


Re-: An Errant Glossary, ed. by Christoph F. E. Holzhey and Arnd Wedemeyer, *Cultural Inquiry*, 15 (Berlin: ICI Berlin, 2019), pp. 69–78

BIRKAN TAŞ 

Rehabilitation I

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ABSTRACT: Drawing on Henri-Jacques Stiker's historical analysis, this entry explores the emergence of rehabilitative practices in the western discourse in the twentieth century, its relation to disability, autonomy, and vulnerability.

Rehabilitation I

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Rehabilitation. (Noun). The action of restoring someone to health or normal life through training and therapy after imprisonment, addiction, or illness.

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In *The History of Disability*, Henri-Jacques Stiker reflects on the exclusion of people with disabilities in western discourse and the emergence of the modern concept of rehabilitation in the twentieth century, and writes:

The concepts of 're-' [...] come at logical intervals: to reintegrate, we must redeploy; to redeploy, we must retrain; to retrain, we must rehabilitate (the body and its organs, intellect and movement). But there is another way of sequencing all this: we can replace what is missing, and this leads to retraining, and that to redeploying then to reintegrating, and that is rehabilitation. Along this axis of specific action, rehabilitation always comes at the end, as the most specific action or as the most generic.

Rehabilitation is co-extensive with disabilities and their extension in time.¹

Disabilities and their extension in time structure rehabilitative practices that, on the most generic or specific level, conceive of disability in a framework of loss and lack, which needs to be compensated. Bringing back a former capacity involves individual effort in the present, which shapes the course of the future in a prognostic manner. In this developmentalist framework, rehabilitation operates according to a medical view that sees impairment as a deviation from the norm, a biological deficiency to be eliminated in order to achieve increased independence, and an improved quality of life. Stiker's historical analysis shows that western cultural responses to disability regard the body as perennially incomplete and disability as a temporary obstacle. Within this matrix, 'if you devote sufficient resources, it is possible to reduce the distance and bring each person, however great the burden she carries, to reoccupy a normal place in the group of the able (normal)'.² The distance that needs to be reduced though rehabilitation is embedded in a temporality in which disabilities are considered to be aberrant and anachronistic because they do not fit into the 'machinery of production, [and] consumption'.³

In France and Britain, modern practices of rehabilitation emerged in the aftermath of World War I, when hundreds of thousands of injured soldiers returned home. Following the juridical discourse on work-related accidents codified in the last decades of the nineteenth century, during the post-war years, 'replacement for a deficit' became a

1 Henri-Jacques Stiker, *The History of Disability* (Ann Arbor: University of Michigan Press, 1999), p. 128.

2 *Ibid.*, p. 135.

3 *Ibid.*, p. 128.

generalized objective of modern notions of rehabilitation, and extended to people with disabilities.⁴ Stiker reads this paradigm of deficiency and loss in relation to a desire to ‘recover and reenter the competition of the industrial world and technological society.’⁵ He mentions that during this period, in France and Britain, the word ‘handicap’ replaced other words with negative prefixes such as ‘infirm’, ‘invalid’, ‘impotent’, and ‘incapable’ previously used to define people with mental and physical disabilities. In the eighteenth century, handicap meant the extra weight imposed upon a superior horse or the disadvantage imposed on a competitor in favor of an inferior one. It thus emerged as a negative value in a context of rivalry where some bodies had to catch up with others. Such shifts in language imply parallels between France and Britain in their cultural responses to disability. The modern concept of rehabilitation emerges at the same time with this lexical change, which, in Julie Passanante Elman’s words, is entangled with ‘healthy bodies and healthy economies, once threatened and then restored.’⁶

Stiker’s historical analysis explores rehabilitation practices as forms of governmentality that are linked to economic profit. As a two-part process of identity and integration, emerging rehabilitation practices, primarily in France and Western Europe, aimed to relocate bodily and mental differences into the ‘machinery of production, consumption, and work by standardizing human beings, and assimilating them into a unified social order.’⁷ For Stiker, ‘the

4 Ibid., pp. 124–25.

5 Ibid., p. 150.

6 Julie Passanante Elman, *Chronic Youth: Disability, Sexuality, and U.S. Media Cultures of Rehabilitation* (New York: New York University Press, 2014), p. 14.

7 Stiker, *The History of Disability*, pp. 112–28.

demand to be like the others', which is implemented on juridical, administrative, and institutional levels, is based on oblivion, disappearance, conformity, and normalization.⁸ Whereas in earlier eras disability stood for radical alterity, in the twentieth century western culture it came to mean a difference of degree on which rehabilitation came to operate as a social act of identification that would cause people with disabilities to disappear.⁹ People with bodily differences, writes Stiker, 'are established as a category to be reintegrated and thus to be rehabilitated. Paradoxically, they are designated in order to be made to disappear, they are spoken of in order to be silenced.'¹⁰ To put it differently, western modern conceptions of rehabilitation negate disability through their focus on adjustment and integration, whose success depends on the physical and social obliteration of disabilities.

The normative pull of rehabilitation both requires compliance and aims to make noncompliance with, let alone resistance to, societal norms unthinkable. As Robert McRuer writes, rehabilitation demands obedience: 'What we might call the rehabilitative contract [...] essentially stipulates that, in return for integration, no complaints will be made, no suggestions for how the world, and not the disabled body and mind, might be molded differently.'¹¹ For Elman, in this process of enforced assimilation to able-bodied normalcy, rehabilitation becomes coterminous with citizenship. She uses the term 'rehabilitative citizenship' to explain how seemingly apolitical notions of health or growth that shape rehabilitative practices are

8 Ibid., p. 133.

9 Ibid., p. 128.

10 Ibid., p. 134 [emphasis in the original].

11 Robert McRuer, *Crip Theory: Cultural Signs of Queerness and Disability* (New York: New York University Press, 2006), pp. 112–13.

deeply attached to 'what it means to be a good citizen.'¹² As an affective tool of self-governance, hegemonic forms of rehabilitation imply compulsory adaptation to societal inequalities.

While rehabilitation disguises itself as an apolitical and universal objective, crip theory and practices posit rehabilitation as historically contingent, political, and embedded in the cultural history of dominant economic forces, which attach norms, values, and meaning to what bodies should do or be.¹³ Crip theory and practices also criticize the rigidity of 'narratives of progress' that shape rehabilitative practices in western culture, which obscure the continuities between the past and the present, and the ways in which the past endures in the present in different ways, as Heather Love discusses in relation to the politics of queer history.¹⁴

Robert McRuer and Merri Lisa Johnson situates this crip resistance to a homogenizing ideology within an epistemology, which they call 'cripistemology',¹⁵ in an effort to rethink how we know what we know about disability 'as though it could be a thoroughly comprehended ob-

12 Elman, *Chronic Youth*, p. 16.

13 The word 'crip' comes from 'cripple', which has been and is used to describe pejoratively people with physical disabilities. It emerged in disability activism as an oppositional political response to ableism and to describe people with various disabilities and allies of disability culture and community. Like the term 'queer', which has taken on new meanings and political agendas within (and beyond) LGBT communities, crip theory and practices also gain political and analytical power beyond disability studies. Rather than aiming to fit into society as it is, crip theory, like queer theory, aims to transform society and probe the boundaries for imagining alternative futures and communities.

14 Heather Love, *Feeling Backward: Loss and the Politics of Queer History* (Cambridge, MA: Harvard University Press, 2007).

15 Merri Lisa Johnson and Robert McRuer, 'Cripistemologies: Introduction', *Journal of Literary & Cultural Disability Studies*, 8.2 (2014), pp. 127-47 (p. 128).

ject of knowledge'.¹⁶ Cripistemology questions dominant claims of knowledge production, 'destabilizes the category of disability and opens its borders to include more and different kinds of bodily and affective experiences'.¹⁷ It puts notions of ability and disability into a crisis, not to resolve them once and for all, but to attend to the question which bodies/minds/impairments are naturalized, made invisible, or publicly excluded. Cripistemology is about, in Arun Saldanha's words, 'letting yourself be destabilized by the radical alterity of the other, in seeing his or her difference not as a threat but as a resource to question your own position in the world'.¹⁸ This is part of a political and relational process, which requires the ability to affect and be affected by the shifting abilities of different bodies as part of a critical category of cultural and historical analysis.

For me, an important part of such a politics of non-compliance that aims to *crip* hegemonic rehabilitative practices entails embracing vulnerability as a condition of becoming, and attending to ways in which certain populations or bodies are made more vulnerable to inequalities. Subsumed under a linear and developmentalist neoliberal temporal logic, the conventional framing of vulnerability as an obstacle to be eliminated for maximum efficiency and autonomy needs to be challenged. As Judith Butler argues, we must pay attention to the 'mass difference of conditions that distribute vulnerability across the globe'.¹⁹ For her, the ethical task lies in accepting responsibility

16 Ibid., p. 130.

17 Ibid., p. 135.

18 Quoted in Jasbir Puar, 'Prognosis Time: Towards a Geopolitics of Affect, Debility and Capacity', *Women & Performance: A Journal of Feminist Theory*, 19.2 (2009), pp. 161–72 (p. 169).

19 Judith Butler, *Precarious Life: The Powers of Mourning and Violence* (London: Verso, 2004), p. 31.

for its differential allocation, albeit in many affective, economic, social, cultural, legal, and political contexts.²⁰ It's the task of politics, as Butler sees it, to challenge the ways in which vulnerability is differentially allocated across bodies as mechanisms of control or oppression. In other words, it is not only about identifying which populations *are* vulnerable but also about focusing on situations that *make* certain people vulnerable.

Drawing on how certain vulnerabilities and disabilities are institutionally, economically, and culturally praised or devalued is crucial to challenge paternalistic rehabilitative norms. To put it differently, politicizing or *cripping* vulnerability and interdependence and their value in human lives can help us resist the individualizing and assimilationist ideologies that compulsory rehabilitation perpetuate in their claim to increased independence and similarity. The uncertainty of vulnerability that shapes our interaction with the world encompasses a certain politics of rehabilitation, not just as an individual affair, but as a social one. As a source of hope and connection, politicizing vulnerability involves a critique of rehabilitative practices that pin their hopes solely on the future elimination of vulnerability, and looks at the ways in which invulnerability as mastery is selectively allocated to certain bodies in the past and present.

The negative connotations of vulnerability that link it solely with deficit or loss of autonomy create paternalistic rehabilitative responses or idealized care relations. Thus, challenging univocal definitions of vulnerability is an ethical task insofar as vulnerability is constitutive of life. For me, an openness to vulnerability is embedded in a politics of hope insofar as to hope opens one up to disappointment,

20 Judith Butler, *Frames of War: When is Life Grievable?* (London: Verso, 2009), p. 3.

pain, injury, and despair. It emphasizes an openness to risk. One may work to minimize the risks involved, yet it is impossible to completely eliminate them. This is not a form of hope, therefore, that envisions a future where vulnerabilities, disabilities, or impairments are eliminated for good. It is a form of hope that challenges what counts as a normal life or a normal body and embraces bodily differences and human diversity as constitutive of life.

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