

ARTICLE

Historical Epistemology as Disability Studies Methodology: From the Models Framework to Foucault's Archaeology of Cure*

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ABSTRACT: In this article, I argue for historical epistemology as a methodology for critical disability studies (DS) by examining Foucault's archaeology of cure in *History of Madness*. Although the moral, medical, and social models of disability frame disability history as an advancement upon moral and medical authority and a replacement of it by sociopolitical knowledge, I argue that the more comprehensive frame in which these models circulate—the “models framework”—requires the more nuanced approach that historical epistemology offers. In particular, the models framework requires greater use of epistemology as an analytical tool for understanding the historical construction of disability. Thus, I turn to Foucault's *History of Madness* in order to both excavate one particular archaeological strand in the text—the archaeology of cure—and to demonstrate how this narrative disrupts some of the key assumptions of the models framework, challenging DS to consider the epistemological force of non-medical fields of knowledge for framing disability and procedures for its cure and elimination. I conclude by arguing that DS must develop historical epistemological methodologies that are sensitive to the complex overlays of moral, medical, and social knowledge, as well as attend to the social construction of scientific and biomedical knowledge itself.

Keywords: disability; historical epistemology; archaeology; *History of Madness*; cure

Introduction

In a 1974 lecture entitled “The Crisis of Modern Medicine or the Crisis of Antimedecine”, Foucault frames the epistemological stakes of twentieth-century anti-medical politics, particularly those erupting in the 1960s and 1970s.¹ These politics, which included advocacy of de-institutionalization, women's health, and disability rights, marked, for Foucault, a shift from the judgment of medicine as pseudoscience to claims that “medicine could be

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¹ Michel Foucault, “The Crisis of Modern Medicine or the Crisis of Antimedecine”, translated by Edgar C. Knowlton, Jr., William J. King, and Clare O'Farrell, *Foucault Studies*, vol. 1 (2004), 5-19.

dangerous, not through its ignorance and falseness, but through its knowledge, precisely because it was a science."² In other words, critics of biomedicine in the civil rights movement era understood medical diagnosis and cure as potentially harmful because of the dangers of their epistemological claims to positivism and *scientificity*—a term that Foucault used to denote the association of a phenomena with scientific propositions of truth—rather than because biomedicine failed to adequately access the truth of the body.³ Twentieth-century scholarly critiques of scientificity from writers such as Foucault thus emerged in parallel to the work of social movements that contested the epistemic authority and control of biomedicine. Against this backdrop, the critical field of disability studies (hereafter referred to as DS) emerged to contest the “ideology of the cure”,⁴ that is, to contest the ways that medical “cure” operates polemically in order to devalue and enforce the compulsory normalization of disabled bodies.

Critiques of Western biomedicine and science advanced in DS—critiques that emerged from disabled people’s challenges to the ideology of the cure—have yielded what I call the *models framework*, a term that I have introduced to refer to the overarching analytical and social schema that consists of the moral, medical, and social models of disability. According to this schema, the ways in which disability has been known, valued, and de-valued have been subject to historical shifts from moral beliefs about disability as evidence of a sinful soul (the moral model), to disability as subject to the medical diagnosis and classification of supposedly abnormal bodies (the medical model), and finally to the notion that disability is best classified as a product of a discriminatory society and social order (the social model).⁵ Initially articulated in British disability studies, these historical and epistemological models have yielded additional minority, cultural, and political-relational models of disability in other geo-political contexts, models that build upon the precursor social model in order to elaborate disability as a source of cultural production,

² *Ibid.*, 9.

³ Michel Foucault, *Archaeology of Knowledge and the Discourse on Language*, translated by A.M. Sheridan Smith (New York: Vintage Books, [1972] 2010), 186-187.

⁴ Rosemarie Garland-Thomson, “Integrating Disability, Transforming Feminist Theory”, *NWSA Journal*, vol. 14 (2002), 1.

⁵ This account of the models is ubiquitous in disability studies scholarship, though articulated in some varying ways. See Rhoda Olkin, *What Psychotherapists Should Know About Disability* (New York: Guilford Press, 1999), 25-26; Jackie Leach Scully, “A Postmodern Disorder: Moral Encounters with Molecular Models of Disability”, in Mairian Corker and Tom Shakespeare (eds.), *Disability/Postmodernity* (New York: Bloomsbury Academic, 2002), 48-50; Eli Clare, *Exile and Pride: Disability, Queerness, & Liberation* (New York: South End Press, 2009), 97; Victoria Ann Lewis, “The Dramaturgy of Disability”, *Points of Contact: Disability, Art, and Culture* (Ann Arbor: University of Michigan Press, 2000); Ann M. Fox, “How to Crip the Undergraduate Classroom: Lessons from Performance, Pedagogy, and Possibility”, *Journal of Postsecondary Education and Disability*, vol. 23 (2010), 40-41; Nandini Ghosh, “Disabled Definitions, Impaired Politics: Reflections on Limits of Dominant Concepts of Disability”, *Institute of Development Studies Kolkata* (May, 2012). Available at: <http://idsk.edu.in/common/file/OP-34.pdf>.

political identity, and coalition-building.⁶ What unites the social, cultural, and political-relational models of disability, in all of their materialist and poststructuralist iterations, is their ethical and epistemological opposition to the medical model. That is, scholars who articulate and use the models framework problematise or reject scientific knowledge, often turning to Foucault and others to ground their understandings of the historical, social, and discursive construction of disability. Thus, we can characterise the social, cultural, political-relational, and other disability-positive positions as post-positivist models of disability, the central epistemological features of which are the rejection of unproblematised or ahistorical biomedical and scientific claims and the foregrounding of minority embodiments (such as disability) as the basis of situated knowledge,⁷ two epistemological positions that underlie the notion that disability is a social construct, as well as a cultural and political resource.

The ethical stakes of opposition to biomedical knowledge have been made abundantly clear by DS work on the dangers of social exclusion, violent institutionalisation, and eugenics.⁸ I want to point out, however, that although debates are ongoing with respect to which model best reflects the reality of disability, the models framework *itself* is rarely theorised as an epistemic apparatus that the field of DS constructs—that is, as an epistemic apparatus that itself makes truth claims about disability histories and epistemologies. Furthermore, the epistemological nuances of the post-positivist approaches to disability are rarely explored, with the exception of the ontologising effects of positivist epistemic regimes upon disabled bodies. What is missing, I contend, is a broader understanding of the epistemological status of knowledge-claims about disability that, for historical reasons, may not always be intelligible as science or positivity. In their omission of this kind of analysis from the DS models framework, DS scholars have missed important opportunities to build the capacity of DS as a field that does a range of epistemological work, a range of work that should include the construction of broad histories of epistemological conceptions of disability that go beyond articulations of situated knowledge, in addition to the articulation of situated knowledges themselves. In particular, the DS notion of an ideology of cure could benefit from the sort of understanding that French historian and epistemologist Georges Canguilhem elaborates according to which “Ideology is an

⁶ Tobin Siebers, *Disability Theory* (Ann Arbor, University of Michigan Press, 2008); Rosemarie Garland-Thomson, “Seeing the Disabled: Visual Rhetorics of Disability in Popular Photography”, in Paul Longmore and Lauri Umansky (eds.), *The New Disability History* (New York: NYU Press, 2000); David Mitchell, and Sharon Snyder, *Cultural Locations of Disability* (Ann Arbor: University of Michigan Press, 2006); Alison Kafer, *Feminist Queer Crip* (Bloomington: Indiana University Press, 2013).

⁷ Tobin Siebers, *Disability Aesthetics* (Ann Arbor: University of Michigan Press, 2013), 282.

⁸ See for instance, Susan Burch, and Hannah Joiner, *Unspeakable: The Story of Junius Wilson* (Chapel Hill: University of North Carolina Press, 2007); Lennard Davis, *Enforcing Normalcy: Disability, Deafness, and the Body* (New York: Verso, 1995); Mitchell, and Snyder, *Cultural Locations of Disability*; Susan Schweik, *The Ugly Laws: Disability in Public* (New York: NYU Press, 2010).

epistemological concept with a polemical function, applied to systems of representation that express themselves in the languages of politics, ethics, religion, and metaphysics.”⁹

In this article, I lay out a methodological and historiographical framework for what I call the *historical epistemology of disability*. This framework, which is indebted to the “first wave” of DS work on Foucault that was published a decade ago,¹⁰ places the models framework within broader conversations in the history and philosophy of science in order to foreground the constructed, contested, and contingent nature of systems of knowledge about disability. I argue for historical epistemological analyses of disability that are modeled upon Foucault’s archaeological method. Rather than characterise historical epistemology as absent from DS, I show that DS scholars have engaged with disability history and epistemology by relying upon Foucault’s later genealogical, biopolitical, and ethical works. I take methodological cues from historians of science in order to explore the crucial contributions that a turn to Foucault’s earlier archaeological methodology makes to the historical epistemology of disability.¹¹ Then, I turn to Foucault’s *History of Madness* to illustrate what an historical epistemology or archaeology of the concept of cure can do to increase the sensitivity of the models framework to the complexity of moral, medical, and social knowledge about disability.¹²

Historical Epistemology as a Critical Methodology

Historical epistemology is a concept that historians of science have elaborated in order to describe the combined efforts of history and epistemology; that is, historical epistemology describes work that historicises epistemic concepts, epistemic objects, and the long-term trajectories of research practices.¹³ Historical epistemology makes two basic assumptions:

⁹ Georges Canguilhem, *Ideology and Rationality in the History of the Life Sciences*, translated by Arthur Goldhammer (Cambridge: MIT Press), 29.

¹⁰ See Shelley Tremain, (ed.) *Foucault and the Government of Disability* (Ann Arbor: University of Michigan Press, 2005). The first volume of the collection was divided into the sections of “Epistemologies and Ontologies”, “Histories”, “Governmentality”, and “Ethics and Politics”. In this article, I present a methodological reading that explicitly spans these already-entangled categories to reveal a new model for DS thinking about historical power-knowledge, that is, a methodological reading that embeds my arguments in each of the categories.

¹¹ I am essentially arguing for an approach to DS that operates more closely in the mode of historians and philosophers of science and feminist epistemologists in the late twentieth and early twenty-first centuries (after Foucault, Canguilhem, and others) to not simply dismiss scientific and medical knowledge for making claims to positivity and scientificity, but rather to engage with such claims and the broader systems of discourse they construct around the body and difference. DS has made limited forays into science studies, particularly because of the perception of history of medicine and history of science as operating within a deficit framework of disability. However, I argue here that DS would greatly benefit from some of the methodological and historiographical innovations of historians of science in particular.

¹² Michel Foucault, *History of Madness*, edited by Jean Khalfa, and translated by Jonathan Murphy (Oxon: Routledge, [1961] 2006).

¹³ For an overview of approaches to historical epistemology, see Uljana Feest and Thomas Sturm, “What (Good) is Historical Epistemology?”, *Erkenn*, vol. 75 (2011), 285–302. As Feest and Sturm point out,

First, epistemologies are products of the specific historical contexts from within which they emerge; and second, historical accounts of epistemic phenomena should incorporate the tools and concepts of epistemology in order to understand how objects of inquiry become objectified, how standards of evidence are formed and by whom, and how historically-specific epistemological, political, and institutional discourses produce these intelligibilities. An additional, implicit, assumption of this post-positivist approach is that discussions of ontology, politics, and ethics can become accessible through an epistemological lens that historicises and contextualises adequately and appropriately.¹⁴ This additional third assumption echoes Foucault's own insistence that the archaeological works that he devoted to mapping *epistemes* and *dispositifs* (grids of intelligibility) were ostensibly about both power and knowledge, differently articulated.¹⁵

Historical epistemologists, although they look to figures such as Canguilhem, Ludwik Fleck, and Thomas Kuhn,¹⁶ tend to take heavy methodological and historiographical cues from Foucault, paying particular attention to his archaeological methods, rather than his later genealogical and ethical work.¹⁷ Whereas traditional approaches to the history of science focus on causality and authorship in a deterministic way, and whereas epistemology within analytic philosophy often operates within a logical positivist framework that presumes the historical and political neutrality of notions of truth and objectivity,¹⁸ Foucauldian archaeology considers the historical, disjointed, and

historical epistemology is "the guiding idea of the kind of research pursued at the Max Planck Institute for the History of Science in Berlin", but also describes the work of other historians and theorists. For a history of attempts to historicize epistemology in philosophy and history, see Hans-Jorge Rheinberger, *On Historicizing Epistemology: An Essay* (Stanford: Stanford University Press, 2010). My reference to historical epistemology refers to the specific epistemic community of historians and philosophers of science articulating it as such, rather than other elaborations of archaeology as a philosophical method comparable to phenomenology. For the latter, see Elizabeth Basso, "On Historicity and Transcendentalism Again. Foucault's Trajectory from Existential Psychiatry to Historical Epistemology", *Foucault Studies*, vol. 14 (2012), 154-178.

¹⁴ Although this point seems antithetical to the practice of epistemology, particularly in analytic philosophy, historian of philosophy John Zammito has argued that these connections are even present within 20th century logical positivism. See John Zammito, *A Nice Derangement of Epistemes: Post-positivism in the Study of Science from Quine to Latour* (Chicago: University of Chicago Press, 2004), 9. Also see Helen Longino, *Science as Social Knowledge: Values and Objectivity in Scientific Inquiry* (Princeton: Princeton University Press, 1990) for the argument for the entanglement of scientific standards of objectivity with social determinations of epistemic validity.

¹⁵ Michel Foucault, "Truth and Power", in Colin Gordon (ed.), *Power/Knowledge: Selected Interviews and Other Writings 1972-1977* (New York: Pantheon Books, 1980), 115.

¹⁶ Rheinberger, *On Historicizing Epistemology*.

¹⁷ Archaeology is not only an historical method, but also one with great significance for philosophical studies of knowledge. See Bregman Dalglish, "Critical History: Foucault after Kant and Nietzsche", *Parrhesia*, vol. 18 (2013), 68-84; Arnold Davidson, *The Emergence of Sexuality: Historical Epistemology and the Formation of Concepts* (Cambridge: Harvard University Press, 2001); Ian Hacking, "Two Kinds of 'New Historicism' for Philosophers", *New Literary History*, vol. 21 (1990), 343-364.

¹⁸ Longino, *Science as Social Knowledge*, 32.

accumulated formation of rules of knowledge and the conditions of possibility for the emergence of knowledge. As such, archaeology is a kind of second-order analysis of formal, ahistorical epistemological foundations, discourses, and terms of validity, as well as medical, scientific, and juridical systems of classification and their interfaces with societal discourses.¹⁹ Archaeology shifts into intelligibility the conditions of possibility for what is understood as valid scientific knowledge by asking:

on what basis knowledge and theory became possible; within what space of order knowledge was constituted; on the basis of what historical a priori, and in the element of what positivity, ideas could appear, sciences be established, experience be reflected in philosophies, rationalities be formed, only, perhaps, to dissolve and vanish soon afterwards.²⁰

For Foucault, authority, objectivity, empiricism, rationality, logic, and reason are not ahistorical epistemic standards, but rather are historically-constituted concepts. These concepts, which are crucial points of inquiry for historians and philosophers of science, may appear to have little bearing on other fields, such as DS. For instance, a number of scholars in fields such as feminist studies and DS have characterised archaeology as archaic. As feminist philosopher Amy Allen puts it, Foucault's archaeological works seem to consist of "austere discussions of discursive formations, archives, and epistemes that are rather more difficult to connect with" the concerns of feminist scholars or of disability studies scholars.²¹ I want to point out, however, that systems of knowledge recognisable as science—which Foucault describes using terms such as *connaissance* and scientificity—are not the sole focus of archaeology. On the contrary, archaeology apprehends the assumptions and values that circulate around forms of knowledge that are unrecognisable as science—forms of knowledge that are nonetheless organised in epistemological systems, the effects of which become articulated upon bodies often characterised as marginal or deviant.

In addition, archaeology excavates discourses and games of truth that constitute knowledge below the thresholds of formal, positive, scientific authority (the type of knowledge that Foucault calls *savoir*). As an alternative to historical narratives of progressive and linear events of scientific discovery, Foucault characterises epistemic shifts through the unfolding of, and passage through, thresholds of epistemic emergence: "concentric circles" or thresholds for mapping the status of truth claims.²² Scientific authority emerges not as a single, saturated hue, but rather as a gradient of claims to objectivity, or the thresholds of positivity, epistemologisation, scientificity, and

¹⁹ Foucault, *Archaeology of Knowledge and the Discourse on Language*, 127-28.

²⁰ Michel Foucault, *The Order of Things: An Archaeology of the Human Sciences*, translated by Alan Sheridan (New York: Vintage Books, [1970] 1994), xxi-xxii.

²¹ Amy Allen, "Feminism, Foucault, and the Critique of Reason: Re-reading the History of Madness", *Foucault Studies*, vol. 16 (2013), 16.

²² Foucault, *Archaeology of Knowledge and the Discourse on Language*, 114.

formalisation.²³ These thresholds refer, respectively, to the possibility of truth-statements, standards of validity, propositions of truth, and formal disciplines. This nuanced gradient of truth-claims grants descriptive precision to post-positivist critiques of epistemic authority, allowing historical epistemologists to avoid the wholesale dismissal of scientific authority as false empiricism or over-determined rationality and providing more precisely-calibrated language for the evaluation of the status of truth-claims below the thresholds that formal scientific regimes establish. As Foucault clarifies, archaeology “grant[s] the existence of domains of knowledge that were not exactly identifiable with sciences yet were not just mental habits either.”²⁴ For the archaeological method,

the important thing is to determine what transformation must have been carried out prior to [the birth of a science], around [this birth], or in [this birth] for a knowledge to be able to take on the status and function of a science. In short, this is the theoretical problem of the constitution of a science when one aims to analyze it not in transcendental terms but in terms of history.²⁵

In this article, I foreground Foucault’s historical epistemological concepts of thresholds and conditions of possibility in order to elaborate the ways that thinking with and through archaeology (as a method) could provide the historical and epistemological scholarship of DS with a means by which to organise itself as a field, identify the status of its truth-claims, and re-organise its orientations toward scientific and medical thought.

In order to apprehend cure and ability as both ideologies and historical practices, it is useful to approach their constructedness through an understanding of the epistemological workings of ideology and power that is as nuanced as possible. In a reference to Canguilhem’s epistemologisation of ideology (quoted above), Foucault writes in *The Archaeology of Knowledge* that ideology, “is not exclusive of scientificity. Few discourses have given so much place to ideology as clinical discourse: [...] that is not a sufficiently good reason to treat the totality of their statements as being undermined by error, contradiction, and a lack of objectivity.”²⁶ I draw upon Foucault’s insights in this regard in order to argue against the prevailing tendency within DS to categorise certain types of thought as *ideologically* “medical” or “scientific” (and thus dismissible or unimportant), absent any attempt to understand the historical constitution of these categories and their persistence within ways of thinking and knowing disability, especially ways of thinking and knowing that appear as (among other things) “non-scientific”, “religious”, “superstitious”, and “social.” To put it another way, the models framework needs a methodological approach that allows it to trace the persistence of standards of knowledge, practices of treatment, and so forth within discourses that are below the

²³ Ibid., 186-7.

²⁴ Michel Foucault, “Candidacy Presentation, College de France, 1969”, in Paul Rabinow (ed.), *Ethics: Subjectivity and Truth* (New York: The New Press, 1994), 6.

²⁵ Ibid., 8.

²⁶ Foucault, *Archaeology of Knowledge and the Discourse on Language*, 186.

thresholds of positivity, epistemologisation, scientificity, and formalisation. The stakes of these methodological points are fairly high, insofar as methodology shapes the contours of DS's ethical encounters with knowledge. Consider, for instance, philosopher of science John Zammito's reminder that "it is essential that we resist the tendency to identify empirical inquiry generally with positivism"²⁷ and recent work in feminist science studies by Elizabeth Wilson and Karen Barad, who argue that feminists should attend to the contributions that techno-science can make to thinking about epistemology, ontology, and ethics, rather than reject techno-scientific claims outright.²⁸ In a similar vein, the explanatory power of historical epistemology—modeled after an archaeological method—lies in its ability to both trace the material effects of knowledge upon bodies, techniques, and systems, and analyse the systems and formations of knowledge (*savoir*) that make bodies intelligible.

Historical Epistemologies of Disability

In this section, I trace the ways that the models framework has emerged as a set of historical and epistemological claims within the field of DS and distinguish the particular types of claims that are, therefore, at work in the field. In other words, I map the epistemic claims and tendencies of the models framework in order to understand how DS epistemology has formed in accordance with certain theories of what constitutes medical practice, scientific knowledge, and minority knowledges. Then, I identify how these discourses have produced the particular type of thinking that underlies the models framework, engaging in some places with Foucault's texts in order to do so. In so doing, I outline some of the ways that the models framework has kept DS thinking within certain epistemic framings and, furthermore, has precluded archaeological investigations of the circulation of certain epistemic concepts and practices. My purpose in the section is not to prescribe one mode of historical or epistemological study over another or to characterise existing DS work on Foucault as somehow deficient, but rather to map the ways that such work occurs within the field and how additional alternative methodologies—namely, archaeology and historical epistemology—contribute an additional level of theoretical analysis about disability as a phenomenon of power-knowledge.

What kind of historical and epistemological framework is the models framework? On the surface, the models framework appears to be what philosopher of science Ian Hacking, following Foucault, refers to as "historical ontology",²⁹ insofar as the models

²⁷ Zammito, *A Nice Derangement of Epistemes*, 6.

²⁸ Elizabeth Wilson, *Psychosomatic: Feminism and the Neurological Body* (Durham: Duke University Press, 2004); Karen Barad, *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter* (Durham: Duke University Press, 2007).

²⁹ Ian Hacking, *Historical Ontology* (Cambridge: Harvard University Press, 2004); Hacking takes this term from Foucault, who uses it to describe "the structure of genealogical interpretation" (Michel Foucault, "On the Genealogy of Ethics", in Paul Rabinow (ed.), *Ethics: Subjectivity and Truth* (New York: The New Press, 1994c), 262-263). I maintain that historical ontology and historical epistemology are different, albeit equally useful, methodologies.

framework suggests that historical shifts in the ontology of disability reflect broader discourses and regimes of knowledge that make disability intelligible, knowable, and sayable. Rather than operate as archaeology, however, the models framework proceeds in a manner more typical of what Foucault characterizes as the mainstream history of ideas or concepts, which traces the emergence of concepts through regular intervals of transition, though not necessarily through an epistemological lens that maps an entire field of knowledge.³⁰ Most epistemological work in DS problematizes medical model claims,³¹ shows the construction of scientific knowledge within particular cases of biopolitics,³² introduces situated knowledge concepts,³³ or explores aspects of moral knowledge.³⁴ Methodologically, most of these investigations do not operate on the scale of broader fields of knowledge or historicise epistemological concepts across long timeframes. Nevertheless, we can observe the historical epistemologies that the models framework implies by mapping the topics and positions that scholars are willing to study and how their methods for doing so contribute to what Hans-Jorge Rheinberger calls “the production of a habit of perception.”³⁵

What, then, are the habits of perception to which DS is attached? To begin, historical scholarship that has developed the models framework has been overwhelmingly focused on the medical model, particularly the shift between nineteenth-century constructions of the body (via medicine and eugenics) and twentieth-century regimes of rehabilitation, institutionalisation, disability culture, and finally identity politics, or on the social model and disability history. As British sociologist of disability Tom Shakespeare has argued, critiques of the medical model comprise one of the defining polemics that the DS fields deploys, whereby the accusation that a particular line of thought borders on the “medical model” often serves as an epistemic disqualifier.³⁶ Notably, the moral model is less often deployed polemically, though usually appears as a straw-person concept in DS elaborations of the models framework. DS scholars have largely taken for granted the period to which they assign the moral model and devote very little attention to its historical basis. When scholars do discuss the moral model at all, they largely confine it to a pre-scientific, pre-objective, and non-epistemic historical space of superstition, rather than take it seriously as an epistemological framing of the body, difference, and health. For instance, disability bioethicist Jackie Leach Scully argues that the nineteenth-century statistical quantification of deviation—an epistemic practice associated with positivism—is responsible for the shift from a moral model of disability designed to rebalance the humours to a medical model

³⁰ Foucault, *Archaeology of Knowledge and the Discourse on Language*, 183.

³¹ Mitchell, and Sharon Snyder, *Cultural Locations of Disability*.

³² Shelley Tremain, “Biopower, Styles of Reasoning, and What’s Missing from the Stem Cell Debates”, *Hypatia: A Journal of Feminist Philosophy*, vol. 25 (2010), 577-609

³³ Garland-Thomson, “Integrating Disability, Transforming Feminist Theory”, 21.

³⁴ Jackie Leach Scully, *Disability Bioethics: Moral Bodies, Moral Difference* (Lanham, MD: Rowman and Littlefield, 2008), 44-45.

³⁵ Rheinberger, *On Historicizing Epistemology*, 30.

³⁶ Tom Shakespeare, *Disability Rights and Wrongs* (Oxon: Routledge, 2006), 18.

that performs cures.³⁷ This historical narrative takes two things for granted: first, that the system of knowledge around humourist medicine is non-scientific; and second, that the relationship between medicalisation and positivism is a natural emergence, rather than a relationship that appears through epistemic shifts and practices that pre-date, and do not behave as, medical positivities—a history that, as I shall explain, Foucault traces in *History of Madness*.

The second habit of perception to which DS seems attached speaks to its understanding of historical time. DS, in its critical framing of pathologisation, treats the medical model as a progressive break from the moral association of disability with sin, albeit a progression with its own set of problems. By “progression”, I do not mean to suggest that this break was a positive advancement, but rather that DS represents this shift as a teleological change from one schema to another. Disability theorist Rosemarie Garland-Thomson aptly describes this shift in schemas in the way that DS typically characterises it:

disability has been almost entirely subsumed in twentieth-century America under a medical model that pathologizes disability. Although medical interpretation rescues disability from its earlier associations with evil, pathologized difference is fraught with assumptions of deviance, patronizing relationships, and issues of control.³⁸

In this narrative of historical progress, the medical episteme “rescues”, erases, and supplants moral conceptions of disability that associate it with sin. The models framework, despite adopting a teleological stance toward science and biomedicine, does little to explain the varied and heterogeneous effects of the moral model on later historical periods. We are left to wonder what occurs to the remnants of the moral model that remain after the rupture of its hegemony.

Whereas Garland-Thomson’s historical claim is part of a larger canonical study of theories and concepts of disability within a literary frame, more explicitly historical scholarship in DS further clarifies my point about the erasure of the moral model. Within the models framework, the moral model is represented as the trace of a distant, pre-scientific past when religious beliefs and superstitions about disability produced an undesirable moralization of difference. The transition to the medical model is historicised and claimed to occur between the Middle Ages and the Age of Reason, a claim that takes for granted the association between Enlightenment thinking and objectivity. French historian of disability Henri-Jacques Stiker’s *History of Disability* provides a foundational example.³⁹ In this text, Stiker explores the notion of disability as difference since antiquity,

³⁷ Scully, “A Postmodern Disorder”, 48-50.

³⁸ Rosemarie Garland-Thomson, *Extraordinary Bodies. Figuring Physical Disability in American Culture and Literature* (New York, Columbia University Press, 1996), 37.

³⁹ Henri-Jacques Stiker, *A History of Disability*, translated by William Sayers (Ann Arbor: University of Michigan Press, 2000). Trained as both a philosopher and anthropologist, Stiker wrote his *History of Disability* after reading Foucault’s *History of Madness*. As he told disability historian Cathy Kudlick in a 2009 interview, Foucault’s work inspired him to use a similar methodology to survey the appearance of

clarifying that he focuses on physical disability as a remedy for the gap that Foucault's focus on madness left.⁴⁰ According to Stiker,

In the Middle Ages, we have seen, people spoke lightly of monsters and monstrosity without having seen them. It was an imaginary world. Even in the case of major human deformities, people recounted incidents that were never verified. And this lore was passed on for generations. Then medical thought of a more scientific kind makes its appearance. Like Paré, it breaks with the idea of demonic visitation and curses in order to seek the origins of deformity.⁴¹

Notably, Stiker's notion of a "break" is as much an epistemological break from belief in monsters as it is an ontological break. Stiker locates the birth of scientificity around physical disability in the science of heredity, which charts aberrance and defect in ways that depart from the view that disability "originate[s] with the Creator."⁴² This epistemological turn is due to a clear shift from religious thinking to Enlightenment thinking in the classical age, when suddenly "there is no longer a divine order",⁴³ but rather a "sharper scientific focus."⁴⁴ Although later in his text Stiker notes the parallel between doctors and priests as agents with power,⁴⁵ his focus is not the epistemological relation between moral and medical understandings of disability, but rather the progressive emergence of the medical model as a way in which difference becomes consolidated. This point speaks to method. From the outset, Stiker is explicit that *The History of Disability* "is less an archaeology of knowledge [...] than a semiotics of cultures. That is, my interest is in the perception of cultural universes more than in the problems of knowing and doing."⁴⁶ Stiker sets up the moral history of disability and the "break" that produces positive medicine as evidence of an emerging regime of scientificity that produces the nineteenth-century practice of cure and the twentieth-century regimes of rehabilitation and enhancement. The progress narrative about a shift from medical to social and post-positivist thinking underlies DS's justification of itself as a discipline, or what, following Foucault, we could call its "threshold of formalization."

DS's positions on scientificity and temporality bring us to the third of the models framework's habits of perception: epistemologically, DS understands science, medicine, and biology as value-laden (and explicitly ideological) phenomena that frame medicine's

disability in Western history, turning to the archive to "analyze a whole epistemology, a whole period" (Henri-Jacques Stiker, "Cathy Kudlick Interviews Henri-Jacques Stiker - Part One", *Disability History Association Newsletter* (Spring, 2009). Available at: <http://www.dishist.org/news/Spring09/spring2009.html>).

⁴⁰ Stiker, *A History of Disability*, 19, and 92.

⁴¹ *Ibid.*, 92.

⁴² *Ibid.*, 93-4.

⁴³ *Ibid.*, 103.

⁴⁴ *Ibid.*, 104.

⁴⁵ *Ibid.*, 182.

⁴⁶ *Ibid.*, 20.

epistemic authority and the relations between doctors and patients. This understanding, as I noted in my introduction, is part of a larger trajectory of social movement rejections of biomedicine. DS scholars David Mitchell and Sharon Snyder elucidate this critique when they characterise “medical labels as themselves fuzzy, historical, and often stigmatizing artifacts of biology and cognition as social constructs.”⁴⁷ They maintain that research on and about disabled people carries the biases of the medical gaze, namely that disability results in disadvantage or lack, and maintains “subject/object divisions.”⁴⁸ This division renders disabled bodies as

available for excessive experimentation and bureaucratic oversight. [...] From this perspective, research feeds the insatiable gristmill of science while also fortifying our ideas of disability as a curiosity that invites the most prurient forms of speculation parading as empiricism.⁴⁹

Notice that this characterisation merges the two understandings of medicalisation—that is, medicalisation as both pseudoscientific and marked by dangerous scientificity—that Foucault described. Mitchell and Snyder’s point is not, however, merely a claim about bias or medicine as pseudoscience, nor about the dangers of scientificity alone. Rather, it is also a claim about epistemic authority. More recent articulations of “critical realist” epistemologies within DS have maintained this post-positivist orientation, although they have foregrounded and emphasised the lived experiences of disability.⁵⁰ Other DS scholars have argued that biomedical discourses produce epistemic injustice for disabled people, denying the value of their situated knowledge about disability.⁵¹ Accordingly, the models framework sets up the social and cultural models of disability as interventions in the ableism of societal institutions, structures, and attitudes that precipitate alternative forms of knowledge-production, such as sitpoint theories and situated knowledges, or social scientific studies of disability from a post-positivist lens. We can understand these situated knowledges as DS’s thresholds of positivity and epistemologisation and the theoretical bases from which it is possible to make truth-claims about disability and establish standards for their validity.⁵²

Beyond questions of epistemic authority and situated knowledge, the models framework is decidedly post-positivist in the way that it critiques cure and ability. The

⁴⁷ Mitchell, and Sharon Snyder, *Cultural Locations of Disability*, 10.

⁴⁸ *Ibid.*, 10-1.

⁴⁹ *Ibid.*, 28-9.

⁵⁰ Tom Shakespeare, *Disability Rights and Wrongs Revisited* (Oxon: Routledge, 2014), 73.

⁵¹ Susan Wendell, *The Rejected Body: Feminist Philosophical Reflections on Disability* (London: Routledge, 1996), 122; Licia Carlson, “Docile Bodies, Docile Minds: Foucauldian Reflections on Mental Retardation”, in Shelley Tremain (ed.), *Foucault and the Government of Disability* (Ann Arbor: University of Michigan Press, 2005), 135.

⁵² Michael Oliver, “Theories of Disability in Health Practice and Research”, *British Medical Journal*, vol. 21 (1998), 1446-1449; Garland-Thomson, “Integrating Disability, Transforming Feminist Theory”, 21.

threshold of epistemologisation of the models framework thus operates around this orientation toward the epistemic force of medical cure. According to DS theorist Tobin Siebers,

The medical model thrives by sustaining an essential difference between nondisabled and disabled people, defining disability not as a flourishing of biological diversity but as an individual defect that professionals cure or eradicate in order to restore a person to the superior state of health required by the ideology of ability.⁵³

This claim about the present state of the medical model represents a taken-for-grantedness of the status of medicine itself, according to which it always dwells in positivities. Such claims solidify the status of medical objectivity, without considering the ways that notions of “biological diversity”, “superior state of health”, and even “ability”, though certainly ideological, are constructions of shifting histories of scientific and medical thinking. Within the models framework, modern medicine and biomedical research, operating through a positivist epistemology, appear to be uniquely responsible for the ideology of the cure. For instance, Robert McRuer’s concept of “compulsory able-bodiedness” references the compulsion toward correction, cure, and rehabilitation in a normalising society organised around the medical model and finds commonalities between the disability and queer experiences of medical institutionalization.⁵⁴ Disability theorists focus, nonetheless, on the elaboration of positivism as an ideology that works within knowledge production about disability, in addition to their interest in post-positivist critiques of the ideologies of cure and ability in society. As Michael Oliver, one of the originators of the social model, puts it,

Health research about impairment and disability is dominated by positivist theories. It focuses on searches for cures, means of reducing impairments, or assessments of clinical interventions and uses methods such as controlled trials, random statistical samples, and structured questionnaires.⁵⁵

Post-positivist assumptions (without a perspective on the history of science) thus underlie DS’s critiques of norms and normalisation—criticisms that are as field-defining as the models framework itself. Yet, many DS historical accounts focus on the elaboration of the positivities of particular points in history, rather than study the shifts and ruptures that the models framework as a whole implies. Although Siebers and Oliver take a presentist position, other DS scholars’ historical accounts of eighteenth- and nineteenth-century medicine and statistics mark the emergence of the ideology of the cure and the statistical framing of the norm as a form of positivity, or in any case as an epistemic object that can be

⁵³ Tobin Siebers, “Sexual Culture for Disabled People”, in Robert McRuer and Anna Mollow (eds.), *Sex and Disability* (Durham: Duke University Press, 2012), 43.

⁵⁴ Robert McRuer, *Crip Theory: Cultural Signs of Queerness and Disability* (New York: NYU Press, 2006), 1, and 97.

⁵⁵ Oliver, “Theories of Disability in Health Practice and Research”, 1446.

verified statistically and through observation.⁵⁶ Garland-Thomson, referencing “the concept of the norm that Foucault finds emerging in the eighteenth century”, discusses the simultaneous characterisation of difference as pathological deviance and cultural curiosity, each the foil of the modern subject.⁵⁷ Although Foucault seldom mentions disability explicitly, according to Garland-Thomson,

we can nevertheless extrapolate from Foucault’s theory that the modern social identity of ‘disabled’ emerged from the shifts he charts and that it arose in tandem with its opposite: the abstract, self-possessed, autonomous individual.⁵⁸

Garland-Thomson focuses on the relation between statistical and social norms as articulated upon identities, rather than the shifting epistemological concepts of the norm (as individual, qualitative, and internal, or collective and statistical) that appear in the eighteenth and nineteenth centuries.⁵⁹ Other DS analyses of the norm articulate histories of epistemic concepts to make similar ontological claims about the relationship between norms and social exclusion. In his account of the history of the bell curve, an epistemic object of nineteenth-century statistics and eugenics, Lennard Davis argues that the norm is a rather recent concept and differentiates it from ideal, a seventeenth-century concept that describes standards of universal beauty that date back to antiquity.⁶⁰ Davis uses this distinction between norm and ideal to trace the appearance of normalcy in nineteenth-century literature and culture and demonstrate the social ramifications of statistical and scientific positivism. Whereas some DS works assume a unity of moral and natural ideals with the statistical norm, an imprecise slippage that is pervasive in critiques of normalisation, Davis explores the ideological basis of norms and the practice of statistics in the definition of desirable embodiments, differentiating the functions of statistical averages from “societies with the concept of an ideal, in which all people have a non-ideal status.”⁶¹ Although Davis dwells in the nineteenth century, using it as evidence of how the norm functions in contemporary society, the epistemological functions of the norm, beyond their articulation within statistics and eugenics, drop out of his analysis in favor of discussions of aesthetic and bodily norms within literature. Thus, for my purposes, this account needs to be updated to reflect more of the history of moral, medical, and social thought that serves as conditions of possibility for the norm and normalisation.

The epistemological modes described above betray the disciplinary concentration of DS theory (rather than empirical scholarship) in literary scholarship, where epistemology

⁵⁶ Davis, *Enforcing Normalcy: Disability, Deafness, and the Body*, 25-26; Garland-Thomson, “Integrating Disability, Transforming Feminist Theory”, 14; Siebers, *Disability Theory*, 8.

⁵⁷ Garland-Thomson, *Extraordinary Bodies*, 114.

⁵⁸ *Ibid.*, 40.

⁵⁹ For accounts of these shifts, see Georges Canguilhem, *The Normal and The Pathological* (New York: Zone Books, [1966] 2007).

⁶⁰ Davis, *Enforcing Normalcy: Disability, Deafness, and the Body*, 24-25.

⁶¹ *Ibid.*, 13.

occurs through poststructuralist critiques of language and cultural representations, and—to a more limited extent—in the social sciences, which focus on altering the epistemic authority of knowing subjects, rather than mapping the epistemic terrain of systems of knowledge that include standards of justification, authority, or the thresholds for truth claims. This methodological point hinges on differences in focus, scale, historicity, and epistemology, and highlights another habit of perception within DS: *power* (particularly biopower), rather than *knowledge*, is the overwhelming focus of DS scholarship on the power-knowledge nexus. As feminist philosopher of disability Shelley Tremain puts it, “The importance of critical work on bio-power (bio-politics) to analyses of disability cannot be overstated.”⁶² DS scholars focusing on power-knowledge tend to elaborate upon its role in shaping subjects and institutions, enabling governmentality, and defining worthy and unworthy lives. The field’s focus on power, often at the expense of a focus on systems of knowledge, is not surprising given its materialist origins and political conception of disability. In addition, this focus can be attributed to the overwhelming methodological and conceptual influence of Foucault’s later genealogical and ethical works, such as *Discipline and Punish* (1975) and *The History of Sexuality, Volume 1* (1978) on DS’s understandings of subject-formation and bio-power.⁶³ To be sure, the use of Foucault’s later works has been crucial to the articulation of DS’s critiques of normalisation. However, the methodological emphasis of these analyses is on historicising disability ontologies, rather than a concept of power-knowledge that can operate as historical epistemology.

An exception that approximates historical epistemology is Tremain’s critique of the classic distinction within DS between impairment—construed as a natural, biological attribute—and disability—construed as a form of social disadvantage—in social model thought, a distinction in which, as she argues, biology is taken for granted as “value neutral and objective”,⁶⁴ despite the fact that “technologies of normalization and the discourses that embody them [...] have been complicit in the historical emergence of the category of

⁶² Shelley Tremain, “Foucault, Governmentality, and Critical Disability Theory: An Introduction”, in Shelley Tremain (ed.), *Foucault and the Government of Disability* (Ann Arbor: University of Michigan Press, 2005), 5.

⁶³ Michel Foucault, *Discipline and Punish: The Birth of the Prison*, translated by Alan Sheridan (New York: Vintage Books, [1975] 1995); Michel Foucault, *The History of Sexuality vol. 1: An Introduction*, translated by Robert Hurley (New York: Vintage Books, [1978] 1990); see Pieter Verstraete, “Towards a Disabled Past: Some Preliminary Thoughts about the History of Disability, Governmentality and Experience”, *Educational Philosophy and Theory*, vol. 39 (2007), 56-63; Nirmala Erevelles, “Signs of Reason: Riviere, Facilitated Communication, and the Politics of Movement”, in Shelley Tremain (ed.), *Foucault and the Government of Disability* (Ann Arbor: University of Michigan Press, 2005), 45; Mitchell, and Sharon Snyder, *Cultural Locations of Disability*, 153-54; Garland-Thomson, “Integrating Disability, Transforming Feminist Theory”; Robert McRuer “Compulsory Able-bodiedness and Queer/Disabled Existence”, in Lennard Davis (ed.), *Disability Studies Reader* (New York: Routledge, 2013), 369-380; Tobin Siebers, “Disability and the Theory of Complex Embodiment—for Identity Politics in a New Register”, in Lennard Davis (ed.), *Disability Studies Reader* (New York: Routledge, 2010), 278-297.

⁶⁴ Tremain, “Biopower, Styles of Reasoning, and What’s Missing from the Stem Cell Debates”, 580.

impairment and contribute to its persistence.”⁶⁵ Within this framing, Tremain uses Hacking’s concept of “styles of reasoning” to discuss the ways that medical diagnosis becomes a tool for the exercise of power-knowledge by the “medical, juridical, and scientific authorities who employ it.”⁶⁶ From Tremain’s account of styles of reasoning in stem cell technologies, we can observe how DS analyses of biopower, epistemic authority, and medical knowledge can operate as historical epistemologies *if* they use epistemological concepts and tools to map systems of knowledge and epistemic claims, in addition to the ways that they (already) work as historical ontologies.

As a field of knowledge, then, the models framework has performed the crucial labor of differentiating disability—as a discursive artifact of regimes of knowledge, differentiation, and control—from the positive knowledges, that is, knowledges that make claims to positivity, within the disciplines that produce these regimes. The development of the models framework has emerged as a foundation of the field of DS not from an attempt to chart the entire history of thinking about disability, but rather from the social model itself, a model that emerged from activist work based on the rejection of medical authority and the promotion of disability independence. To be sure, these aspects of the social model have been invaluable to the development of DS as a field outside of medical discourses. And yet, the conceptual separations that underlie the DS models framework reveal that ontology⁶⁷ and subjectification⁶⁸ have largely eclipsed questions of historical epistemology and archaeology.⁶⁹ These questions rely upon Foucault’s later works, where he frames them as external characteristics of a discourse (institutions, relations between societal agents, other discourses), rather than as internal to it (“the techniques for determining objects”, “the refinement and adjustment of concepts”, and “the accumulation of data”).⁷⁰ That DS has turned away from archaeology explains why critiques of the medical model within the field center around the institution of medicine and its claims of authority, rather than on the articulation of knowledge-claims and techniques of cure within a broader framework of knowledge about disability. I submit that there is another Foucault, a Foucault whose historical, epistemological, and methodological insights are eclipsed by this overwhelming

⁶⁵ Ibid.

⁶⁶ Ibid., 601.

⁶⁷ Fiona Kumari Campbell, “Legislating Disability: Negative Ontologies and the Government of Legal Identities”, in Shelley Tremain (ed.), *Foucault and the Government of Disability* (Ann Arbor: University of Michigan Press, 2005), 108-131.

⁶⁸ Erevelles, “Signs of Reason”; Carlson, “Docile Bodies, Docile Minds”.

⁶⁹ While Carlson recognizes a pre-medical conception of disability in Foucault’s account in *Birth of the Clinic*, for instance, she is more focused on medicine as power, such as the birth of an organizational apparatus for medicine (Carlson, “Docile Bodies, Docile Minds”, 137, 140, and 144). While using archaeology as a method, her focus is more explicitly on institutional power than the status of truth claims, focusing instead on what she calls (following Foucault and Hacking) “historical ontology” (Ibid., 147). This essay supplements Carlson’s focus through a more direct engagement with epistemology.

⁷⁰ Michel Foucault, “The Will to Knowledge”, in Paul Rabinow (ed.), *Ethics: Subjectivity and Truth* (New York: The New Press, 1994), 12.

focus on power and subjection as articulated through the institutions of medicine and law. To reveal this Foucault, I now turn to elaborate concepts that should be used to articulate an historical epistemology of disability that draws upon *History of Madness*.

Reading the Archaeology of Cure in *History of Madness*

Foucault's *History of Madness* (1961), the full text of which was only translated into English in 2006, traces the split between reason and unreason in the classical age, a period beginning in the late seventeenth century and ending in the eighteenth century, roughly from Descartes to Kant. *History of Madness* speaks to many of DS's most pressing concerns, including the social and historical contexts under which categories of disease and difference emerge, the construction of geographies and locations of disability, and the relationships between moral, medical, and social treatments of disabled people. Although *History of Madness* is usually discussed for its insights into the split between reason and unreason and the related spatialisation of madness in the classical age's Great Confinement (insights that dominate the abridged version, *Madness and Civilization* [1964]),⁷¹ the book is also an archaeology of cure, told through the conditions under which positive medicine and psychiatry eventually emerge by carrying traces of moral epistemologies and cosmologies into the articulation of scientific standards of objectivity—a story that is simply not included in the abridged 1964 text. This latter point makes *History of Madness* especially useful as a guide to what historical epistemology and archaeology can do to address some of the conceptual and empirical omissions that I have identified as characteristic of DS's habits of perception. Although the DS models framework has abundantly proven the persistence of the *social* in medical constructions of disability, the role of *moral* constructions in medical and social understandings has been largely ignored. What I show in this section is that DS should take *History of Madness* seriously in order to approach a more complex archaeological rendering of its concepts of cure and normalisation than is available in Foucault's later genealogical and ethical works.⁷²

Even before Foucault considered the effects of epistemic regimes on power, as articulated through the circulation of discourses, classifications, and institutions, his archaeological method worked to reveal the mechanisms of epistemological shifts within regimes of truth that underlie social and material structures. As he reflected in a 1977 interview, "When I think back now, I ask myself what else it was that I was talking about, in *Madness and Civilization* or *The Birth of the Clinic*, but power."⁷³ Thus, although Foucault later takes up questions of discourse and power in, for example, *History of Sexuality, Volume*

⁷¹ Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, translated by Richard Howard (New York: Vintage Books, [1964] 1988); Michel Foucault, *Histoire de la folie à l'âge classique* (Paris: Gallimard, [1964] 1972).

⁷² I am not suggesting that this text should be treated as an authoritative resource of objective history, but rather that its insights into the continued articulation of notions of authority, history, and positivity can be instructive for disability scholars.

⁷³ Michel Foucault, "Truth and Power", 115.

1, his archaeological approach in *History of Madness* introduces a broader field of figures, concepts, materialities, and experiences in order to discuss the epistemic workings of moral frames. My critical maneuver in this section echoes feminist and queer theorist Lynne Huffer's claim that "When we don't read *Madness*, we miss an important story about sexuality that links the apotheosis of reason and the objectifying gaze of science with what Foucault called bourgeois structures of moral exclusion."⁷⁴ Huffer elaborates upon *History of Madness* to develop queer theory, a field that (like DS) orients itself around questions of disqualification that occur along the axes of normal and pathological. I elaborate upon this point about the important narratives that reside in *History of Madness*, but are omitted from *Madness and Civilization*, in order to develop an historical epistemology of scientific and moral framings of disability.

I want to emphasize, first of all, that questions of historical and epistemological method are crucial to Foucault's particular account of the concept of cure. Rather than put knowledge only in the service of discussions of power, this account foregrounds epistemology. With respect to Foucault's method in *History of Madness*, Huffer, who is particularly interested in Foucault's concept of "eventualization", or the "bringing to light of 'ruptures of evidence'",⁷⁵ argues that one of his primary methodological contributions is the notion of disruption or *partage* in the flow of history, of appearance and disappearance, and of "doubling" as a game of truth.⁷⁶ Whereas the models framework relies upon historical passages between the moral, medical, and social definitions of disability, for Foucault, rupture

is not an undifferentiated interval—even a momentary one—between two manifest phases; it is not a kind of lapsus without duration that separates two periods, and which deploys two heterogeneous stages on either side of a split; it is always a discontinuity specified by a number of direct transformations between two particular positivities.⁷⁷

Historical epistemologist Arnold Davidson clarifies that archaeology, which is not only about rupture as a form of *partage* or splitting, also "makes possible the discovery of new continuities overlooked because of a surface appearance of discontinuity."⁷⁸ All of these accounts echo Georges Canguilhem's notion of a "recursive method" of studying epistemological breaks.⁷⁹ In *Ideology and Rationality in the History of the Life Sciences*,

⁷⁴ Lynne Huffer, *Mad for Foucault: Rethinking the Foundations of Queer Theory* (New York: Columbia University Press, 2009), xiv.

⁷⁵ Michel Foucault, *L'Impossible prison: Recherches sur le système pénitentiaire au dix-neuvième siècle*, edited by Michelle Perrot (Paris: Seuil, 1980), 43, quoted in Huffer, *Mad for Foucault*, xi.

⁷⁶ Huffer, *Mad for Foucault*, xii.

⁷⁷ Foucault, *Archaeology of Knowledge and the Discourse on Language*, 175.

⁷⁸ Davidson, *The Emergence of Sexuality*, 68.

⁷⁹ Canguilhem, *Ideology and Rationality in the History of the Life Sciences*, 14. Canguilhem's point is especially helpful in clarifying Foucault's account of the cure when we consider that he advised Foucault through his defense of *History of Madness* and also was his editor for *Birth of the Clinic*. Foucault recounts

Canguilhem clarifies the status of the epistemological break (a concept that we observed earlier in the models framework):

Often the historian in search of a major watershed is tempted to follow Kant in assuming that science begins with a flash of insight, a work of genius. Frequently the effects of that flash are said to be all-embracing, affecting the whole of a scientist's work. But the reality is different. Even within one man's work we often find a series of fundamental or partial insights rather than a single dramatic break. A theory is woven of many strands, some of which may be quite new while others are borrowed from older fabrics.⁸⁰

We can glean from Canguilhem's critique of the notion of a flash of insight that the conditions of possibility for epistemic shifts do not occur suddenly, but rather appear and re-appear, recursively double back, and shift out of intelligibility.⁸¹ Foucault's account, rather than characterise the shifts between the moral, medical, and social models as a linear and continuous movement of clean breaks, replacements, or progressions, demonstrates the immanence of signs and their underlying values and functions within the games of truth. Whereas the DS models framework treats the categories of moral, medical, and social, or post-positivist, as natural and historically stable categories, Foucault's *History of Madness* problematises all of these concepts by tracing their relationships within a broader grid of intelligibility. Foucault shows that historically, madness moves not as a linear teleology, but as a series of *partage* or divisions that produce and reveal emerging structures of knowledge. In the introduction to the English translation, Jean Khalfa writes, "Foucault's target here is not scientific truth itself but the claims to scientificity of disciplines which take as natural an object that they have in fact shaped in ways and for reasons that are often largely exterior to the object itself."⁸² What eventually emerges as a positive or scientific notion of madness, for Foucault, is not a displacement, but rather "a reification of a magical type [...] starting out from a transparently clear moral framework which was slowly forgotten as positivism imposed its myth of scientific objectivity."⁸³ This reappearance is articulated through an historical epistemological narrative. Whereas the Renaissance conception of madness revolves around a notion of wisdom, morality, and nature, in the

this influence in his introduction to *Normal and Pathological*, where he elaborates the significant impact of Canguilhem's historical epistemological thought on archaeological methodologies (Michel Foucault, "Introduction", in Carolyn R. Fawcett (trans.), Georges Canguilhem (auth.), *The Normal and The Pathological* (New York: Zone Books, [1966] 2007), 17, and 19).

⁸⁰ Canguilhem, *Ideology and Rationality in the History of the Life Sciences*, 15.

⁸¹ This notion of the "flash" is often attributed to Foucault's reading of Nietzsche's critique of the cause and effect of lightening and a flash of light (Michel Foucault, "Nietzsche, Genealogy, History", in S. Sherry (trans.), D. F. Bouchard (ed.), *Language, Counter-memory, Practice: Selected Essays and Interviews* (Ithaca: Cornell University Press, 1980)). Here, we see that Canguilhem uses the same imagery to critique "flashes of insight", or the conditions under which scientific discoveries occur.

⁸² Jean Khalfa, "Introduction", in Jean Khalfa (ed.), Michel Foucault (auth.), *History of Madness* (Oxon: Routledge, 2006), xix.

⁸³ Foucault, *History of Madness*, 509.

classical age madness becomes defined by the separation of reason and unreason, producing institutions of segregation and confinement.⁸⁴ Due to the Great Confinement of the classical age, it becomes possible to observe and control madness, which emerges as an object of the scientific gaze even before the emergence of medicine.

From this broad narrative, we can excavate a more subtle narrative about the shifts and ruptures in procedures of treatment, and their attendant relationship to questions of natural ideals, statistical norms, and the social and material processes of normalization. Cure, in *History of Madness*, operates as a vector of power-knowledge driving the articulation of madness. Mining *History of Madness*, we find the persistence of a concept of cure, a technique and concept that is especially fruitful for Foucault, as it carries multiple connotations, from moral cure for the soul to therapeutic cure for the body. In the 2006 translation, the English word, "cure" appears as the translation for two French terms: *cure* and *guérison*. The former (*cure*) has strong religious connotations, as *curé* is a priest who administers the cure of souls, whereas the latter (*guérison*) has medical (but not necessarily scientific) connotations, such as the healing and rehabilitation of the body.⁸⁵ The ways that Foucault uses each term reveal the shifts and recursions that occur between moral and medical cures, as well as the persistence of a broader notion of restoration to health across definitions of cure.

Beneath his narrative about shifts in madness that belong to or are radically outside of nature, Foucault traces a shift in the treatment of madness, from procedures of *panacea* (a universal remedy or "cure-all" prescribed in medieval humourist and alchemical medicine) to procedures of moral and therapeutic *cure* in the later classical age, a distinction that underlies a critical moment that fractures the classical experience of madness.⁸⁶ In the Middle Ages, the "denouncing of madness became a general form of moral critique" even as in culture, madness "was denounced and defended, and proclaimed to be nearer to happiness and truth than reason itself."⁸⁷ Panacea, likewise, operated as a correction of the body's departure from natural or cosmic balance.⁸⁸ Foucault, rather than characterise the mechanism of panacea within medieval medicine as atavistic or based on religious superstition, reveals the ways in which the treatment of disease during this time operated within a broader epistemic practice of treatment, split into the panacea and "more localized remedies with more specific efficacies"—remedies tied to emerging understandings of treatment as working through "a complex system of correspondences" between treatments and parts of the body, rather than through cause and effect.⁸⁹ Specific treatments for sickness were believed to exist in the "pharmacoepia" of "herbs and salts", and "placed in a

⁸⁴ We can observe the influence of Nietzsche's "Genealogy of Morals" on this early work of Foucault's, which carries the non-teleological historicity of morality throughout its narrative of cure.

⁸⁵ For the etymologies of these terms, see the entries for "cure" and "guérison" Trésor de la langue française, <http://atilf.atilf.fr/>.

⁸⁶ Foucault, *History of Madness*, 297.

⁸⁷ *Ibid.*, 13.

⁸⁸ *Ibid.*, 300.

⁸⁹ *Ibid.*

discursive relation with the disorders of the organism that it was intended to remedy.”⁹⁰ The rational ordering of the pharmacopeia, then, predated any system of formal botanical science or medicine that could describe the mechanisms of correspondence between herbs and the resolution of illness. The panacea, as a remedy that targeted the health of the whole body (rather than a pathogen, disease, or other causal factor), existed in tension with these remedies, though both reflected an understanding of the body as in correspondence with and as a microcosm of nature (or, as in the case of illness, in violation of nature).

A moral impetus to adhere to natural ideals infused these medieval treatments. In the panacea and the parallel system of localised remedies, Foucault locates an historical precedent for the normalising function of medicine—the restoration of the body to a prior state, and a notion of a desired bodily state as evidenced by an order much broader than the individual body itself. The panacea “is not general in itself, but rather inserts itself into the most general forms of functioning of the organism.”⁹¹ As opposed to localised remedies, applied to specific organs, the panacea could restore the body to balance and harmony, putting it back in line with the order of nature and the cosmos. Here Foucault locates another condition of possibility for what would later be characterised as pathology: the creation of a binary between nature and its outside: “in the panacea, it is nature herself that acts, effacing all that belongs to counter-nature.”⁹² The distinction between nature and counter-nature thus underlies a moral understanding of techniques of cure, under which individual bodies can be aligned with nature or fall radically outside of it, and treatment can either address the cosmic imbalances that cause states of un-health (as in the panacea) or operate according to the accumulated herbal or mineral knowledge of healers.

The life of the panacea shifts again in the Renaissance, “where madness was linked to a whole selection of dramas and cosmic cycles” that persisted in the classical age with “the reinterpretation of some very ancient themes.”⁹³ In the shift from madness as wisdom to the split between reason and unreason, the classical age retains the vector of madness as articulated through a relationship to nature and the morality of the soul: “the influence of the moon, or the widespread conviction that climate had a direct influence on the nature and quality of the animal spirits, and consequently on the nervous system, the imagination, the passions and all sicknesses of the soul.”⁹⁴ Likewise, moral and imaginary themes persist in the use of human body parts and healing stones and crystals, “flying in the face of most medical concepts” of the classical age and destabilising the unity of medical knowledge with the technique of cure.⁹⁵

⁹⁰ Ibid. Here, Foucault seems to be referring to the “doctrine of signatures”, according to which plants resemble the parts of the body they intend to heal.

⁹¹ Ibid., 298.

⁹² Ibid., 297.

⁹³ Ibid., 364.

⁹⁴ Ibid.

⁹⁵ Ibid., 302.

Nature, as a moral theme, persists even through a shift, in the classical age, from the body as microcosm of the universe that obeyed the rules of nature to what in the nineteenth century would be called the “milieu”,⁹⁶ a broader context for the functioning and homeostasis of the organism, and a precursor to statistical and social conceptions of normal and pathological. In the conditions of possibility for the elaboration of milieu, we also find precedents for a later notion of statistical aberrance or abnormalcy: madness as difference from the operations of its surroundings, as well as from moral nature. It was this understanding of madness that, in the classical age, “gave full meaning to the notion of the cure [*cure*].”⁹⁷ That Foucault uses *cure* (rather than *guérison*) in this context turns the narrative of scientific and biomedical progression on its head, for it signifies the way that a technique that was an “old idea [...] took on new importance in that it gradually replaced the idea of the panacea.”⁹⁸ As cure begins to eclipse panacea, “the purpose of [which] was to suppress *all illness*”, therapeutic cure locates health in “suppress[ing] *the whole illness*.”⁹⁹ Panacea is also eclipsed in eighteenth-century therapeutics (rather than eliminated) as cure becomes linked to a “space of generalized abstraction.”¹⁰⁰ The effect of this eclipse is not that medical cure is suddenly discovered in a radical break between scientificity and moral notions of cure, or that medical cure replaces moral techniques of cure, but rather that cure begins to formalise knowledge about illness, a category that appears natural or pre-existing despite its historicity:

The different phases of the cure were therefore to be articulated around the elements that constituted the sickness. From this point onwards, sickness began to be perceived as a natural unity, which automatically defined the logic of the prescription and described its own development. [...] Furthermore, a cure was to pay attention to its own effects, compensate, correct and alter itself according to the different stages of the improvement, and even contradict itself if the nature of the illness and the temporary effect that it produced demanded it. As well as being a practice, all cures [*cure*] were therefore a spontaneous reflection on the cure [*guérison*] itself and on illness, and on the relation between the two.¹⁰¹

It follows, then, that the epistemic function of (moral) cure was to introduce epistemologisation into practices that were otherwise disqualified from scientific rationalization (for instance, the herbal pharmacopeia). The supposed unity of medical sickness and cure infused the classical age’s treatment of madness as split from reason and therefore confineable. We observe this infusion, this unity, in the way that madness and

⁹⁶ *Ibid.*, 365.

⁹⁷ *Ibid.*, 306.

⁹⁸ *Ibid.*

⁹⁹ *Ibid.*; emphasis in Foucault. As an archaeological concept, “eclipse” indicates the persistence below a threshold of intelligibility. Foucault invokes the imagery of eclipse to discuss the splitting of madness in the sixteenth century into tragedy and “critical consciousness”, and the resulting intelligibilities and intelligibilities this split produces (*Ibid.*, 25).

¹⁰⁰ *Ibid.*, 300.

¹⁰¹ *Ibid.*, 306-07.

criminality share confinement, a technique that is both the repression of freedom¹⁰² and a curative procedure with moral valences:

Madness found itself side by side with sin, and it is perhaps from there that stems the immemorial linking of unreason and guilt [...] which doctors discover as a truth of nature. [...] It is strange that rationalism authorized this confusion between [moral] punishment and [medical] remedies, this quasi-identity between the act of punishment and the act that cures [*guérit*]. It supposes a certain treatment at the junction of medicine and morality that was both an anticipation of the torments of eternal damnation and an attempt to bring [return (*rétablissement*)] the patient back to health. The key element is the ruse in medical reasoning that does good while inflicting pain.¹⁰³

We can observe here, too, how moral reasoning becomes a mechanism for medicine to exercise power in a punitive capacity. This point makes it all the more crucial to understand how the concepts of moral and medical cure themselves operated around any body characterised as embodying difference.

It follows that, contrary to the insistence of scholars such as Stiker, Garland-Thomson, and Bill Hughes¹⁰⁴ that Foucault did not write about physical disability, the classical age assumed a natural unity of bodily treatment and moral cure, or the restoration of health as a return to moral nature. In fact, physical disability appears throughout the text as a vector that drives the history of madness. Foucault notes the shifting notions of blindness as evidence of or departure from reason, eventually becoming, in the classical age, the physical verification of a supposedly sinful soul.¹⁰⁵ Furthermore, throughout the text, he historicises the association of blindness with epistemic disqualification, not endorsing this position, but rather using its appearance to illustrate the classical age's conception of reason as related to the authority of ocularcentric perception.¹⁰⁶ In the transition to nineteenth-century medicine, blindness as evidence of madness falls away, while the psychological evidence of madness becomes objectively viewable as hysteria.¹⁰⁷ Insofar as in positive psychiatry madness becomes the "psychological effect of a moral fault",¹⁰⁸ the moral model persists when medicine crosses the threshold of medical formalization.

Thus, it becomes similarly important to consider the epistemic status of physicians whose role in the medical model is understood to be paramount in the terms of the models framework. The archaeology of cure provides an historical and epistemological perspective

¹⁰² Ibid., 77.

¹⁰³ Ibid., 86.

¹⁰⁴ Bill Hughes, "What Can a Foucauldian Analysis Contribute to Disability Theory?", in Shelley Tremain (ed.), *Foucault and the Government of Disability* (Ann Arbor: University of Michigan Press, 2005), 80.

¹⁰⁵ Foucault, *History of Madness*, 295-296.

¹⁰⁶ Ibid., 241, 296, 349, 454, 461, and 499.

¹⁰⁷ Ibid., 295-96.

¹⁰⁸ Ibid., 296.

on the conditions of possibility for this contemporary feature of medicine. In the *Great Confinement*, Foucault explains,

it was not medical thought that forced open the doors of the asylum, and if today doctors now reign in such places, it is not through any right of conquest resulting from the vital force of their philanthropy or their concern with scientific objectivity. It is because confinement itself slowly took on a therapeutic value, bringing a realignment of all the political and social gestures, and the moral and imaginary rituals that for more than a century had been used to ward off madness and unreason.¹⁰⁹

Foucault's framing challenges the models framework's association between scientificity (or, positivity) and biomedical authority. The (re)alignment of confinement with treatment—the doubling of panacea even as cure formally eclipses it—provides an epistemological qualifier to the notion of the physician's epistemic authority. This notion, rather than represent the structure of scientific objectivity *in toto*, represents a type of knowledge-claim that the regime of the *Great Confinement* produces. A “whole technical *corpus* centred on curing, over which physicians [...] had no control”¹¹⁰ emerged in the eighteenth century, giving epistemic authority over healing to non-medical experts.¹¹¹

The classical notion of cure becomes a mechanism for control precisely because institutions that fuse “moral treatment” with “therapeutic punishments” double the meaning of repressive power “as it cures [*guérison*] the body and purifies the soul.”¹¹² To illustrate, eighteenth century water cures (or “cure by baths”¹¹³) for mania meant to cool and lubricate the humours.¹¹⁴ These cures revealed the ways in which the Renaissance association of water with the exile of madness,¹¹⁵ portrayed in the *Stultifera Navis*, had been eclipsed. Instead, water cure returned water to association with moral purification,¹¹⁶ with the administration of cold showers and bathing in the classical age acting as “violence [that] promised the rebirth of a baptism.”¹¹⁷ Another eighteenth-century technique of cure—movement therapy—sought to restore the body into “harmony with the well-ordered mobility of the outside world.”¹¹⁸ In this regard, Foucault observes that movement therapy replicated the patterns of movement of the sea, which were deemed the “most natural, the

¹⁰⁹ *Ibid.*, 437.

¹¹⁰ *Ibid.*, 305.

¹¹¹ As historians of science have noted, even the notion of objectivity during the 17th and 18th centuries adhered to a standard of “*truth-to-nature* rather than *objectivity*”. See Lorraine Daston and Peter Galison, *Objectivity* (New York: Zone Books, 2010), 58.

¹¹² Foucault, *History of Madness*, 87.

¹¹³ *Ibid.*, 315.

¹¹⁴ *Ibid.*, 271.

¹¹⁵ *Ibid.*, 11.

¹¹⁶ *Ibid.*, 351.

¹¹⁷ *Ibid.*, 319. This was particularly the case, Foucault notes, in the work of Pinel's moral therapies for madness, although such therapies self-presented as “purely mechanical” (*Ibid.*, 351).

¹¹⁸ *Ibid.*

most regular, and the most closely tied to the movement of the cosmos”, revealing the persistence of natural and moral themes of water in relation to madness, now split into exercise and bathing therapies.¹¹⁹

When the cure does enter the realm of medical practice (the domain in which the DS models framework locates the workings of the normalising medical model), it becomes filtered through shifting thresholds of positivity within the emerging discipline of late nineteenth-century psychiatry. Foucault describes medical cure’s emergence not as the conquering of science and biomedicine over the uncertainty of moral therapeutics, but rather as the paradox of

medical practice enter[ing] the uncertain domain of the quasi-miraculous just as the science of mental illness was trying to assume a sense of positivity. On the one hand madness is placed at a distance in an objective field where threats of unreason disappear; but at the same moment the madman and the doctor begin to form a strange sort of couple, an undivided unity where complicity is forged along very ancient lines.¹²⁰

In other words, the doctor/patient coupling doubles as a relation of knowledge and power within families, prisons, and the maintenance of social order precisely by maintaining a complicity with cure that predates positivity, but dwells in uncertainty. As Foucault later clarifies in the interview with which I begin this paper, nineteenth-century medicine consisted of “ill-founded, poorly established and unverified sets of knowledge. The harmfulness of medicine was judged in proportion to its non-scientificity.”¹²¹ Paradoxically, it is within this uncertain space of the convergence of order and epistemic framings that “the origins of the doctor’s power to cure were to be found;”¹²² they were not found within the space of positivity.

From the Models Framework to the Archaeology of Cure

Even before the clinic emerged as a space of the therapeutic gaze and experimental medicine, the practice of cure circulated in various realms of truth: it traveled between the positivity of emerging medical and psychiatric therapeutics and the moral knowledge of nature and its outside—knowledge carried historically through the practice of panacea. As a result, Foucault argues, the “great organizing structures of the experience of madness in the classical age penetrated even the empirical mechanisms of the cure.”¹²³ Within these games of truth, even when medicine “acknowledges the impossibility of a cure”, it “wrap[s] up [its] knowledge in the norms of positivism”,¹²⁴ while it addresses symptoms and shapes the visibility of difference to reflect the circulation of “political, legal, and economic” ideals

¹¹⁹ Ibid.

¹²⁰ Ibid., 511.

¹²¹ Foucault, “The Crisis of Modern Medicine or the Crisis of Antimedicine”, 9.

¹²² Foucault, *History of Madness*, 511.

¹²³ Ibid., 320.

¹²⁴ Ibid., 508.

in society.¹²⁵ The resulting relationship of power and knowledge created the conditions for the emergence of the clinic.

The Birth of the Clinic: An Archaeology of Medical Perception clarifies Foucault's broader archaeological argument about the power-knowledge nexus within cure and normalisation, the unity of which is foundational to descriptions of the medical model. Whereas in *History of Madness*, Foucault traces the seed of the moral theme of the cure in the Middle Ages, in *The Birth of the Clinic*, he locates the historical structure of the clinic itself, albeit devoid of scientific significance, as emerging even before the eighteenth century notion of cure.¹²⁶ Even with the emergence of the clinic, Foucault argues,

up to the end of the eighteenth century, medicine related much more to health than to normality; it did not begin by analyzing a 'regular' functioning of the organism and go on to seek where it had deviated. [...] [I]t referred, rather, to qualities of vigor, suppleness, and fluidity, which were lost in illness and which it was the task of medicine to restore [...] Nineteenth-century medicine, on the other hand, was regulated more in accordance with normality than with health [...] When one spoke of the life of groups and societies, of the life of the race, or even of the 'psychological life,' one did not think first of the internal structure of the organized being, but of the medical bipolarity of the normal and the pathological.¹²⁷

These distinctions—between a focus on the internal health of the organism in relationship to its environmental milieu and the individual's health relative to a statistical, normal population—are telling of the distinction between cure as restoration and normalisation as a polemical construct of statistical knowledge.¹²⁸ What Foucault contributes to a broader historical field developed by Canguilhem and others, however, is an analysis of how eighteenth-century medicine, while not focused on normality in the statistical sense, nevertheless values the purification of imbalances in the body through the mechanical and restorative process of the cure.¹²⁹ This point clarifies and lends support to the argument that the cure's moral basis precedes its medicalisation and survives past it. As the above reading of *History of Madness* demonstrates, in the process of medicine fully eclipsing moral understandings of the natural, the cure and the clinic operate in the service of the restoration of the subject's moral purification through the body. Foucault reveals that the cure precedes the clinic and normalisation itself.

¹²⁵ Ibid., 172.

¹²⁶ Michel Foucault, *Birth of the Clinic: An Archaeology of Medical Perception*, translated by Alan Sheridan (New York: Vintage Books, [1963] 1994), 54, and 62.

¹²⁷ Ibid., 35; emphasis added.

¹²⁸ A distinction further explored in Canguilhem's *The Normal and the Pathological*, a book that while not published until after *History of Madness*, was mostly written two decades before and foreshadows some of Foucault's own explorations of cure. In particular, Canguilhem shatters the idea that cure is a "return to biological innocence" (Canguilhem, *The Normal and the Pathological*, 228), instead differentiating between different concepts of cure, health, and norm that circulate from the nineteenth-twentieth centuries.

¹²⁹ Foucault, *History of Madness*, 301.

Thus, cure is an unstable object of archaeological analysis, the excavation of which shifts into perception the meanings of disqualification, health, restoration, and treatment that carry from moral cure through medical normalisation and rehabilitation. Rather than take for granted the unity of the cure with the medical model, we should, with Foucault, observe that the practice of cure emerges long before any concept of objective science, positive medicine, medical pathology, eugenic norm, or embodied deviation (epistemological categories that underlie the medical model of disability). Traces of the moral model in positive medical cures fracture the supposed unity of medicine and the ideology of the cure. In turn, a re-appraisal of the meaning and practice of cure, as well as the circulation of truth claims around it, reveals that socially constructed biomedicine is in turn a moral construct, with implications for further conceptualisations of nature, difference, and ethics. My broader methodological argument, then, is that DS should turn away from the cause-and-effect, teleological narrative of the models framework and turn toward discussing what Foucault's ideas of thresholds of knowledge, ruptured continuities, displacement, *partage*, and eclipse offer to critical disability scholarship.

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