invaders resided not in the coherence and consistence of the form of rule, but quite the opposite, in the fact that they were not united and had different agendas (1998, p. 203). And finally it is also inspired by Donna Haraway's description of the state of affairs as 'the established disorder' (1991, Haraway & Law 2001, p. 126). Her twist to this figure of speech alludes to the fact that there is not a single order, but different, multiple and complexly related orders. Dominance, or even hegemony, is an effect of their – disordered – interactions.

As Annemarie Mol points out, this also means that there is an important difference to be made between difference, or simply pluralism, on the one hand, and multiplicity on the other (1999, pp. 75–9). The situation here is not one in which there is a plurality of separate, independent and so different modes of ordering, existing side by side as a set of options from which one might choose one or another. Instead they are related in different ways: they are implicated in each other, they rely upon and also support one another.³⁶ Difference and multiplicity, then, does not necessarily imply that there are options and choices. One cannot necessarily have the one without the other, and one cannot necessarily have a choice either. Sometimes, one is simply enacted. At other times, the scope for action is greater.

My use of the term 'slippage' for the movements between modes of ordering is meant to reflect this undecidedness as to where agency is located and how it is distributed – and so to avoid having to establish (a priori) whether people either 'have agency' (and actively and consciously contribute to and embrace their enactments) or are acted upon and subjected to the enactments of others.³⁷ I acknowledge that there remains a question about *how* people move or become moved from one mode of ordering to the other, and the mechanisms through which this happens.³⁸ Although I cannot do justice to it here, but in coming to a conclusion I still want to return to the question of the possibilities for articulating alternatives, and so also the relations between openness, multiplicity and ordering.

Ordering, openness and the articulation of alternatives

So if what we have here seems to be a situation of simultaneous multiple ordering and dominance – what then becomes of the postulated openness? What kind of openness remains, and where does it reside?

First I want to acknowledge and appreciate the fact that there is difference and multiplicity and that from the point of view of disabled people there is an alternative to normalization and its other, lack. It is only recently that a way of becoming disabled through passion has emerged as a possibility. Whatever one might think of modern, secularized and ‘postmodern’ forms of passion – for instance that they seem clearly gendered and come close to familiar discourses about individual(ist) self-realization – they do open up new possibilities for living disability.³⁹

Secondly, I want to argue that this introduction of difference and new alternatives in itself contributes to making visible what normalization has made invisible, disarticulated and stood in the way of. As long as normalization was conceived of as the only alternative, and as an alternative to something much worse, namely fate, constituted as lack, other possibilities were inconceivable. An opening up of alternatives such as passion also opens up the possibility of other – already practised or yet unknown and unimagined – alternatives.

Third, there is an important form of openness in the material practice of ordering that I have wanted to bring out. This is what I have sought to demonstrate with my detailed explications of the compositions and configurations of arrangements, practices and relations in which bodies and subjectivities are enacted. I have wanted to show that the conditions of possibility are different all the way through, are material and practical, have to be arranged and ordered, take effort and work, and are precarious and fragile. And so the realities enacted remain open precisely because they need to be enacted anew in every instance. This means that even if the overall effect of the orderings and their interferences at the moment is to reinforce and reproduce the dominance of normalization, this can change. It could have been otherwise, it can be otherwise.⁴⁰

And then I have arrived at the question of the contribution and interference of studies such as this one. In my current work in general and in this piece in particular, I have tried to avoid colluding with and so adding to the dominance of the order of the normal by bringing out and making the actually existing alternatives visible. That is my intervention. To do this, I have carefully explored the actual and practical ordering of the normal, demonstrated its exclusionary politics and production of lack, and investigated the productivity of the practices and politics built on a principle of normalization. But it also has been pivotal to contribute to, articulate and make visible and present actually existing alternatives, to explore the openness of the process, and how there may be space for ways of living disability other than through

normalization. In so doing, I hope to contribute to making yet more space for further, perhaps unimagined, ways of becoming disabled.

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Notes

- 1 Just like disability, disability studies is not one thing either. It emerges out of a spectre of settings, events, discourses and academic traditions in different locations. The Norwegian and Nordic strands have been closer to the North American tradition that grew out of symbolic interactionism and the sociology of deviance associated with Howard Becker and Erving Goffman, and later Foucauldian approaches in history, than to the British school of ‘social modelists’. The emphasis has been on studies of the power of different health care and special education professions, as well as of policy and welfare state administrative apparatuses, in defining and regulating what being ‘crippled’, ‘retarded’, ‘impaired’ and ‘disabled’ has meant at different times and in different locations. One influential early study, is Stone (1984). Although they are not equally transportable, accessible and known to a broader ‘international’ audience, among the Nordic studies I would like to mention are the works of Solvang (1994), Froestad (1995), Holme (1996), Rønn (1996) and Simonsen (1998).
- 2 Again, the literature is large. See, for instance, Davis (1995, 1997), Thomson (1997), Evans (1999), Mitchell and Snyder (2000), Corker and French (1999) and Corker and Shakespeare (2002).
- 3 Froestad (1995) argues that the influence of the medical profession on the social care for disabled people, and for the discourse and policy on disability, varies between countries. In Norway, for example, special education got a stronghold and shaped both the discourse and the apparatus of care for disabled people. Yet at the same time it also based itself upon a medical model of impairment, and so came to support the power and dominance of medical knowledge. Davis (1995) develops a similar argument when he traces the role of statistics as a discipline that ‘assisted’ the (medical) construction of disability.

- 4 The article builds on a study of life after road traffic accidents conducted in Norway in the period 1996–2001, and is published as *Road Traffic Accidents: The Ordering of Subjects, Bodies and Disability* (Moser 2003). It was funded by a University grant, but also built on previous work funded by the Ministry of Health and Social Affairs in Norway, which investigated and evaluated Norwegian ICT policies and programmes for the disabled. The reasons for concentrating on people injured in road accidents was partly political, partly methodological. Well aware of the fact that the positions of people who become disabled in road accidents vary considerably between different countries, I wanted to contribute to making their dispersed and often invisible fates *within a Norwegian context* visible, and to interrogate policies that allow a serial killer like road traffic to disappear because its action is so dispersed. The second, methodological reason was that people marked by road accidents most often have become disabled as adults, and as such their lives have been radically transformed. My assumption was that they, more than most, might be able to articulate what becoming disabled entails, what (new) expectations and norms one encounters, and how ability as well as disability is ordered and done.

Although I rely upon people injured in traffic accidents and their communication of what becoming disabled implies, the intention is not primarily to give voice to their subjective experiences and stories. Rather, drawing on post-structuralist resources, I see these stories and experiences as already configured and shaped, building particular versions of subjectivity, embodiment and disability. This does mean that I do not take them seriously. But it is these specific forms of ordering that they enact, as well as their consequences and politics, individually and collectively, that I am after. My concerns are thus primarily theoretical and analytical, but still grounded in empirical studies. Accordingly, the stories that are told are selected because they are indicative of particular modes of ordering subjectivities, embodiments and disability at work in my data, and not because they are typical of the research subjects, let alone representative of the ‘population’ of disabled people.

A reader of an earlier draft of this essay has suggested that using road traffic accidents to identify and categorize research subjects is problematic because this framing tends to cast both stories and their analysis within the same medical model of lack and victimization that is criticized. That people never self-identify as ‘traffic accident victims’ but as people with, for instance, spinal chord injuries or traumatic brain injuries. But in the Norwegian language, and in a Norwegian context, people who become disabled in traffic accidents often self-identify as ‘traffic injured’ and also mobilize collective and political action on the grounds of this identity (through the association ‘Landsforeningen for trafikkskadde i Norge’ – ‘The Norwegian Association of People Injured in Road Traffic Accidents’ or, literally, of ‘Traffic-Injured in Norway’). In *this* context, it has been argued that identifying people on the basis of their medical diagnosis is what should

be avoided because it repeats a medical model. This is the reason why I have tried to avoid the vocabulary of diagnoses in my work – although I also realize that sometimes using a medical term allows one to make necessary short-cuts in describing people's particular problems and situation. So, acknowledging that translating between languages involves deferrals that I cannot overcome or control, I still chose to stick to the conceptions that seem closer to the enactments in the Norwegian context in which the research was done.

The sources of data consist of interviews with disabled people, field notes from these visits, other materials given to me by interviewees, such as their writings, videos and interviews given in other contexts, discussions on a website for disabled people, public policy documents, and participation in a range of forums for debate on disability policy. Altogether I interviewed and spent time with thirteen people, most of them a number of times over several years. All had been in accidents and became disabled as adults, all but two were men (men are heavily over-represented in the statistics of road traffic accidents, and in addition it was hard to recruit women for this study) and all but one were between 18 and 32 years at the time of the accident. The research subjects were recruited partly through the association for people injured in road accidents in Norway, partly through the public health care apparatus' IT units and regional centres for technical aids, and partly through network- or snow-ball-techniques. All names are changed in order to protect the confidentiality and anonymity of interviewees.

- 5 This body of work includes Berg and Mol (1998), Mol (2003), Callon and Rabeharisoa (2004a, 2004b), Akrich and Pasveer (2004), Pols (2004), Law and Mol (2004), Singleton (1996, 2005), and Struhkamp (2004, and this volume).
- 6 In *Science in Action*, Latour explicitly refers to his own undertaking as an archaeological and genealogical one (1987, p. 92).
- 7 Dutch philosopher and feminist Annemarie Mol points to a different way of approaching the questions of power/knowledge, and whether and how medical knowledge and practice comes to order society: 'thus it is his [Foucault's] work that turned the term normalization into a word for the way in which modern medicine helps to govern the society of which it forms a crucial part: by ordering; by holding up normality as a norm; a standard, an ideal for each and everybody (every body) to attain. Once the lived reality of acquiring and handling knowledge is taken seriously, the social consequences of operative medical norms become more important than whether these norms are given with the organism or actively set by one social class or another. (...) Does striving after normality indeed imply that the society comes to mimic the organism? This, again, does not so much depend on where the norms come from as on how they relate. Do the various normalities that inform medical interventions cohere, do they hang together as a system, do they form a tightly knitted whole?' (1998, p. 280)

- 8 The term ‘mode of ordering’, which I adopt, is developed through an argument with Foucauldian discourse-analysis. It treats social order as a verb rather than a noun, as ongoing, precarious and recursive process, and stresses the material heterogeneity as well as the multiplicity and complexity of social ordering.
- 9 In using the term ‘normativity’, following Singleton (forthcoming), I want to signal that I see normativities as arising and being enacted in particular practices and locations, rather than as positively given ‘social norms’.
- 10 I adopt the notion of ‘subjectivity’ in its semiotic and post-structuralist usage, as referring to a location of consciousness, knowing, thinking or feeling. I use the term ‘subjectivities’ in the plural to emphasize, first, that subject positions are always configured in particular ways and, secondly, that a subject position is not something one has, occupies or is structured into, once and for all, but rather a set of differently structured positions one moves between and is moved through, more or less fluidly. Whenever I refer to the ‘subject’ in the singular, this refers to a position that draws together, unifies and hides a more complex set of subjective capacities. This implies that I make an analytical distinction between capacities for action and capacities for consciousness and thinking. In the following analyses, I break these capacities – for agency and subjectivity – down into their component parts to explore their particular compositions, configurations, distributions, locations and embodiments in different modes of ordering subjects.
- 11 The environmental control system works to draw things together, as Latour (1992) has put it. He studied scientists and their use of charts and tables in order to assemble, contract, simplify and make available huge amounts of data – results from experiments, surveys, etc. – in ways that make sense but also reveal things that would otherwise not be knowable, and in ways that work by simplifying, juxtaposing and drawing things together. In doing so, they create exclusive centres of knowledge and action – elevated above the matter itself. ‘Drawing things together’ in this way, then, builds a position similar to that of a panopticon, a mini-panopticon, allowing one to see what others do not. In a similar way, John Law (1994) has studied how management technologies work to draw together information at a single location, that of the manager’s computer and desk, and thus make possible knowledge and action that would otherwise not have been possible.
- 12 From ‘User to citizen: a strategy for removing disabling barriers’, Government White Paper 22, 2001, p. 41.
- 13 The Norwegian Government’s Plan of Action for the Disabled 1994–97, Ministry of Health and Social Affairs. This definition is also embraced by disabled people’s associations, policy, health care professions and rehabilitation medicine.
- 14 This means that one operates with two different theories of agency/subjectivity: a naturalistic theory of agency/ subjectivity as inherent for able-bodied people, and a functionalist theory of agency / subjectivity as network

- effect for disabled people. Disabled people, then, need to be compensated and normalized.
- 15 There is a national system for the distribution of technical aids in Norway, and the rights to these aids have gradually expanded and become established by law in the Act of National Insurance (§10-7) in order to secure people equal and standardized services. At the present, efforts are being made to get disabled people out of nursing homes and allow them to live in their own place, as well as to reorganize caring services to develop more flexible home services, like the new care scheme called 'personal assistance managed by users'. These policies are however not yet rights, as established by law.
- 16 One way in which this takes place, and is even institutionalized, is through user participation – that is, arrangements that ensure user organizations' rights to influence disability policy as well as public services for disabled people.
- 17 I develop this more thoroughly in Moser (2000, 2003).
- 18 These enactments can of course never be exactly the same; they differ between, as well as within, locations and practices. They only more or less overlap, and are only more or less linked.
- 19 In material semiotics/actor-network studies, once a fact, technology, or instrument is stabilized and in place in the network, it is made durable and lasting through delegation, blackboxing and enrolment in new practices and realities in which they become simply taken for granted (Latour & Woolgar 1979, Latour 1987).
- 20 In the 1990s, as part of the Government's Plan of Action for Disabled People, a particular IT (information technology) plan for the disabled was developed. The project that Roger was involved in was funded through resources made available by this plan.
- 21 Feminist work has discussed and criticized the boundary performed between body and mind, the devaluation of the body, the idea of disembodied mind, and its role for the figure of the 'modest witness' on which academic work has become based. For one influential version of this, see Haraway (1991, 1997). My interest here is in the actual enactment of this boundary and how it is made possible – or not.
- 22 Again, I have developed this in (Moser 2000, 2003). My argument is that normalization enacts and even reinforces a norm – that of the self-mastered subject – that few if any able-bodied people live up to.
- 23 This has also recently been developed in disability studies, as for instance in Thomson (1997).
- 24 In this article, I focus on the making of the difference of disability. For this endeavour, I had to keep other differentiations, or other enactments and orderings of difference, outside. This is of course only possible for analytical purposes. In practice, different social and material differentiations, including gender, class and disability, are entangled. In the vocabulary of gender studies they 'intersect' or 'interfere'. The notion of gender as done or performed (West and Zimmerman, 1991) has been a starting point and

- important inspiration in my thinking about disability, as well as about the interferences between different productions of difference. I have explored some interferences between enactments of gender, class, and disability in Moser (forthcoming 2006).
- 25 There are of course not one but many modes of spiritual life, and not all of them grant fate a role. Accordingly, subjective capacities such as will and agency are also attributed different roles and values in different modes of spirituality. Some of these may certainly go together with the ambitions of normalization. But in spiritual life forms that grant a role to fate, normativities such as passivity, endurance and acceptance have a different meaning and value than within normalization. Normalization, in my view, enacts a form of anti-fate politics.
- 26 See also Law and Mol (1998) for a discussion of forms of agency and subjectivity in an order of fate as practiced in Quaker worship.
- 27 In Norway, normalization as the principle of public policy on disability was laid down in 1967, in the Report to the Parliament (1966–67) *On the Development of Care for the Disabled*, Ministry of Social Affairs. The starting point was that we must ‘come to take a different view of the disabled and their possibilities in society’ (p. 8).
- 28 This points to the fact that once one is concerned not only with the power and generativity of discourse per se, but with the interrelatedness of discursive and other forms of materials, this also opens up the historical process as ‘a multiplicity of time spans that entangle and envelope one another’ – that is, a plurality or better multiplicity of times rather than a single one (which is either continuous or discontinuous). See Faubion’s introduction in Foucault (1998, p. 430).
- 29 *Aftenposten* is the largest national newspaper in Norway. This article was published on 10 August 2000.
- 30 Passion, thus, seems to rely on a mix of passivity and activity. Such a description of passion is found in contexts other than disability (see Gomart & Hennion 1999). Gomart and Hennion also extend their argument to a critique of theories of action in social science and philosophy, which tends to idealize human capacities for active action. But as Gomart and Hennion purport to show, action is much more mixed and distributed. There is action in passion, and the conditions for passion and even passivity also require activity. Accordingly, events, not actions, should be the focus of interest and analysis.
- 31 Passion etymologically brings us back to the sufferings and death of Christ on the cross. As such, it invokes pain as well as desire, love and strong affection. In its philosophical usage, which I am interested in here, it refers to any state of the mind (or in my terminology, subject /subjectivity) in which it is affected by something external, such as perception, desire, pain, etc., as contrasted with action – or feelings, desires, emotions, as contrasted with reason (Collins English Dictionary 1999).

- 32 Here an important difference to normalization emerges. In passion, it is the prosthetic embodiments that make possible subjectivities, emotions, and intensities. As against normalization, subjectivities are not enacted as cognitive and rational capacities, assumed to be neutral and disembodied; they are explicitly and unreservedly bodily, prosthetic, sensual, emotional, intense, fluid and so subject to dis- and re-assembly. In this sense, subjectivity within an order of passion does not fit into the body-mind split and the scheme of normalization with its distinctions between agency and subjectivity, inside and outside.
- 33 This is from an interview in a special issue of the extreme sport magazine *Ultrasport*, (vol. 9, no. 48, 2000, p. 11).
- 34 The reference is to Merleau-Ponty (1962) and various work on ‘body-knowledge’, ‘mindful bodies’ and ‘tacit knowledge’. See, for instance, Heath (1997), Scheper-Hughes and Lock (1993) and Knorr-Cetina (1992). My point, however, is that subjective capacities such as knowing become distributed not only across the body but across a wider set of arrangements, too, and that as such they also take a variety of forms of embodiment.
- 35 Disability here is one possible fate among others. These differences between fates do not map onto asymmetric ordering schemes, such as normal versus lacking, tragic or deviant. They are simply different. Being king or son of God is also a fate one has to accept. The virtue lies in being able to accept what is brought upon one, to carry one’s cross or burden in life.
- 36 This obviously also draws on the notion of partial connections as developed by Marilyn Strathern (1991).
- 37 It should be noted that setting this issue up as a matter of options and choices also already implies a specific kind of ordering. Making choices, one is already enacted as and enacting a specific discretionary subjectivity, within a particular mode of ordering. It is not outside of and prior to ordering, but already ordered. To have, or be given choices, then, is not a neutral thing. It is an enactment, and one that tends to naturalize and depoliticize itself.
- 38 I thank Michel Callon for pointing this out to me.
- 39 Although this lies outside the scope of this article, it can be argued that passion, as produced in extreme sport activities or in other intimate relations with technologies, not only performs a particular mode of disability but also a particular mode of masculinity. This mode celebrates bodily skill and technical proficiency, risk and transcendence, dynamism and self-realization, and control. Even if the extreme sport form of passion is about decentring, giving away or losing control, it is at the same time tightly and carefully controlled.
- 40 The reference is to Susan Leigh Star (1988).

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