DISABILITY STUDIES IS ABSOLUTELY ESSENTIAL IN A WORLD ENGULFED BY TECHNOLOGY AND MEDICALIZATION

Jonathan Bartholomy

A Thesis
Submitted to the Graduate College of Bowling Green State University in partial fulfillment of the requirements for the degree of

MASTER OF ARTS
August 2010

Committee:
Cynthia Baron, Advisor
Bill Albertini
ABSTRACT

Cynthia Baron, Advisor

In this thesis, I argue that Disability Studies is a valid field, enabling people to have ongoing nuanced and complex discussions regarding disability, the body, technology, and medicalization. The continuing emphasis on using technology and medicalization to perfect and normalize the human body may have people thinking that Disability Studies is passé or fading into irrelevancy, especially since eliminating impairment and disability are ways of achieving such normal conceptions of the body. However, Disability Studies remains important because it resists these culturally hegemonic standards and advocates for a much more inclusive world. The field itself is constantly progressing in new directions, offering more ways of understanding the human experience as dominant society continues to find new ways to perpetuate normative ideas about the body. With this project, I examine how technology and medicalization affect the way we perceive our own bodies, pressuring us to conform our bodies to a particular type of uniformity and causing more difficult conversations to be pushed to the background. The factors of disability and Disability Studies add more layers of complexity to views formulated by hegemonic influences, and invites people to have thoughtful discussions about the norms and values that shape the way people think about bodies, human rights, and participation in the public sphere. The adaptive nature of Disability Studies allows it to intersect with a variety of different topics and disciplines and continue to develop in the future.
This thesis is dedicated to all those who are still in it for the long haul. Lead on!
ACKNOWLEDGMENTS

First and foremost, a great deal of thanks is due to my committee, Cynthia Baron and Bill Albertini for their support and willingness to put up with me through this process. I am also very thankful for the support that I have received from Bowling Green State University’s American Culture Studies Program and especially Don McQuarie, who was instrumental in my entrance into the program. Special thanks must also be given to the staff at Jerome Library for their diligence in helping me find sources and their unwavering support in assisting me pack up countless books on the back of my chair, an activity that came to be more like weightlifting as time progressed. I would also like to thank my cousin Jeremy Geiser, who was instrumental in procuring some videos for me through WTOL Channel 11. Most of all though, I must thank my parents for supporting me during this time of stressful craziness. The person in this group who deserves the most acknowledgment is my mother, who was willing to drive me back and forth to campus on numerous and ill-timed occasions. Although this process has been very emotional and trying, I would like to think that our relationship is that much stronger because of this experience. I hope to never put her (or anyone else) through an experience like this ever again. A special shout out must go to Chief Red Cloud, Big Blue, John Updike, super-long-distant family members, and a host of others who I cannot even name or acknowledge until the time comes. I know this is one small step in a sequence of many more, but I cannot thank you enough for whatever support you have given me. I know that whatever comes from me must come from within (and I know I must work on this, as well as my confidence) but I think you certainly helped bring it out.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTRODUCTION</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>CHAPTER I: DISABILITY, HEGEMONY, AND COUNTERVAILING</strong></td>
<td></td>
</tr>
<tr>
<td>THREADS IN AMERICAN CULTURE</td>
<td>6</td>
</tr>
<tr>
<td>Foundations</td>
<td>6</td>
</tr>
<tr>
<td>Theory and Methodology</td>
<td>8</td>
</tr>
<tr>
<td>Literature Review</td>
<td>10</td>
</tr>
<tr>
<td>Body Studies</td>
<td>11</td>
</tr>
<tr>
<td>Social History</td>
<td>15</td>
</tr>
<tr>
<td>Disability Studies</td>
<td>19</td>
</tr>
<tr>
<td><strong>CHAPTER II: THE THREAT OF TECHNOLOGY:</strong></td>
<td></td>
</tr>
<tr>
<td>COCHLEAR IMPLANTS AND THE DEKA ARM</td>
<td>22</td>
</tr>
<tr>
<td>Cochlear Implants</td>
<td>23</td>
</tr>
<tr>
<td>The Films: Different and Changing Perspectives on the Implant</td>
<td>26</td>
</tr>
<tr>
<td>The DEKA Arm</td>
<td>35</td>
</tr>
<tr>
<td>Development</td>
<td>36</td>
</tr>
<tr>
<td>Veteran History and Autonomy</td>
<td>39</td>
</tr>
<tr>
<td>At What Price?</td>
<td>41</td>
</tr>
<tr>
<td>Pushing Us Away or Coming Along?: Ongoing Discussions</td>
<td>43</td>
</tr>
<tr>
<td><strong>CHAPTER III: POWERFUL PEOPLE, POWERFUL PILLS</strong></td>
<td>45</td>
</tr>
<tr>
<td>The Power of Medicine -- Overshadowed?</td>
<td>46</td>
</tr>
<tr>
<td>People with Disabilities -- Good or Bad?</td>
<td>48</td>
</tr>
</tbody>
</table>
INTRODUCTION

During a session in my “Disability Studies in the Humanities” graduate course at The University of Toledo, professor Jim Ferris screened the first 30 minutes of Josh Aronson’s film Sound and Fury, (2000) which tells the story of two related families who have deaf children, with one family choosing to go ahead with an operation that would give their son a cochlear implant and the other family deciding against it. As both families have a history of deafness and exposure to Deaf Culture, the film shows how such decisions affect the families and their relationships with each other. On a larger scale, it shows how the marginalization of certain identities, as well as the hybridization of different identities can influence how people see deafness and being Deaf. After showing us part of this film, our professor asked us to think about how such a marginalization of Deaf Culture in the film can be thought of in conjunction with the field of Disability Studies. Even though our class did not have a discussion particularly centered around this topic, I began thinking about how Disability Studies can continue to be recognized as a field of study even with the influx of outside influences that want to push it to the margins. This event served as the impetus of this thesis.

This thesis aims to show that Disability Studies is an important field, opening dialogues in a number of different directions. This project investigates the perceptions of disability within American culture in the last twenty-five years and the implications such perceptions have on the field of Disability Studies. On one hand, our society is still very much in tune with correcting or eradicating disability. Media, culture, medicine, and power all seem to perpetuate certain negative notions about disability that lead to it being associated with an undesirable way of living. Although it may be an extreme example, Jerry Lewis’ Muscular Dystrophy Association Labor Day telethon is one piece of television programming that has received a great deal of criticism from disability rights activists (The Kids Are All Right 2005; Charlton 35). Such
efforts to achieve a perfected (or at the very least, healthy) notion of the body continue to shape American culture and perceptions of the body. On the other hand, the strides made by disability activists and the Disability Rights Movement (DRM) in fighting for the inclusion of people with disabilities in the social and political processes within this country, as well as the formation of Disability Studies as a discipline within the Academy, show a very different picture of American culture that stresses the inclusion of as many perspectives as possible. The combination of these positions has placed disability in a peculiar location within American culture.

In a world geared increasingly toward the use of medicine and technology to combat impairment, one may initially draw the conclusion that the field of Disability Studies has waning relevance in today’s society. However, this thesis examines the complexity that disability brings to the table in an American culture that continues to send mixed messages when it comes to inclusion. Technology and medicine affect society’s view of disability and create problems with inclusion in American culture. These problems are rooted in how technology and medicine often eliminate different experiences in the attempt to generate uniformity within our society. These two factors are central concerns in my project. This thesis argues that Disability Studies is a relevant field that has an impact on society that goes well beyond the boundaries of the Academy. It enables new discourses concerning disability to arise and facilitates new ways of understanding the human experience, providing a way for people to resist hegemonic structures and embrace a more inclusive society.

The first chapter sets the parameters of this inquiry and grounds it within American Culture Studies. It describes my methodological approach. The literature review covers material on the emphasis within our culture around physical and even psychological perfection, (highlighting the increasing influence of cosmetic surgery in women, bodybuilding, Viagra, etc.)
and on the countervailing thread within American culture that recognizes the work in the past and present to move toward a more inclusive society (the suffrage movement of the 1920s, the civil rights movement and the continuing LGBT movement). The presence of these two very different ways of looking at American culture illustrate the complexity that is involved in situating disability and Disability Studies within American culture.

The second chapter discusses technology within American society and how it has helped shape perceptions of disability and reshaped some perceptions within the disability community. Specifically, I focus on two pieces of technology that have the potential to revolutionize the way we think about disability and impairment. One is the cochlear implant, which, as one can see through Josh Aronson’s film *Sound and Fury* (2000) and its follow up *Sound and Fury: Six Years Later*, (2006) has altered ideas of Deaf culture and community inclusion. The other is the DEKA Arm, developed through the Revolutionizing Prosthetics Program within the Defense Advanced Research Projects Agency (DARPA). The case of the DEKA Arm and the amount of attention it has received is extremely interesting simply because of the fact that it is coming from a government-funded program and has been given the resources to ensure its development. I examine how both these pieces of technology are influenced by culturally hegemonic standards, namely, those that make it “normal” to try to “fix” disability, strive for a more perfect body, and advocate for a type of inclusion for individuals who conform to a particular type of body. I argue that technologies such as the cochlear implant and the DEKA Arm and how they are presented to society at large must be dealt with carefully, as such capabilities can bring about the idea that impairments are being cured through the miracle of technology. Normalization through technology and their impact on disability are very important. Such factors affect what disability
is worth in American society, and shape judgments about the value of the experience of disability and of individuals with disabilities.

The third chapter looks at the medicalization of bodies and the impact of using medications to minimize or eliminate perceived impairments in a culture that reiterates focus on speed, success, functionality, and youth. I examine how the medical establishment reinforces certain hegemonic ideas when it comes to a healthy mind and body. My particular interest lies in the way in which people are using psychiatric drugs to improve their state of mind. While it would seem absurd and inappropriate for me to question the need for such medication, the pathologization of everyday life and the power of drug companies have helped normalize mental health issues, making mental health issues more accessible to everyone. At the same time though, such increased medicalization has also led to the development of drugs that can create disabilities as well. I argue that such developments reinforce older ideas concerning disability, remedicalizing impairment and bringing about more disabilities that need more attention.

The fourth chapter will first cover the impact of the DRM and disability activism and how disability has been perceived. While laws such as the Americans with Disabilities Act of 1990 (ADA) and the explosion of online communication have allowed people with disabilities greater visibility than ever before, there also is concern about maintaining such visibility in the future. Obviously, the presence of disability activism is central to the articulation of a Disability Studies perspective and needs to be considered when examining its future. The chapter will also focus on the relevance of Disability Studies and its importance in the Academy. It will look at connections between Disability Studies and other aspects of cultural studies. It will also consider difficulties that have come with adding new disciplines to the Academy and the positions that such disciplines have in the inherently conservative atmosphere of the Academy. Despite the
facts that Disability Studies is facing something of an uphill battle trying to associate itself with cultural studies, and that mainstream perceptions of disability seem to further endanger its existence, I would still argue that Disability Studies is an extremely important field that is able to shed light on people who, only in the last generation or two, have begun to articulate their own point of view.

Through this thesis, I want to stress that Disability Studies will be able to remain an influential field for many years to come. At the same time, I hope to show how Disability Studies is challenged by views in contemporary American culture about technology, medicine, and disability itself. Despite the wide-ranging subject matter within the four chapters of this thesis, they all focus on basic ideas about perceptions of the body, power and order within society, and the survival of marginalized groups. While there is no end in sight to the complexity of these topics, they provide a useful way to examine Disability Studies within society and the academy.
CHAPTER I: DISABILITY, HEGEMONY, AND COUNTERVAILING THREADS IN AMERICAN CULTURE

FOUNDATIONS

This thesis is rooted in American culture, and it attempts to examine the place of disability and Disability Studies within the dominant culture in the United States. The beginning of the DRM’s formation over forty years ago, along with the passage of the Americans with Disabilities Act of 1990, and the emergence of various Disability Studies programs in America, have all given visibility and agency to people with disabilities that did not exist in previous generations. Despite such positive moves, people with disabilities still struggle in the face of the cultural hegemony that seems to keep them at the margins of society.

People with disabilities have been absorbed into the hegemonic structures within society, and for a very long time seemed to internalize the negative messages of the dominant culture. James I. Charlton explains that people with disabilities’ “evolution of consciousness is informed for the most part by lives of economic and social deprivation, in which they are told […] that they are pathetic, grotesque, and, most significant, inferior” (70). This has been reinforced in a number of different ways with the help of hegemonic standards concerning the body and ideas surrounding health that have been reinforced through technological and medical advances made by our society.

The idea of the perfect body (or at least one that is individually satisfying) permeates contemporary American culture. Whether it is through plastic surgery, body building, fitness centers, steroids, or even Viagra, there are seemingly countless methods available to achieve optimal performance. Such factors illustrate one way of looking at the limited space left for people with disabilities on the cultural map. From this point of view, one could say that there are
attempts being made to remove disability from the category of things that holds cultural interest, and to reduce impairment to something that can be eventually taken care of through the ingestion of a pill or the utilization of new technological devices.

While such a perspective is extremely hopeless, one should not forget that this is only one view of American culture. I would certainly argue that there is another side to the coin. With the organization of people with disabilities, the articulation of disability history and common experience, a recognition of disability culture in the form of sports, plays, and other activities, and the development of disability related organizations, people with disabilities began to resist the oppression they had experienced for years (Charlton 80-81). This activism brought into focus the DRM.

This movement paints a picture of a society that is more inclusive, looking to add as many different perspectives as possible. Of course, people with disabilities are not the first group to experience this, for the civil rights movements of the twentieth century have showcased the nation’s ability to strive for inclusion and plurality. This trajectory can be seen in the women’s movement, the civil rights movement of the 1950s and 1960s, and the continuing LGBT movement. It is through the experiences of such minority groups and their own cultures that a wider and richer spectrum of society is created, with such groups becoming active participants in the development of the country. For people with disabilities, the formation of Disability Studies as a discipline within the academy signifies another way in which society has become much more inclusive and accepting in certain ways.

These complex and conflicting threads within American culture that feature the drive for physical perfection on the one hand and exclusionary values and inclusionary efforts on the other, show the peculiar position of disability within culture. One has to wonder how disability
will be seen as we move further into the twenty-first century. With commercials on television that promote physical fitness machines, enhanced sexual organs, and weight loss, the value that disability brings to our further understanding of the human condition seems lost. Still, one cannot forget that the progressive movements mentioned above also take part in defining America as well, even if it is to a lesser extent than the more dominant forces in our society that advocate for certain types of bodies. While American culture continues to be influenced by these countervailing factors, Disability Studies remains important as a field. As the landscape of disability may change through the influence of various hegemonic forces, Disability Studies can help people understand disability in even more complex ways. Through this thesis, I am attempting to show the value that Disability Studies has in its ability to help people understand disability at a time when it seems to be threatened by the ideals of the dominant culture.

THEORY AND METHODOLOGY

My approach to the study will utilize the concept of cultural hegemony through the work of Antonio Gramsci and Raymond Williams. Gramsci writes that “the supremacy of a social group manifests itself in two ways, as ‘domination’ and as ‘intellectual and moral leadership’” (Notebooks 57). For Gramsci, “intellectual and moral leadership” seems to make more sense than “domination.” His concept of cultural hegemony, summarized by Bruce A. McConachie, has “dynamic forces which set various ‘historical blocs’ in conflict with one another” that “influence subordinate groups and subcultures to accept a world view which can facilitate the unintended participation of the oppressed in their own victimization” (McConachie 39-40). These forces influence people’s perceptions through “legitimation, the half-conscious acceptance of the norms of behavior and the categories of knowledge generated by social institutions, public activities, and popular rituals viewed as ‘natural’ by the people whose actions they shape”
This is shown through the “spontaneous philosophy” of people, which influences their thinking through:

1. Language itself, which is a totality of determined notions and concepts and not just of words grammatically devoid of content;
2. “Common Sense” and “good sense”;
3. Popular religion and, therefore, also the entire system of beliefs, superstitions, opinions, ways of seeing things and of acting, which are collectively bundled together under the name of “folk-lore.” (Gramsci Prince 59).

The way in which language is used in our culture, the common perceptions held by the majority of society, and the institutions that govern our way of seeing the world, are three very powerful ways in which certain values are established. Reinforcing hegemony in this manner is much easier than through domination. As Williams suggests, “If what we learn [through hegemonic forces] were merely an imposed ideology, or if it were only the isolable meanings and practices of the ruling class, or of a section of the ruling class, which gets imposed on others, occupying merely the top of our minds, it would be--and one would be glad--a very much easier thing to overthrow” (9). However, hegemony should not be thought of as something that belongs to the past or is completely fixed in its position. As Williams points out, “it is continually active and adjusting,” making us “recognize the alternative meanings and values, the alternative opinions and attitudes, even some alternative senses of the world, which can be accommodated and tolerated within a particular effective and dominant culture” (9). This continuous morphing of hegemony has allowed disability to be recognized as something more complex than a medical condition within the last twenty-five years, even though this perception may not be fully understood by mainstream culture. As this has happened, new ways of thinking about or dealing with disability have come into light, altering perceptions of disability.

Disability culture itself appears to occupy the position of what Williams refers to as “emergent culture.” In emergent culture, “new meanings and values, new practices, new
significances and experiences, are continually being created” (Williams 10). In terms of the “emergent” aspect of disability culture, there are a number of different examples, including disability art, disability dancing troupes, and disability music. Along with carrying “emergent” elements, disability culture also acts as both an alternative and oppositional culture to the dominant one in society, with people on one hand separating themselves from nondisabled culture and simply living their lives, and on the other, being in opposition to the oppressive nature of the dominant culture and its treatment of people with disabilities.

Cultural hegemony can serve as a starting point for examining the dominant influences within our society (in this case, technology, medicine, and the Academy) and how they have affected societal notions of disability. The role of hegemony is complicated by the fact that with the inclusive forces of our society allowing people with disabilities to participate in mainstream life, there have been new or emerging discourses about disability. While aspects of Chapter 2 and Chapter 4 reach beyond the past twenty-five years to gain a larger historical perspective, I will use more recent historical developments to show how new developments and changing views have altered the landscape of how we think about disability.

LITERATURE REVIEW

The purpose of this literature review is to assist the reader in understanding what relevant work has influenced this thesis and its direction. Obviously, this section does not include all of the texts that I have examined. The texts covered are, for the most part, published within the last fifteen to twenty years. Since I am looking at American culture within the last twenty-five years, this allows me to dive deeper within this particular time period. In trying to recognize the interweaving and countervailing threads within American culture, I examined a number of different texts that cover two main topics, Body Studies and Social History. I have also included
a third topic of Disability Studies, covering how the field developed and the variety of issues that it covers. For the sake of avoiding confusion, I have divided my literature review into three sections, covering the three areas.

**BODY STUDIES**

The main difficulty of establishing this part of the literature review is that the range of topics span far into different areas. Even the use of the term “Body Studies” is problematic since it leaves a great deal of room for applying a definition. The works mentioned in this section highlight the complexities surrounding how American culture views the body and its variations. Although each of these texts goes beyond ideas of cultural hegemony and the positioning of particular bodies, the acknowledgement of such hegemonic standards and their influence on people are certainly part of why they have influenced this thesis.

The anthology *Body Image: A Handbook of Theory, Research, and Clinical Practice* edited by Thomas F. Cash and Thomas Pruzinski offers numerous investigations into the field of Body Image Studies, including ones that center around weight loss/gain, obesity, and visible impairments. One piece in particular, Nichola Rumsey’s “Body Image and Congenital Conditions with Visible Differences” touches briefly on the behavior of others in relation to one’s disfigurement (229). Although the influence of cultural hegemony is not specifically mentioned, ideas relating to a positive body image or negative body image are presented, indicating culturally acceptable or unacceptable limits and what is considered natural or normal.

Esther Rothblum and Sandra Solovay’s *The Fat Studies Reader* provides an in depth look at Fat Studies from a variety of perspectives. Defining Fat Studies as “an interdisciplinary field of scholarship marked by an aggressive, consistent, rigorous critique of the negative assumptions, stereotypes, and stigma placed on fat and the fat body,” this anthology covers the
historical and social construction of fatness, an examination of discussions surrounding ideas of
health and fitness in connection to fatness, fatness as a social inequality, the position of fat
bodies within popular culture and literature, the empowering nature of a fat identity, and political
activism in conjunction with Fat Studies (Rothblum and Solovay 2). This anthology illustrates
the negative cultural mindset against fat bodies.

Debra L. Gimlin’s book, Body Work: Beauty and Self-Image in American Culture
defines the concept of “body work” as “work on the self” where “women are able to negotiate
normative identities by diminishing their personal responsibility for a body that fails to meet
cultural mandates” (6). Gimlin examines how women “attempt to renegotiate identity by
changing their bodies, their perceptions of their bodies, or both” (7). It examines the social
relationships within a hair salon, aerobics classes, a plastic surgeon and his clients, and meetings
in the National Association to Advance Fat Acceptance (NAAFA). Despite Gimlin’s intriguing
attempt to write about women’s empowerment through their decisions, the majority of this text
seems to reinforce the overarching influence of cultural standards and how people conform to
them while under the impression that they are validating their own individuality. This is
especially evident in the cases of the aerobics classes and plastic surgery, where individuals are
using these options to maintain a certain body type or level of satisfaction with themselves,
believing that they, rather than the forces that shape hegemonic culture, are in control of their
bodies.

Leslie Heywood’s Dedication to Hunger: The Anorexic Aesthetic in Modern Culture
investigates our culture’s anorexic logic, which she defines as “that set of assumptions, crucial to
the logic of assimilation, that values mind over body, thin over fat, white over black, masculine
over feminine, individual over community” (xii). The book includes the author’s own
experiences with her body and her expectations of it, an analysis of the development of diseases such as anorexia and bulimia in relation to the expectations of the dominant culture, and analyses of literary works that reinforce anorexic logic. With The Cult of Thinness, author Sharlene Nagy Hesse-Biber compares the efforts of modern women to stay thin to a cult, referring to it as “ritualistic performance and obsession with a goal or ideal” (4). This book also looks at the dominant patriarchal cultural values within Western society and their effect on how women think about and treat their bodies. The author connects these dominant attitudes to the social and economic practices within the United States as well as the influence of media industry, all of which promote the cult that the author refers to with the title of the book. The latter half of this text includes numerous interviews with women about their experience with eating disorders, a chapter on how the “cult of thinness” is affecting younger women, homosexual men and women, heterosexual men, and women from different ethnic backgrounds, and a final chapter that offers individual and collective alternatives to being a part of such a cult, including strengthening spirituality, therapy, social activism, and education (227-257). Both of these books acknowledge the strain and stress that can be created by the cultural expectations of thinness.

Both Sander L. Gilman’s Making the Body Beautiful: A Cultural History of Aesthetic Surgery and Elizabeth Haiken’s Venus Envy: A History of Cosmetic Surgery detail the development of cosmetic surgery. Gilman’s work focuses on race and the idea of “passing” as the primary factor in the development of cosmetic surgery (22). The extent of his analysis reaches before the twentieth century and beyond America, touching on practices in Europe. For Haiken, the development of medicine and a consumer culture account for the growth of cosmetic surgery (12). The scope of her study focuses on America in the twentieth century. Suzanne Fraser’s Cosmetic Surgery, Gender and Culture aims to examine the discourses around cosmetic
surgery, arguing “[w]hat is said about cosmetic surgery and how it is said indicates a great deal about how femininity and masculinity are configured in contemporary culture” (Fraser 4). The topics that Fraser tackles are women’s magazines, medical texts, feminist texts, and regulatory decisions surrounding cosmetic surgery. The author points to how the concepts of nature, agency, and vanity are found within all of these discourses, all of which reinforce culturally dominant standards that are recognized within American culture. Meredith Jones’s work, Skintight: An Anatomy of Cosmetic Surgery, argues that cosmetic surgery is part of “makeover culture” where “the process of becoming something better is more important than achieving a static point of completion,” meaning that there is a never-ending effort in transforming the body (1). The book covers cosmetic surgery’s history and the idea of makeover culture, the intertwining nature of cosmetic surgery and globalization, the position and agency of the plastic surgeon, the concept of “the stretched middle age” and designing aging through surgery, the way in which cosmetic surgery is used as a way to reinforce normal standards around the body, and how extreme uses of cosmetic surgery enable different ways of thinking about notions of the body and control (5). At the heart of all of these books is the hegemonic influence imposed on others, telling them how they should look.

The anthology Building Bodies edited by Pamela L. Moore attempts to examine bodybuilding and the body from a variety of different perspectives, discussing issues of class, race, and sexuality. This book also confronts ideas of the body and built bodies as ways of both accepting and rejecting how they are socially constructed through culture. As the book brings attention to going beyond conventional boundaries of discourse surrounding the body, including sections concerning sexuality, race, and gender, the text highlights the complexities within such discussions. Leslie Heywood’s piece in the book, “Masculinity Vanishing: Bodybuilding and
Contemporary Culture,” looks at how bodybuilding has achieved more of a mainstream status within culture. Heywood examines the popularity of bodybuilding for men and women, exposing how it can assist in masking the insecurities of those who practice it and reinforce hegemonic gender rules. Alan M. Klein’s book, Little Big Men: Bodybuilding Subculture and Gender Construction offers an ethnographic study, introducing the reader to the concept of bodybuilding as a subculture, the political nature of bodybuilding competitions, the efforts of bodybuilders to maintain economic self-sufficiency, individual bodybuilder stories, the increase of women in bodybuilding, and the concept of “hustling” in the bodybuilding subculture.

Angus McLaren’s Impotence: A Cultural Analysis analyzes male sexuality and impotence, first discussing the attitudes of the Greeks and Romans and eventually reaching a final chapter addressing Viagra. According to McLaren, “[t]he gist of this study is that every age has turned impotence to its own purposes, each advancing a model of masculinity that informed men if they were sexual successes, and if not, why not” (McLaren xvii). Meika Loe’s The Rise of Viagra: How the Little Blue Pill Changed Sex in America takes a look at the “Viagra phenomenon” and its influence on American culture. Topics covered in this text include the development of Viagra, the branding of erectile dysfunction in medical terms, the idea of repairing the male body and what Viagra can do for the male body both positively and negatively, an analysis of older women’s responses to the development of Viagra and what it means for them, the difficulties in developing a “female Viagra,” and the consequences of living in a world with Viagra and its influence on men, women, medicine and perceptions of health.

SOCIAL HISTORY

This section of the literature review covers the more inclusionary forces of American culture, focusing on the social movements that have brought people together in the name of
equality and social justice, including the civil rights movement of the 1950s and 1960s, the LBGT movement, the Women’s Rights movement, and the DRM. Each of these movements has changed the social structure within our country, altering (ever so slightly) hegemonic standards and giving the chance to others to have greater influence in shaping American culture.

In Natasha Thomsen’s Global Issues: Women’s Rights, her second chapter, “Focus on the United States,” recounts the struggle for equal rights for women back to the American Revolution, while also covering the suffrage movement after the Civil War and activism in the 1960s and 1970s. Shifting social policy developments that improved employment and educational opportunities (i.e. the Civil Rights Act of 1964 and Title IX of the Education Codes of 1972, respectively) are included as well, indicating the changing social position of women in more recent history. Other topics include the gains that women have made in terms of financial freedom, participation in the military, and perhaps most importantly (in the context of this study, at least) the development of Women’s Studies programs in the Academy, and its role in shaping the way that society looks at gender roles, empowerment, and the influence of women in history (88). Sharon Hartman Strom’s Women’s Rights includes a much more in depth investigation of some of these same issues. The viewpoints of both liberal and conservative minded individuals or organizations are included to illustrate a well-rounded picture of the issue. In the chapter, “The Passage of the Nineteenth Amendment,” Strom notes that conservative Protestant ministers and traditionalist men and women “viewed suffrage as a threat to femininity, to motherhood and separate spheres, and to the hegemony of native-born whites” (228). The “problem” created by the Women’s Rights movement (in this particular time period and later) shows what a counter-balancing effect this social movement had in enabling women to have a voice in the country.
The anthology *The Human Tradition in the Civil Rights Movement* edited by Susan M. Glisson contains chapters that focus on the civil rights movement and on particular individuals connected to the development of the movement or the civil rights movement. The focus is primarily on the struggle of African-Americans in their desire for equality, but the later chapters involve people who are recognized by women’s rights activists and gay/transgender activists. Eric Arnesen’s chapter, “A. Philip Randolph: Labor and the New Black Politics” looks at Randolph’s efforts towards social and economic justice for African-Americans a generation before the civil rights movement, as he organized African American labor unions and advocated for the desegregation of the Armed Forces. Connecting it to Randolph’s influence, Arnesen writes that in addition to advocating desegregation, the 1963 March on Washington was designed to promote the “passage of a federal fair employment practices act, a higher minimum wage, and a serious public works program designed to help the unemployed” (93). Jennifer A. Strollman’s piece in the same anthology, “Diane Nash: ‘Courage Displaces Fear, Love Transforms Hate’: Civil Rights Activism and the Commitment to Nonviolence” tells the story of Diane Nash’s commitment to nonviolent protests in the effort to end racial discrimination and exclusion. Strollman points to the influence of James Lawson on Nash, citing Lawson’s strategies that “emphasized love and reason and resisted all forms of violence to underscore that African-Americans were entitled to equal rights and political, social, and economic equality” (204). Such principles assisted in the development of sit-in movements in the southern part of the country and the foundation of The Student Nonviolent Coordinating Committee, (SNCC) which included Nash’s involvement. Although Nash may be seen as a leader of the civil rights movement, she was more comfortable in an “ensemble position,” working together with people and advocating for nonviolent practices in order to bring about social change. Randolph and Nash are two
individuals who aimed for something much larger than themselves, and thus fostered the fuller inclusion of African-Americans within the social fabric of the United States.

Vicki L. Eaklor’s *Queer America: A GLBT History of the 20th Century* offers a chronological guide through the Gay Rights movement. This book connects the movement with the context of each time period, while also showing the intersections with other movements’ struggle for rights and inclusion. These intersections are especially evident in “Chapter 5: The Sixties” and “Chapter 6: Cultures and Politics after Stonewall,” in which the civil rights movement and women’s movement are covered. In later chapters, Eaklor discusses more current issues, such as the debate over including or excluding gays in the military and the controversy surrounding gay marriage.

These social movements and civil rights movements have had quite an impact on the DRM, as it has drawn upon them as a way to achieve organization and solidarity among people with disabilities in order to fight for rights. In examining the case of the DRM and the emergence of people with disabilities as a culture, a foundational text would be Joseph A. Shapiro’s *No Pity: People with Disabilities Forging a New Civil Rights Movement*. With this book, Shapiro offers stories of individuals who are connected to the DRM in the struggle for equal rights. The author points to the connections with other oppressed minority groups and focuses on empowerment and activism in shaping the movement. Charlton’s *Nothing about Us without Us: Disability Oppression and Empowerment* considers people with disabilities from a global perspective. Charlton’s ideas concerning the oppression of people with disabilities due to socioeconomic and cultural hegemonic standards, as well as his coverage of the development of disability culture and disability advocacy groups are extremely important in understanding the position that people with disabilities have in society.
The influence of the DRM on the field of Disability Studies is extremely important, providing the impetus for the field and the concepts that it presents. The perceptions of disability have changed a great deal in the last twenty-five years and owe a great deal of credit to the DRM. Disability Studies challenges how disability is discussed in the Academy, extending it beyond entrenched medicalized views that continue to exist. The main purpose of this section on Disability Studies is to familiarize the reader with the field and the issues that it tackles.

**DISABILITY STUDIES**

Gary L. Albrecht’s “American Pragmatism, Sociology and the Development of Disability Studies,” examines the influence of pragmatism and sociology in Disability Studies and how these two factors influence Disability Studies and its basic conceptions. Pragmatism was instrumental in the development of sociology and disability studies “because it provided a conceptual framework for thinking about the critical issues confronting social scientists, and suggested the type of data and analysis that should be used to construct arguments” (Albrecht 22). Within this framework was a recognition of “practical realities and social policies” as well as a recognition of different cultures and experiences (22-23). The work of sociologists heavily influenced people in Disability Studies and their way of approaching the field itself, with symbolic interactionism and the social construction of disability being major factors. Disability as a social construction removes it from the medicalized view of the impairment and disability, focusing on how certain ideas of disability has been created through the dominant forces within our society. Symbolic interactionism is closely related to this idea of social construction in the sense that people react to the meanings that have been given to certain concepts and that these meanings are reinforced through interactions within everyday society.

Michael Oliver’s *The Politics of Disablement: A Sociological Approach* is a cornerstone in the field of Disability Studies. This book introduces disability as something that is socially
constructed, “[seeing] the problem as being located within the minds of able-bodied people, whether individually (prejudice) or collectively, through the manifestation of hostile attitudes and the enactment of social policies based upon a tragic view of disability” (Oliver 82). Oliver’s development of this perception of disability has had great impact on the field.

David Johnstone’s An Introduction to Disability Studies offers a very good overview of the subject. The first chapter sets up the basics for the reader, illustrating that language is important to how we think and speak about disability. Our language reflects hegemonic ideas that are deeply embedded and that reflect medicalized views of disability and impairment. Johnstone also provides thorough descriptions of many of the different models pertaining to disability, including the medical model, the social model, and the rights-based model. He touches on a number of different topics throughout the rest of the book, including the emphasis on independent living and community care, disability related legislation in America and the UK, and quality of life issues.

The texts provided in this section are only a portion of the literature that is available about Disability Studies. There are a variety of texts in the field, which continues to grow as time passes. The place of Disability Studies in the Academy and in American culture will be discussed in the concluding chapter.

The three sections within the literature review are all interconnected to the importance of Disability Studies in the Academy and in society. Disability Studies welcomes a discussion about the different attitudes that form our ideas about society, inclusion, exclusion, and ourselves. This discussion includes the dominant values within our society that stress a perfected body. Emphasis on the body and the image of health has shaped cultural attitudes toward bodies that do not fit a particular paradigm. The pressure to maintain a healthy looking body for as long
as possible persists in our culture, which values never-ending youth, fit bodies without wrinkles, and continuous sexual functionality. Weight-loss commercials with people glorifying their success through a particular plan, infomercials about young people trying the latest and greatest facial creams or other skin care products, and images of a middle-aged couple enjoying an intimate (but not too intimate, yet) moment thanks to Viagra, are all heavily influential on how people think about themselves. To a certain extent, such cultural images and expectations have become internalized and viewed as natural. Another part of the discussion that Disability Studies facilitates centers around a much more inclusive attitude, allowing for different cultural perspectives, inclusion, and equality. The alternative viewpoints broaden awareness and discussions about a variety of issues that have been neglected for many years. The different social movements have had an undeniable impact on how people view the makeup of our American culture, because they strive to include as many different voices as possible within the political and social processes that exist within our culture. Disability Studies has been influenced by these alternative perspectives in the course of its own formation as a discipline. Credit belongs to the fields that helped pave the way for its inclusion, such as Women's Studies and Ethnic Studies. Disability Studies has certainly been affected by dominant forces within our society concerning the body and the alternative experiences that have been able to find a voice through social movements. The inclusion of Disability Studies in this discussion allows for a much broader understanding of our culture and who we are as a society. The importance of Disability Studies lies in its ability to adapt to the cultural, technological, and medical changes that are happening in the world. This quality keeps the field open to new intersections and challenges that may arise in the future.
CHAPTER II: THE THREAT OF TECHNOLOGY: COCHLEAR IMPLANTS AND THE DEKA ARM

“Faith in technology can play into the hated images of cure and pity that the disability rights movement has sought to erase” (Shapiro 223).

These words of Shapiro reflect the tendency of the dominant culture in the United States to look for ways to “fix” an impairment through technology, and thereby normalize a person and eliminate the factor of disability. Through this process, the impairment is yet again seen as an anomaly, a factor that makes life much more difficult or even unbearable. People with disabilities have enjoyed some of the benefits of technology, but their focus has been much more centered around disability empowerment. For instance, there is the case of Marilyn Hamilton, who helped design Quickie wheelchairs in the late 1970s after being disgusted with the heavy and bulky stainless steel wheelchairs. In their place, Hamilton helped create a much lighter and sturdier wheelchair, complete with a choice of bright colors that consumers could choose, ranging from candy apple red to electric green. Hamilton also revolutionized the perception of the wheelchair by “[taking] the universal symbol of sickness and [turning] it into a symbol of disability self-pride” (Shapiro 213). The development of this wheelchair signaled recognition of the over-arching power of the medical establishment and the negative ideas associated with hospital-issued wheelchairs, associating the people using them with someone who is incapacitated (Shapiro 212). Hamilton’s wheelchairs empowered the disabled individual with a device that assists in removing the medicalized view of disability, and replaces it with something that challenges entrenched views of impairment. What appeared to be the most prevalent factors in this transformation were the appearance and functionality of the wheelchair, allowing wheelchair users to have more independence and thus counter the idea of being helpless individuals in need of assistance.
Two of the more recent technological developments that have come into place are cochlear implants and the DEKA Arm. Both devices reinforce hegemonic standards concerning the body and health. They have each received their own level of attention from mainstream culture. In the case of the cochlear implant, Josh Aronson’s films *Sound and Fury* (2000) and *Sound and Fury: Six Years Later* (2006) have brought forth concerns about implantation and how this technology transforms ideas concerning deafness and inclusion. With the DEKA Arm, its most visible media coverage came from a September 20th 2009 segment on *60 Minutes*, that detailed the developments that are being made in prosthetics. Medical technology is influenced by the medical model of disability. The medical establishment determines the development of these devices, focusing on curing disability and viewing it strictly in biological terms.

At the risk of ruffling a few feathers, I include Deafness/deafness, within the disability community. My use of the terms “Deaf” and “Hearing” are meant to indicate a cultural perspective rather than a condition. The terms “deaf” and “hearing” will be used when referring to a biological condition.

**COCHLEAR IMPLANTS**

The cochlear implant is a device intended for deaf or hard-of-hearing individuals, developed with the hope of allowing an individual to at least hear environmental sounds and at best (especially for those who are deaf) gain better speech capabilities. Through surgery, electrodes that have the capability to stimulate the auditory nerve are implanted within the cochlea. The stimulation occurs through sounds picked up by a microphone worn behind the ear and a speech processor that is worn on the body. This processor picks numerous sounds that surround the individual and determines which electrodes to stimulate with each particular sound (Adams and Rohring 117; Brueggemann 135-137; Woodcock 325).
The first attempt at a modern cochlear implant with the stimulation of the cochlear nerve occurred in France in 1957 with the work of André Djourno and Charles Eyriès. Their work caught the attention of Dr. William F. House in America, who, with Dr. James Doyle, attempted his first implantation in 1961. Despite limited technological capabilities at that time, these first attempts led to some successful and more advanced efforts over the ensuing years. Still, there was a great deal of skepticism surrounding the effectiveness of these implants from the scientific community. The debate over the viability of the implants that had been created over the years was finally brought to a head with the Bilger Report in 1975. This report pointed to the validity of these implants and their benefit for deaf individuals (Eisen 1-10; Christiansen and Leigh 15-17, 22; Wilson and Dorman 4-5). Cochlear implants were approved for commercial distribution in the United States by the Food and Drug Administration (FDA) in 1984, but available only for adults. It was not until 1990 that the FDA approved of the marketing of pediatric implants to children as young as two years old (Christiansen and Leigh 26, 35).

From a Hearing perspective, the cochlear implant may sound like a miracle, promising to enable a deaf child to hear or allow a deaf child to develop greater speaking skills. For the Deaf community though, reactions to this technology have gone through a wide range of emotions. At first, the reaction of the Deaf community and their organizational leaders to implants, especially those in children, was resoundingly negative. In 1991, the National Association of the Deaf, (NAD) vehemently opposed cochlear implants and the way in which the devices have been framed by the dominant Hearing culture. The organization’s disapproval is spelled out in an opposition paper. This document clarified the organization’s position on pediatric implants, strongly disagreeing with the FDA’s approval of marketing cochlear implants for children and citing concerns about the social and psychological effects this technology would have on deaf
children and their families. Furthermore, the FDA’s lack of communication with members of the Deaf community and with scholars about the community itself, as well as concerns about the invasive nature of the procedure and the lack of information provided to parents, were covered in this paper (Lane, et al. “1991 position”). In another example of resistance, a protest was organized in Melbourne, Australia in October of 1994 by the Victorian Council of Deaf People, outside the International Conference on Cochlear Implantation (Christiansen and Leigh 41). In more recent years, however, the hardened attitudes of the 1980s and early 1990s have softened, with the NAD reevaluating its stance on cochlear implants in 2000. The changing of the NAD’s position includes the recognition of “all technological advancements with the potential to foster, enhance, and improve the quality of life of all deaf and hard of hearing persons,” and the primary focus of this new position being to “[preserve and promote] the psychosocial integrity of deaf and hard of hearing children and adults” (“NAD Position Statement”). Although this position statement still stresses a cautionary attitude towards implantation and advocates for the exploration of all available choices, it is certainly a change in tone from the 1991 position.

On one hand, the earlier anger that stemmed from the decisions that allowed young children to be implanted can most understandably be from the desire to fight for the safety of children. On the other hand, one could argue that this discontent signals a much deeper issue. The way deafness is perceived by dominant culture has been shaped by an overarching medicalized perspective. It “reflects the view of most hearing people, who see deafness as the lack of an important sense and as an insurmountable barrier to communication with hearing people” and the idea that “Deaf people need to be restored to society; the preferred way to do so is to make them hearing, to make ‘them’ more like ‘us’” (Edwards 893). This view is connected to the concept of audism, which is “institutional prejudices and biases that perpetuate
discrimination based on the idea of superiority of auditory and speech competency over [American Sign Language],” and the perception that “hearing and speech [are] the developmental norm for humans; conversely, signing is considered to be a deficiency” (Nover 120). Harlan Lane goes further, referring to audism as “the corporate institution for dealing with deaf people, […] the hearing way of dominating, restructuring, and exercising authority over the deaf community,” which is extended through the deaf education system, the medical establishment, and many other facets within society (Lane 43). The internalization of the ideas perpetuated by the “audist establishment” that Lane and Stephen M. Nover refer to has assisted in a continuing pathologization of deafness.

The Deaf community itself has fought against such perceptions, viewing themselves as a “linguistic minority” rather than a pathologized group, and citing their use of American Sign Language (Bauman 1; Christiansen and Leigh 255). Through organization and time, the Deaf community has formed its own culture. The use of the term “culture” is an empowering tool, distancing deafness from association with the inability to hear, and instead focusing on a particular way of life reflected through the experience of deafness (Padden and Humphries 3). The influence of Deaf culture has assisted in the development of a number of different outlets for the Deaf community, including Deaf schools, Deaf clubs, and a number of other organizations. Still, despite these efforts, the dominant Hearing perspective has continued to prevail over the years.

THE FILMS: DIFFERENT AND CHANGING PERSPECTIVES ON THE IMPLANT

Some of these same concerns expressed by the Deaf community, along with an oppositional Hearing perspective are expressed in their emotionally charged complexity through Aronson’s film Sound and Fury (2000). In this story, Peter Artinian and his wife Nita find
themselves pressured by their hearing family members to have their five-year-old deaf daughter Heather receive a cochlear implant after she tells them she wants the operation. This comes as a shock to the father, who is very comfortable with his Deafness, his deaf wife, and his three deaf children. His family lives on Long Island, New York, where they are part of a much larger Deaf community. In this film, Peter comes off as someone who is adamantly protective of Deaf culture and what it represents to him. So, one can sense Peter’s apprehension in the situation with his daughter. He tells the audience,

«The idea of this cochlear implant surgery is so scary. [...] I’m afraid that cochlear implants are going to create a whole bunch of robots. It just doesn’t seem right for a deaf person because our natural communication is signing and being in the Deaf world. [...] My fear is that if Heather were implanted, she wouldn’t be part of the deaf world or the hearing world.» (Sound and Fury 2000)

This tension is complicated by the fact that Artinian’s brother Chris and sister-in-law Mari decide to have their nine-month-old deaf son implanted, an action that Peter sees as a rejection of his own deafness and way of life. In an effort to familiarize themselves with the cochlear implant, Peter and Nita communicate with families who have had their children implanted, medical professionals, and schools that have children with the implants. One family that they contact has shielded their deaf daughter from any exposure to sign language or Deaf culture, listening to the advice of professionals. The professionals are audiologists and cochlear implant surgeons, with their profession dedicated to the treatment of hearing loss. Peter and Nita are very displeased with the type of social programs that are available to children with cochlear implants (Sound and Fury 2000). According to Carol Padden and Tom Humphries, programs like these “are eerily reminiscent of the ‘oralist’ programs that were put into place at the turn of
the twentieth century in schools for the deaf, where schools prohibited use of sign language,” with parents able to “request that their children be placed in classrooms where no sign language will be used in order that their children receive the full benefit of the cochlear implant, that is, constant exposure to speech in the classroom” (Padden and Humphries 168). Peter and Nita decide against implanting Heather after seeing their own Deaf perspective being marginalized by the Hearing society. The brothers’ opposing decisions create divisions within the larger extended family, straining relationships and bringing out strong emotions. On one hand, Mari’s deaf parents Michael and Nancy Mancini disapprove of Mari and Chris’ decision to have their son implanted, wanting the child to remain deaf and seeing deafness as a positive factor. At one point in the film, Mari’s mother refers to her as a “lousy daughter” for wanting to make her son hearing (Sound and Fury 2000). On the other hand, Peter’s parents, Peter Sr. and Marianne, advocate for Heather to receive the implant. After a heated argument with Peter, Marianne tells the audience, “I don’t want to make Heather hearing, I want to make her life easier. I can accept her deafness. What bothers me is it could be easier for her” (Sound and Fury 2000). With further conversations in the family though, discussions continue to transform into debates with accusations. Peter and Nita are seen as abusive parents by their hearing family members because of their unwillingness to allow Heather to receive an implant. Nita expresses her displeasure about the pressure from others, saying,

People can’t tell us what to do. They tell us we should implant our child, put our children in oral programs, that they should have speech therapy every day. We should do this and that because of their future. I feel like I’m being forced to adhere to their wishes. […] We’re going to decide what’s best for our children. (Sound and Fury 2000)
In a subsequent conversation with Peter’s parents, Marianne tells Nita, “You only want to accept one way--Deaf way. There are both worlds here. You only want Deaf world for your children. They have to live in both worlds” (Sound and Fury 2000). Through all of this, Peter and Nita ultimately want their family to remain a Deaf family, deciding to move the family to Maryland where there is a large Deaf community and more opportunities available to maintain a Deaf identity. This conflict over the cochlear implant essentially tears the Artinian family apart, with Chris and his family deciding to go ahead with the implant on their son and Peter and his family moving away.

With this first film, it does not take long to see the audist perspective that surrounds Peter and Nita. Surprisingly, the first film shows that the dominant and paternalistic viewpoint of the hearing community is exemplified by members of the Artinian family. During an argument between Marianne and Nita over the decision not to have Heather implanted, Marianne asks Nita if she can read and understand an entire cooking recipe by herself. Nita replies that she does not know how to read a recipe, which, to Marianne, is a major problem. Earlier in the film, the audience sees Marianne working with Heather and her other grandchildren on a recipe, assisting Heather in reading the ingredients and explaining the next step in the process. This brings up the points of differences in communication, culture, and education. Brenda Jo Brueggemann writes about the dominant education system, which emphasizes communication over language, “[keeping] the deaf dumb, unable to communicate, never speaking (let alone writing) well enough, while hearing people remain in power” (45). Prioritizing communication over language leaves deaf students lacking in language skills and English proficiency, limiting what they can understand in the Hearing world, which has a much more fully developed understanding of the English language. Deaf individuals’ functionality in the Hearing world is
extremely limited because of these differences in communication and the perpetuated audist perspective. Nita’s skills as a parent and as a human being are questioned because she cannot adhere to the standards of a Hearing society. Hearing and speaking are still viewed as a natural process, something that people should not be deprived of in life. For the Hearing members of the Artinian family, the cochlear implant is equated to a new lease on life, with Chris saying, “The cochlear implant is providing my son with freedom and opportunity and the key to the world. That’s the opportunity that I’m providing for my son” (Sound and Fury 2000). The Deaf perspective provided by Peter and Nita is marginalized in favor of “opportunity” and progress.

As compelling as this film is, telling two very emotional viewpoints surrounding a decision that impacts an entire family in resounding ways, one has to wonder about the Deaf perspective expressed by Peter and Nita and its impact on the Hearing perspective of the world. R. A. R. Edwards comments, “The film talks about Deaf culture but does not show much of it. The Deaf couple, Peter and Nita, passionately defend their cultural identity, but viewers are not provided much information about what it means to be Deaf. As a result, all their talk about Deafness could easily be misinterpreted by an innocent hearing audience as selfishness, cowardice, arrogance, and insecurity” (893). This concern reiterates the marginalization of the Deaf perspective and the narrow view of the dominant Hearing perspective, with people still associating deafness with something that needs to be cured. In my view, the film suffers from such an emphasis on the two extremely oppositional viewpoints that are expressed in relation to the cochlear implant, with one part of the family deeply committed to implantation and another part of the family just as strongly opposed to it. Although Peter, Nita, and Heather visit a deaf family who decide to give their daughter a cochlear implant, and Chris and Mari express some of the doubts they had with the implant, all of this is still very early in the film. Although
implantation is a complex and controversial topic, the lack of a more nuanced perspective causes the issue to simply be perceived in black and white terms with no middle ground. Of course, without the strong oppositional perspectives to draw audiences into the conflict, this could eliminate the basis for a film altogether.

By the time the film’s sequel Sound & Fury: Six Years Later (2006) is released, there is a change in tone. With this continuation of the story, the viewer finds that the move eventually took a toll on Nita after three years, with Peter having to commute back to New York every week for work. The stress of this living arrangement, combined with loneliness and missing the support of the family eventually caused Nita to have an emotional breakdown. Peter Sr. agreed to help in any way only if Peter and Nita would “do the right thing” and have all their children receive implants, which they agree to do. Peter explains his decision in an interview, saying

> When I first heard about this new technology, I was against it. I didn’t want to know about it, but within a few years, I calmed down and I thought about it, and realized I had to do what was best for my kids. That’s really why I changed my mind. I wanted to give them the opportunity to be happy. (Six Years Later 2006)

The decision to have all three children implanted is the beginning of a healing process for the family. Not surprisingly, Peter’s parents are thrilled with the decision, seeing it as very positive, especially for Heather. Peter Sr. sees this change in Heather in terms of a transformation, saying, “It was like throwing a light switch on and she blossomed from the time she heard,” while Marianne describes Heather’s implantation as “a gift” (Six Years Later 2006). Surprisingly, even Nita decides to get in implant to support Heather. In discussing the changes that come with the implant on both an individual and cultural level, Nita explains, “now there is [sign language], and talking, and communication among my nephews and Heather and we have such a close
family now. That was my goal. I wanted to have the Artinian family back together again” (Six Years Later, 2006).

In this sequel, the same “opportunity” that Chris desired for his son in the first film seems to be shown through Heather. In a scene that seemingly refers back to the first film’s argument between Marianne and Nita over understanding a kitchen recipe, both Heather and Marianne are seen in a kitchen working on a recipe together with Heather reading and understanding the instructions and being able to understand her grandmother’s words without looking directly at her. Marianne expresses her amazement to her granddaughter, saying that the process would have taken twice as long before the cochlear implant. The attitudes expressed by Heather’s grandparents concerning her metamorphosis after implantation are reinforced by officials at her middle school, where she is the only deaf student. Principal Anael Alston says,

I don’t think Heather would even see herself as being disabled. […] Most of the kids know her. Not because of her disability, they know her from her personality. Now she’s in an environment where the rest of the world is and she’s thriving. […] She can do whatever her talents will allow her to.” (Six Years Later 2006)

Such a point is greatly reinforced by her participation in “hearing sports,” namely volleyball, as she is told by the coach that she has made the team. Even Heather expresses her happiness with what the cochlear implant has allowed her to do, as she has gained hearing friends, made the middle school volleyball team, and has been inspired to become an actress, a lawyer, and a NBA player (Six Years Later 2006).

On one level, the conclusion of the second film can feel very hollow, with the parents submitting to the whims of the dominant culture so that their family can become more involved with the Hearing world. They are acquiescing to the very hegemonic standards that they fought
against in the first film. In some ways, it is comparable to NAD’s two extremely different statements regarding the cochlear implant, especially when looking at the issues of tone and message. While the first film tries its hardest to show both the Hearing and Deaf viewpoints while raising important points concerning culture, community, and family, the second film is blatantly in agreement with Heather’s implantation. At the end of the second film, viewers discover that it was funded in part by Cochlear Americas and The Children’s Hearing Institute. Both organizations provide information that has a strong emphasis on eventually restoring hearing to individuals. In the case of Cochlear Americas, its introductory webpage includes the words, “Helping thousands of people with hearing loss each year connect to a world of sound” (“Home page”). The website also provides information concerning products developed by Cochlear Americas to enhance hearing, a way to connect with other people within the “Cochlear Community” who use the products and share their experiences through a social networking program, and support services regarding assistance with the products, customer service, and individual insurance support. With The Children’s Hearing Institute, its main area of concern is education and support systems for deaf children. The organization also has clinical services that provide alternatives to dealing with hearing loss. The research conducted through The Children's Hearing Institute focuses on genetic hearing loss and its origins (“About Us”). Although one can never determine how having these two parties as benefactors may have influenced the slant of the film, the influence of the audist establishment and hegemonic forces certainly feels present.

However, there is a definite acknowledgment that the Deaf world and Deaf culture is changing. Near the end of the second film, Peter tells the audience,

The more the Deaf culture and the Hearing world understand each other, then the better we can support each other and coexist. If the two worlds don’t work
together, everything falls apart. Look at my family. My wife and kids are all deaf and my parents are hearing and for three years we were separated and now we’re back together and it’s better. (Six Years Later 2006)

Padden and Humphries write that “As more people have been implanted with cochlear devices, and as young deaf children with implants grow up to become adults, there will be more narratives about the benefits of the technology,” but they point out that there are different perspectives on the effectiveness of the implants (178). In “Cochlear Implants and Deaf Identity,” A. Philip Aiello writes about his experience of getting an implant. At the end of the article, he explains, “with children who have had implant surgery when they were very young, the implant is normal for them. When they grow up some continue to benefit and some don’t, but they have a choice whether to continue using the implant or not” (Aiello and Aiello 412). Of course, this choice concerning the implant may ultimately be influenced by exposure to Deaf Culture and American Sign Language, which complicates the decision even further and creates openings for more discussions surrounding implantation and culture. Discussing the Deaf community’s way of deciding who is “in” or “out” of the community, he compares hearing aids and cochlear implants, writing,

I remember back in the days when hearing aids were big boxes worn on the chest, people wouldn’t accept them, they would reject anyone wearing one. But over the years, the behind the ear hearing aids became part of us […]. So instead of fighting cochlear implants, we should welcome people who have them. They’ll always be Deaf. (Aiello and Aiello 412)
It will be interesting to see if cochlear implants follow the path of the hearing aid and eventually gain acceptance within the Deaf community, simply becoming a part of the individuals who wear them and not some threatening and alienating device that causes dissension.

THE DEKA ARM

During the twenty-fourth DARPA Systems and Technology Symposium in August 2005, Dr. Geoffrey Ling, an Army Colonel, neurologist, and head of DARPA’s Revolutionizing Prosthetics Program, gave a speech entitled “Keeping a Pact.” This speech concerned DARPA’s pact with men and women in the armed services and the progress being made in trying to fulfill such promises. This pact includes “[pledging] to develop revolutionary technologies that make [the soldiers] the best equipped fighting force in the world” and “[pledging] to make sure they return to their families as they were when they left: fully functional” (1). This second part of the pact is where Ling focused his attention, speaking about the efforts to develop better prosthetic devices through technological advances. For Ling, one area of interest was prosthetics available for upper extremities, primarily the arm and hand. Ling noted that “[t]he hand with its five fingers allow us to do all things human, from picking up a grain of sand to holding a bowling ball, writing poetry to driving a steamroller and, of course, playing the piano” (2). Ling also made the point that “[t]he best prosthetic arms available right now are powered by gross muscle movements or muscle constrictions,” citing the most functional hand as the “work hand,” a device that resembles a hook. Furthermore, Ling stressed that the “most functional prosthetic shoulder does not allow you to reach behind your head” and the “most functional prosthetic wrist can rotate, but not flex or extend” (Ling 2). In order to correct the insufficient nature of these devices, DARPA was told to develop something better. Through DARPA’s research, Ling asserted that “[w]e are beginning to understand how the brain orders and structures commands
for motion and feeling,” and he anticipated developing a prosthetic arm identical to our own biological arms within four years of his speech (Ling 3).

Although his aspirations for building such a prosthetic device may at first sound like science fiction, the Revolutionizing Prosthetics program is certainly not a fantasy. It is a highly regarded program, with Ling comparing it to the Manhattan Project, with the investment going over $100 million and “involv[ing] well over 300 scientists, that is engineers, neuroscientists, psychologists” (“The DEKA Arm”). With this type of support, some extraordinary devices for injured men and women in uniform have been created.

DEVELOPMENT

One of the programs that came into being through DARPA as a result of these goals was the Revolutionizing Prosthetics 2007 program. The program’s goal was to develop a neurally interfaced prosthetic arm, “providing near-human strength in a prosthetic limb, and creating a prosthetic arm that is both functional and similar in appearance to the native limb” (Defense Advanced Research Projects Agency). This $18.1 million program was awarded to the DEKA Research and Development Corporation, a company founded by Dean Kaman and known mainly for the technology it develops for medical products, such as the IBOT Mobility System, a motorized wheelchair that has the capability of climbing stairs. This company was also assisted by teams of researchers from the Rehabilitation Institute of Chicago (RIC), Northwestern University, and Institute of Biomedical Engineering at the University of New Brunswick in Canada, along with a number of other companies and individuals who served as consultants. A prototype of the DEKA Arm allowed participants to control the arm and hand through “a foot pedal and muscle controls,” using various parts of the foot to control the arm and hand in certain ways (Brown 10; “The DEKA Arm”). While Kamen was certainly mindful of DARPA’s
requirement of building an arm “no larger than the average human’s and no heavier than nine pounds,” there was also a definite effort exerted to making the DEKA Arm a device that people were comfortable in wearing. Kamen and his team of researchers realized this shortly after introducing the first prototype of the prosthetic to patients and receiving complaints about the design. Kamen explains,

>We came back [from hearing initial reactions from the patients] and realized if we build the world’s best nine pound arm, but nobody will wear it because 24 hours a day or 12 hours a day of wearing a nine pound arm is going to be irritating and frustrating, we said, “we’ve got a way bigger problem here.” (“The DEKA Arm”)

So, the device was fitted with “a series of straps and expandable air bladders that [made] it easy to fit over the shoulders and torso yet anchor it in place for support” (Brown 10). Since that time, there have been further enhancements. The DEKA Arm was modeled after the Neuro-controlled Bionic Arm engineered at RIC, which is basically controlled through impulses from remaining nerves in the arm (which are replanted in the chest muscles) and sensors that can gauge contractions in the muscles, which are sent through the thought process in the brain. These thought processes essentially control the arm (Pope). Controlling the DEKA Arm through sensors that detect thought processes in the brain is central to how the device currently works, with the amputee actually teaching the prosthetic device how to work based on impulses of the mind (“The DEKA Arm”). Even though this technology was brought into focus through assisting the American veteran, it is apparent that the device has been developed with civilians in mind as well. Stewart Coulter, a DARPA Revolutionizing Prosthetics Project Manager makes the point that “We’ve worked with both civilian and military or ex-military users, determining what they need and how we can best support the entire set of people who could take advantage of
At the present time, the DEKA Arm is still being worked on, with a number of people hoping to bring this device into some form of commercial development in the future. Coulter emphasizes this effort toward commercial availability, saying, “right now our focus is very much on getting this version out the door, making it available to people, and continuing to improve it from that point forward” (Otto).

The scope of this program is remarkable considering that “[t]he gap between long-term, government supported basic research and short-term product development by industry has been characterized as the ‘valley of death’” (quoted in Field and Jette 210). The amount of effort put into the development of the DEKA Arm and the results that have been developed are nothing short of amazing. Brad Ruhl, president and CEO of Otto Bock HealthCare and contributor to DARPA’s efforts in this project as well as others, makes the point that

We know that investing in development for shoulder disarticulation prostheses, for example, almost never returns a financial payback. There simply aren’t enough people in this patient population to make upper-limb prosthetic development financially viable, […] but there’s a moral and ethical responsibility to invest, nevertheless--to move that technology forward so these patients have the benefit of advanced technology. So we were already making an investment prior to the project. (Otto)

There is a strong willingness to make this technology work. The number of people supporting it would probably indicate that this technology is not disappearing anytime soon. At the end of the 60 Minutes segment, Ling makes this project sound like a global mission to free the world from impairment, by referring to these prosthetics as “another gift of the American taxpayer to the entire world” (“The DEKA Arm”).
VETERAN HISTORY AND AUTONOMY

The focus on the DEKA Arm and the priority given to it, all in the name of assisting American soldiers and being a type of “gift” is not surprising, considering more recent attitudes towards disabled veterans. The status of the disabled veteran during the twentieth century was greatly improved due to the fact that “disabled veterans became a major project of the modern state, which endowed them with recognition as a group worthy of continuing assistance,” coming in many different forms, including medical care and prosthetic development (Gerber 3). In his piece, “Engineering Masculinity: Veterans and Prosthetics after World War Two,” David Serlin analyzes prostheses of the 1940s and 1950s as tools that enable rather than transcend the organic body, showing how they provided the material means through which [engineers and prosthetists as well as doctors and patients] imagined and negotiated the boundaries of what it meant to look like and behave as an able-bodied man in the twentieth-century American culture. (47)

These boundaries included the ability to carry on with life as a productive citizen, being able to do as much for one’s self as possible, getting married, and having children. The technology provided by the prostheses allowed for certain social roles to be maintained and functionality to be restored in some ways, enabling men returning home from the battlefield to appear normal (49; 55-57). Most importantly, the developments assisted in lessening the idea that disabled veterans are “innocent sufferers […] experience[ing] pain, a loss of autonomy, and exile from the community of the able-bodied” (Gerber 7-8). In the context of today’s world, with thousands of soldiers overseas in Iraq and Afghanistan putting themselves in harm’s way with the potential of losing a limb, and the amount of financial and technological resources available, the same
attitudes that existed over sixty years ago seem alive and well. At this point though, devices of yesteryear are being replaced by devices that enable amputees to have even more capabilities, making the older devices seem antiquated and more like a hindrance.

At the center of these efforts, both past and present, is the effort to restore autonomy. Autonomy itself is an integral part of the values of American culture and impairment signifies a direct threat to its potential realization. Rosemarie Garland-Thomson writes, “the disabled figure represents the incomplete, unbounded, compromised, and subjected body susceptible to external forces: property badly managed, a fortress inadequately defended, a self helplessly violated” (45). This perspective, reinforced by a dominant culture that advocates for autonomy through a particular type of body, makes such an impairment unbearable. Although Ling does not specifically state it in his speech at the conference, the loss of a hand equals the loss of humanity, and transforms the impaired veteran into a figure incapable of fulfilling his/her potential and enjoying life.

This desire for autonomy is evident in the 60 Minutes report that concerned the DEKA Arm. Two of the individuals interviewed, Fred Downs, who has been using a standard prosthetic arm since 1968, and Chuck Hildreth, who lost both of his arms thirty years ago, volunteer to test the DEKA Arm. In this report, both men are shown using the arm to do tasks that are presented with a certain degree of wonderment. For instance, when Hildreth uses the device to pick a grape from a bushel and put the grape to his mouth, reporter Scott Perry writes, “Consider Hildreth hasn’t eaten like this in nearly thirty years--using the arm, it [took him only] a moment to eat it” (Pelley 3). Pelley’s words show how this technology is being framed as extraordinarily positive by mainstream culture, giving Hildreth greater functionality and independence. The DEKA Arm seems to open up endless possibilities for these two individuals. Another key
moment is when Downs describes the feeling of using the arm after picking up a bottle, opening it, and drinking from it, saying, “It felt so good to move my arm again, to do things with it. Not as fast, but it worked” (“The DEKA Arm”). His use of the term “my arm” indicates a shift in his perception of the prosthetic device. Earlier in the report, Downs is shown explaining the capabilities of his older and less advanced prosthetic arm as if it were a tool. With the DEKA Arm, it is as though the prosthesis ceases to be one, instead, serving as his actual arm. In a sense, he has been given his humanity back through technology, becoming whole once again. Viewed in this light, this technology is a way to assist amputees in fully reintegrating within society.

AT WHAT PRICE?

With this type of technological development, one has to wonder about the price that a person must pay in order to achieve such a glorified utopia, especially if it must be accomplished through the hegemonic standards dictated by a dominant culture. Despite all of its good intentions to inform the public about this device and what it offers, the 60 Minutes report simply reinforces notions that the impaired body should be fixed. The comments made by Downs in the program appear to reiterate such a perspective. The position of the disabled veteran in American society, while at a disadvantage because of his disability, still appears to occupy a higher status than the disabled civilian. Disability caused by war “has been characterized as ‘heroic’ disability, as the (mostly) men were regarded as deliberately ‘sacrificing’ themselves for the sake of the country or the company, placing them at the top of a disability hierarchy” (Boyle 106). Serlin reiterates this idea that war-related disability “is material proof that confirms one’s service to warfare, to the modern state, to industrial capitalism: these help to preserve patriotic values and respectable citizenship” (53). On the other hand, with people whose impairments are from
birth or acquired in private life, “disability is a material stigma that marks one’s rejection from competent service to the society” (Serlin 53). Do these attitudes expressed by our culture and the favorable views toward autonomy automatically absorb the disabled veteran within the hegemonic standards in society, separating him or her from other people with disabilities and leaving those others in the dust? It certainly appears that this is true, especially with the focus of the 60 Minutes report, which predominantly uses disabled veterans as its subjects. If anything, these attitudes show the different facets that exist within the disability community and the complexity that arises when discussing this technology.

Although it has often been expressed in situations revolving around assisted suicide, people with disabilities, especially disability rights activists, have criticized autonomy “for helping to mask the structural arrangements of power and privilege, advantage and opportunity that marginalize people with disabilities” (Longmore 191). By acquiescing to the technology that is available, I argue that people with disabilities are simply deflating their resistance to the hegemonic structures that are in place, becoming examples of exceptionalism, fitting into an “overcomer” stereotype that is prevalent within the American media. Examples of this can be seen in with the “‘miracles’ trumpeted by Oprah Winfrey or other television producers bent on delivering the nightly wow factor” (Riley 13). This is certainly not inclusion. People with disabilities are often associated with terms such as “dignity,” “dependency,” and “quality of life,” because they are not seen as people who can live up to our cultural standards. All three of these terms “are rooted in American values that uphold complete physical self-sufficiency and absolute personal autonomy as cultural ideals” (Longmore 190). People with disabilities seem to represent the antithesis of these ideals. The efforts put behind the DEKA Arm and all of the attention that it has received simply seems to marginalize disability even further.
With both the cochlear implant and the DEKA Arm, there is a strong emphasis on curing disability, or at least enabling an individual to have greater function within society. For most people, both of these technologies are probably seen as extremely positive and helpful. Of course, looking back at Gramsci’s view of spontaneous philosophy, which emphasizes the importance of language, common sense, and the influence of social institutions in relation to cultural hegemony, the language associated with the cochlear implant and DEKA Arm seems to come straight out of the medical establishment, seeing deafness or limb loss as an individual tragedy, causing people with disabilities to be separate from the rest of society. Also, the negative notions pertaining to disability and the positive associations connected to “fixing” the disability is viewed as “common sense,” meaning that most people in society would advocate for the elimination of a disability. Furthermore, the power associated with medical professionals can function as a form of social control. In 1972, Irving K. Zola wrote that medicine is “nudging aside, if not incorporating, the more traditional institutions of religion and law,” dominating the way in which people interpret the world (201). Even forty years later, the medical establishment’s grip on how people perceive themselves and others is very strong.

Particularly for Peter Artinian and disability rights activists, their emotions may be torn by what these technologies present to them in the face of everything that they have advocated for in terms of their own ideas about culture. Gramsci writes about how “the active man of the masses” has “two theoretical consciousnesses […] one implicit in his actions, which unites him with all his colleagues in the practical transformation of reality, and one superficially explicit or verbal which he has inherited from the past and which he accepts without criticism” (Prince 66). This factor of these “two theoretical consciousnesses” is the dilemma facing people with
disabilities, especially if they are in tune with their own cultural ideal of attempting to resist hegemonic standards. With the passage of time though, as these devices gain more acceptance by the people who may have initially opposed them, this could certainly change the whole makeup of the disability and Deaf community and their interpretation of what constitutes membership in their cultural group. Rather than be cynical and suggest that the acceptance of these devices will only bring about a quicker demise of marginalized perspectives, I would say that they allow people to have a continuous dialogue about the changes that are occurring within the communities. This dialog would cover a number of different topics, including who is to be recognized within a particular community and how the factor of a “hybrid” identity affects acceptance. Furthermore, more complex discussions surrounding the availability of the technology and its cost would also come into focus. While these topics might cause people to disagree with each other, the articulation of these concerns is certainly positive, for it sheds more light on the complexity of the disability community and its place within American culture. Disability Studies encourages these types of dialogs and offers people ways of resisting the hegemonic ideas surrounding the body and the normalization of it.
CHAPTER III: POWERFUL PEOPLE, POWERFUL PILLS

“Like Alice in Wonderland, it is difficult for most of us today not to be in awe of the many enhancement options available in our American pharmaceutical ‘wonderland.’ And in a pill-oriented culture, it is tempting to believe that if the pill works, the problem has been treated. But what if the existence of such a pill is actually causing or at least contributing to the problem?” (Loe 170)

This quote, in the context of Loe’s book, The Rise of Viagra: How the Little Blue Pill Changed Sex in America, refers to the problem of how pharmaceutical companies reinforce the social pressures that exist (i.e. the ability to perform sexually, the maintaining of a strong sense of masculinity, etc.) in order to market their own products for consumption. The focus of this chapter, however, ventures into two different but connected concerns that surround medication in American culture. The first issue is the expansion of medical jurisdiction that has occurred within our society, medicalizing issues that were at one time thought to be private problems that could occur on an everyday basis (i.e. depression, erectile dysfunction, etc.). This development stresses that our bodies are in constant need of repair or a reparative medicine. The second issue covered in this chapter looks at how the increased medicalization of American culture has led to developments in medicine that have had disabling effects on people, preventing them from fully functioning. The second topic is partially intertwined with the first, as it examines the influence of psychiatric drugs, which have become more prevalent due to widening medical jurisdiction, the power and reach of pharmaceutical companies, and the increasing demand of consumers. These medications, while helpful in certain cases but posing a great risk with life and brain altering side effects, are keeping us sick and creating new ideas about disabilities that have been created in the name of health. This is a strangely and sadly positive development since it causes disability to be a concern for non-disabled people and this could lead to an increased and deepened understanding of “disability.”
I want to stress that it is not my intention to belittle or question the validity of someone with a mental disorder or in need of a certain type of medication. My interest in bringing up the subject matter in this chapter is to examine the influence of physicians, medicine, and pharmaceutical companies and how they are working to perpetuate ideas around sickness and the need to get healthy through medication.

THE POWER OF MEDICINE -- OVERSHADOWED

As mentioned briefly at the end of the last chapter, medicine can function as a form of social control, with parallels to our educational institutions, and one of “the main agencies of the transmission of an effective dominant culture” through its influence over how people perceive themselves (Williams 9). However, changes in the organization of the medical field have had a profound impact on how we view this control. Instead of there simply being a doctor-patient relationship, with the doctor basically exerting his professional power over the patient by labeling and medicalizing him or her, there are many other factors that come into play now. These include the influence of managed care to cut costs, “corporatized medicine,” and patients becoming consumers in choosing health insurance and medical services (Conrad 14-15). Perhaps most notably though is the rise of the large pharmaceutical companies that earn enormous profits and exert considerable pressure on the way in which their drugs can be approved, marketed, and perceived by society. Their power extends to the political arena, with a great number of drug lobbyists paid to help drug companies avoid the threat of regulation, and influence the FDA with the likes of the Prescription Drug User Free Act, (PDUFA) where companies “pay the FDA directly to evaluate and approve their drugs to the tune of millions of dollars” in order to expedite the process (Barber 31). Another crucial example of how the FDA has made life much simpler for these companies is through their loosening of restrictions on
direct to consumer (DTC) advertising, allowing for medications like Paxil and Zoloft to introduce themselves to the American public. Furthermore, in 1997, the FDA “waived the requirement that drug makers list a detailed summary of a drug’s side effects and contraindications in advertising,” deeming that it was “sufficient for companies to cite only a drug’s major risks and provide a Web address and toll-free number where consumers could get more information” (Barber 45). These are only a few examples of the influence of the pharmaceutical industry, but they certainly illustrate that it is a major player in how numerous drugs have entered our subconscious. While physicians are still a major influence in their ability to diagnose individuals and prescribe medications, these other influences must be taken into consideration when considering how medicine is a form of control.

One resource that represents a great deal of this control is the Diagnostic and Statistical Manual of Mental Disorders (DSM). This book categorizes numerous mental disorders (and some would say, bodies) and is used as a tool by medical professionals for diagnoses. Interestingly enough, the pharmaceutical companies have “a big stake” in the diagnoses that are made, “having a direct financial interest in expanding the number of people who can be defined as having a mental disorder and who then might be treated with their chemical products” (Kutchins and Kirk 12-13). The most recent version of the DSM, the DSM-IV, conceives a mental disorder

as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., painful symptom) or disability (e.g., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain,
disability, or an important loss of freedom. (American Psychiatric Association xxii)

Furthermore, the DSM-IV states, “this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event,” it also “must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual” (xxi-xxii). This wide-ranging definition can be seen as very problematic because of its scope, which leaves many people susceptible to being labeled with a mental disorder. Still, one can see how this creates more opportunities for pharmaceutical companies to develop and sell medications. It will also strengthen their bottom line and allow them to maintain a certain level of influence over how medication is perceived. While it may seem absurd, this medicalization of society seems to have created more sick people instead of making them better.

PEOPLE WITH DISABILITIES -- GOOD OR BAD?

How does any of this affect people with disabilities? At first, this question might seem extremely easy to answer, considering the relationship that people with disabilities have had with medicine and medicalization. However, medicine has had some definite benefits for people with disabilities. Simi Linton makes the point that “[o]ne clear benefit has been the medical treatments that have increased the well-being and vitality of many disabled people” as well as the “[o]ngoing attention by the medical profession to the health and well-being of people with disabilities and to prevention of disease and impairment […]” (Linton 11). This has increased the visibility of people with disabilities and assisted them in greater participation within society. This increase in people with disabilities also seems to benefit pharmaceutical companies, as certain disabilities are treated with different drug combinations (in the case of AIDS or multiple sclerosis) which “are often necessary to control the underlying conditions, but they are very
expensive, especially for poorer disabled people” (Albrecht and Bury 592). Albrecht and Bury also make the point that “[the pharmaceutical business] is fueled by the changes in population dynamics that, with health and medical interventions, are allowing people to live longer with disabilities” (592). So, interestingly enough, people with impairments are being helped by medicalization as well as helping medicalization itself. Even though our culture seems to be intent on curing impairments, the dominant groups who are in charge of the medicalization can see the “benefits” of having people with impairments in the population.

DISABLING THE BRAIN

One area in particular that has seen the growth of medication is psychiatric drugs. These drugs include: antidepressants, stimulants, tranquilizers, antipsychotic drugs, and mood stabilizers (Breggin Medication 18). Through some of the more recent developments within psychiatric medicine, it seems that the medical establishment and the pharmaceutical companies have a chance of wiping out some of the so-called medical issues that seem to plague contemporary society, including depression, social anxiety, and obsessive-compulsive disorder. However, despite these advances, there have also been indications of the not so positive side-effects of these medications. The recent discontent appears to center around the concept of brain-disabling, the idea that “all psychiatric treatments--drugs, electroshock, and lobotomy--work by disrupting the function of the brain and mind, creating effects that are then interpreted (or misinterpreted) as improvements” (Breggin Brain-Disabling 1). There are a number of brain-disabling principles associated with the medications available today, including disruption of normal brain function; impairment and dysfunction in the mind that results in the impairment of higher functions such as emotional responses, self-awareness or self-insight, and autonomy; individual and wide ranging reactions to these treatments; and the ability of these drugs to add to
or worsen a disorder by simply causing harm to the brain (Breggin *Brain-Disabling* 2-4, 7-9).

While psychiatric medications do not necessarily affect everyone in the same way, the potential for side effects seems extraordinarily dangerous. Peter R. Breggin offers a number of different case studies that illustrate the harmful effects of psychiatric medication and how it has driven people to hurt others and themselves. With the example of Reynaldo Lacuzong, who drowned himself and his two children after taking the antidepressant Paxil, Breggin points out that Lacuzong’s prescribed dosage of medication was the smallest available: 10 mg. Breggin stresses, “If a drug dose is large enough to affect your brain and mind, then it is also large enough to cause serious dysfunction in your brain and mind, including compulsive violence and suicide” (Breggin *Medication* 264-266; 277).

Perhaps something of equal or greater concern is the concept of medication spellbinding, which is a brain-disabling effect that renders individuals unable to perceive the degree of their drug-induced impairment; causes individuals not to attribute any change in themselves to an adverse drug effect; often makes individuals believe that they are doing better than ever, when they are doing worse; and in the extreme, drives them to compulsive activities that harm themselves and others. (Breggin *Brain Disabling* 1)

The individual taking the medication can become apathetic and indifferent, yet more irritable and easily angered. He or she may seem less focused or attentive, and more distant, preoccupied, or withdrawn. Anxiety or depression may develop or worsen for no apparent reason. If the drug
is causing overstimulation, the individual may lose weight, have trouble sleeping, pace compulsively, or act in an impulsive manner. (Breggin Medication 19)

While these reactions to medications may not be seen as impairments in a more traditional sense, (i.e. the inability to walk, see or hear) these medications certainly have the power to impair people in a variety of ways from their everyday lives.

Interestingly, the effects of these drugs and the intense experience of medicalization that our culture is living through right now could certainly cause a number of people to be continuously re-medicalized. The DSM-IV does contain a category that includes a “Substance Induced Mood Disorder,” which is “a prominent and persistent disturbance in mood […] that is judged to be the direct physiological effects of a substance (e.g., a drug of abuse, a medication, other semantic treatment for depression, or toxin exposure” (American Psychiatric Association 370). One prominent way to deal with this disorder is to wean the individual off medication and utilize the services of a therapist. Breggin illustrates the limitations of this approach specifically in reference to using a psychotherapist, stressing “psychotherapy or counseling is no better than the personal qualities of the therapist” and the lack of a particular approach or standardization of therapy for the client (Medication 326). One of the biggest problems Breggin refers to is that “psychotherapists work under the shadow of the psychopharmaceutical complex and tend to refer their patients to medical doctors and psychiatrists for drugs as soon as their patients start to have real feelings of any intensity” (326). So, individuals attempting to abandon these medications may be in danger of simply being bombarded with more medications in the future to deal with such a diagnosis from the DSM-IV. This puts people in a bind of constantly trying to find ways to get well and being under a medical gaze. For the pharmaceutical industry, this increases their profits and reinforces medicalization all over again.
The topics of increased medicalization and the disabling effects of medication offer different ways of thinking about the complexities of disability and how it is perceived in society. Disability Studies, in a similar way regarding the forces of technology, can find ways to talk about and resist these medical forces. In a certain way, the influences of medicine have opened up an entirely new field of discussion regarding how we are influenced to treat our bodies and how disability is becoming more of a factor as the dominant culture strives for continuous perfection of the body. It will be extremely interesting to see how this influence of medication developed as time passes and whether disability will become even more prevalent in the conversation surrounding this topic.
“As Ed Roberts, one of the leading figures of the international DRM, has said, ‘If we have learned one thing from the civil rights movement in the U.S., it’s that when others speak for you, you lose.’” (Charlton 3)

“The social, political, and cultural analyses undertaken by disability studies form a prism through which one can gain a broader understanding of society and human experience, and the significance of human variation.” (Linton 117)

Although these two quotes may appear to be at odds with each other in terms of including different perspectives in order to achieve the goal of inclusion, I would argue that they have a great deal of importance for the disability community and the well-being of Disability Studies as a field. Disability activism and the Disability Rights Movement (DRM) have assisted in many different ways to enable people with disabilities to break free of hegemonic conceptions of disability. Like the strides made by disability activism, the formation of Disability Studies, which examines the experience of disability from a variety of perspectives, goes beyond definitions entrenched by the medicalization of the body. The DRM has helped articulate a disability perspective and has brought the disability community together under the common cause for civil rights. Disability Studies finds connections and commonalities with other fields within culture studies through their emphasis on identity politics. Since these other fields have found a place within the Academy, this offers hope to the future of Disability Studies.

DISABILITY ACTIVISM/DRM -- EARLY ON

The early days of the DRM in the late 1960s and early 1970s, described as “a loosely structured grass-roots movement, with leadership by example,” provided a much different perspective on disability than the medical interpretation, and recognized the paternalism that had existed toward people with disabilities (Scotch 389). This effort was led by figures such as Ed Roberts, who is known for fighting for the rights to education and accessibility at the University
of California at Berkeley in the 1960s. Roberts and his colleagues at UC Berkeley were influenced by the civil rights movement and the women’s movement, and compared the struggles of others to their own. They wanted to achieve accessibility on the campus and eventually live as independently as possible. The move toward more independence was helped with the development of the Physically Disabled Students’ Program (PDSP), where services were available to disabled students to make sure they were able to be as self-sufficient as possible (Shapiro 50). Roberts was also instrumental in the creation of the Center for Independent Living (CIL) in Berkeley in 1972, which “would be run by disabled people; approach their problems as social issues; work with a broad range of disabilities; and make integration into the community its chief goal” (53). As more CIL stations were created, people with disabilities found a social space where they could interact, assist each other, and develop a sense of community and unity under the umbrella of a common effort. With the passage of time, this grass-roots environment of disability activism also began to take on a much more political stance, with people recognizing the need to become more involved in the political process in order to bring about more systemic changes on a larger scale. Judy Heumann, who filed a lawsuit after being denied teaching certification from Long Island University, established Disabled in Action, (DIA) which brought together numerous people with disabilities from the East Coast area to demonstrate about a variety of issues, including the Jerry Lewis telethon and inaccessible public buildings. One of the more notable series of protests that DIA was involved in revolved around President Nixon’s veto of what would be known as the Rehabilitation Act of 1973 (Switzer 80). The bill that eventually became a law “prohibit[ed] discrimination on the basis of disability in programs conducted by Federal agencies, in programs receiving Federal financial assistance, in Federal employment, and in the employment practices of Federal contractors,” and it contained some of
the same measures that existed in the ADA years later (“A Guide to Disability Rights Laws”). Further protests surrounding failures to enforce this law would continue for a number of years. These are a few examples of early networking for people with disabilities, extending beyond smaller group meetings in a particular community and reaching across the country to bring the efforts of people with disabilities together.

THE AMERICANS WITH DISABILITIES ACT OF 1990

One of the biggest challenges people with disabilities had to face in trying to organize themselves as a large and cohesive group was coming together to advocate for the passage of the ADA. The disability community itself is complex and diverse, representing a number of concerns that are sometimes in conflict with each other. What might be good for one group of people with disabilities could be severely limiting to another group. For instance, curb cuts are generally advocated for by individuals who use wheelchairs, but for people who are blind and use canes, curbs provide a sense of location (Shapiro 126). Shapiro notes that the DRM “span[s] a splintered universe” with

groups for people with head injuries, different groups for blind people, and still others for cancer survivors or those with diabetes, arthritis, learning disabilities, and mental illness, all fighting for specific programs, funding, and laws to address the needs of members of their own group. (126)

Aside from the difficulties of these particular alliances, people with disabilities had to find political and professional (i.e. healthcare workers) allies. For some people with disabilities, aligning themselves with the healthcare workers who had worked with them over time was difficult because of the workers’ “controlling and paternalistic” attitudes toward people with
disabilities (Shapiro 127). In all, 180 national organizations endorsed the ADA and it garnered enough support to pass through Congress and be signed into law.

One of the factors that may have helped people with disabilities frame the ADA as a civil rights issue was the Deaf President Now (DPN) protest in 1988 at Gallaudet University, where students protested the selection of Elisabeth Zinser, the only hearing candidate, as the president of Gallaudet. The fact that she was a hearing person combined with the fact that “she had no experience with deaf culture and did not know American sign language” was felt to be “a cultural slap in the face” for many of the students, considering that there still had not been a selection of a Deaf president at the university since it was founded in 1864 (Shapiro 75-85; Switzer 68-69). These protests received “extensive media coverage” and “may have played a part in creating acceptance for the extension of the civil rights frame to people with impairments” (Barnartt and Scotch 171).

The implementation of the ADA has certainly allowed for greater visibility for people with disabilities by assisting in the removal of environmental barriers and obstacles to employment. Perhaps more importantly, the passage of this law affects how people with disabilities are perceived. Referring to Section 2, Findings and Purposes in the ADA, Sharon N. Barnartt and Richard K. Scotch comment that “[p]eople with impairments were explicitly viewed in this law as fulfilling the characteristics of a minority group,” as “people with disabilities had been seen as stereotyped, having experienced discrimination and prejudice, being disadvantaged, experiencing lower socioeconomic status, and being powerless.” The type of language used in the law distances people with disabilities from the medical establishment, focusing instead on the social issues that have affected them over the years (Barnartt and Scotch 174). From the
perspective of disability activists and participants in the DRM, this is a definite step in the right direction.

Even though older perceptions of people with disabilities may be hard to remove from the minds of many people, at least people with disabilities have some acknowledgment within the laws of the country that refute hegemonic standards. Through activism and this particular law, people with disabilities can continue down a better path. McConachie explains that “[f]or Gramsci, the first step toward a revolution of the people would be to change their ‘common sense’ to ‘good sense,’ another potential in language which would allow ordinary folks to discover their true needs and interests” (41). For people with disabilities, this “good sense” is coming from the advances that have been made through disability activism and the DRM. This also seems to have continued in some ways through the development of Disability Studies.

PROBLEMS COMING UP

Still, with all of these positive developments, there are definitely some worries about the future of disability activism and the DRM. A number of these issues are brought forth by Doris Zames Fleischer and Frieda Zames, who raise the concerns of disabled public figures and disability activists. A number of these concerns, such as having disability issues discussed by every sort of expert but not people with disabilities, and the desire for a unified voice on disability issues, seem to be aspects of life that people with disabilities have been facing for a long time (Fleischer and Zames 211). Other problems, like continuing to maintain the enforcement of the ADA and fulfilling its potential, seems much more daunting. Connected to this is the task of inspiring a younger generation of people with disabilities to keep advocating and fighting for rights when the previous generations have achieved a great deal (213-214). Still,
this points to another reason why the field of Disability Studies is so important for bringing in new discussions about the dilemmas faced in the future.

DISABILITY STUDIES AND THE ACADEMY

Despite being a relatively young field, Disability Studies seems to have had little trouble growing and bringing in new perspectives intersecting with disability. In the preface of the third edition of The Disability Studies Reader, Lennard Davis writes that, “Disability Studies is at this moment on a par with women and gender studies, GLBT studies, and other area and identity studies. In that sense, it is a vital part of our collective knowledge, and now we can say without exaggeration that to be ignorant of disability studies is simply to be ignorant” (Davis Disability xiii). In a previous publication though, he laments that “the majority of academics do not consider disability to be part of their social conscience” (Davis Bending 35). Although it seems that Davis may be expressing two different viewpoints about the same topic, his words from The Disability Studies Reader appear to focus on the importance of the discipline and its connection to other fields, whereas the words from the previous publication refer to individual perceptions of disability. It seems that Disability Studies or even simply disability has still not gained acceptance in the field of multiculturalism, with apprehension from other groups as a result of disability being “an amorphous identity with porous boundaries” (Davis Bending 37). Davis refers to the resistance from “[p]reviously legitimized groups such as Latinos or African Americans” in equating disability with race and points to similar resistance within the Academy, with scholars seeing no connection between the categories of race and disability (36). Part of this may have to do with the older entrenched ideas surrounding disability, such as medicalization. Since disability can still be perceived as a medical condition, relegating disability to a medical course is certainly disappointing, although not surprising. Viewing
disability through a cultural lens, despite there being evidence that a disability culture does exist, is a hard thing to grasp when considering that for generations people with disabilities have been thought of as being sick and in need of a cure. Colin Barnes, Mike Oliver and Len Barton make the point that “[w]hen considering the relationship between political activism and the academy in the main, it is apparent that for most of its history the university has been a locus of quiet conservatism” (250). This type of mindset is one of the central factors in the exclusion of Disability Studies from many cultural studies inquiries. The already established race-class-gender paradigm has been established and Disability Studies is simply be seen as a disturbance.

Disability Studies owes some of its development to these more established disciplines that have found a level of acceptance within the academy. They utilized social and political camaraderie and activism to keep moving forward and provide different perspectives. For Women’s Studies, sharing of experience gave rise to the proposition that “the personal is political’ and [it] taught women to question conventional, categorical thinking and to blur boundaries” (Boxer 20). The same goes for queer theory which “seeks to break disciplinary boundaries, rather than work within them” (Tierney 34). The interdisciplinary nature of Disability Studies makes it open to many different perspectives, not just simply touching on disability itself. The intersectionality that Disability Studies has with other disciplines is one factor that can ensure its own survival. Similar to the efforts of the DRM and the inclusion of different groups even from outside of the disability community, the coming together of different subjects and discussions can only enrich the Disability Studies experience.

IS IT RELEVANT FOR THE INSTITUTION?

Despite the advances made by disability activism, the DRM, and Disability Studies, one still has to wonder about how academic programs will be received by a majority of institutions.
The internalized standards of disability as a medical problem might simply create a Disability Studies program under a medical model paradigm. Furthermore, despite awareness of people with disabilities, the concept of a particular disability culture can still prove to be a foreign concept. If people with disabilities are not willing to fight for the rights of others or become this interested in the process, how could a Disability Studies program survive? I am not at all suggesting in any way that the DRM or disability activism are going to disappear completely. Considering the peaks and valleys that social movements are bound to experience over time, there must be an outlet for a different direction. Sharon Snyder and David Mitchell’s *Cultural Locations of Disability* calls for a move away from the infusion of personal disability experience and positive or negative representations of people with disabilities to more textual-based analysis, examining stories in their interpretations. This could be one of the avenues that Disability Studies decides to take in the future, recognizing the risk of over utilizing the personal experience paradigm to the point of reinforcing the professional and paternalistic boundaries that Disability Studies sought to challenge (Snyder and Mitchell 201).

**FINAL THOUGHTS**

Despite the over-arching influence of hegemonic standards, Disability Studies is and will continue to be a relevant field in the Academy. Disability Studies offers more nuanced discussions surrounding the body, disability, impairment, and our use of technology and medicine. Disability Studies acts as a counterweight to the drive for physical and psychological perfection that we see within American culture. At the same time though, it does not completely reject the changes that are happening within our world, and it thus finds ways to facilitate discussions about the way disability is changing through different influences in our society. The technological advances that have been made and the continuing medicalization of society in the
last twenty-five years have required Disability Studies to continue exploring different facets of the human experience. The ability of Disability Studies to adapt and respond to developments within our culture is the definite strength of the discipline.

Considering the limited space of this thesis and the size of the topic I acknowledge that I have not covered everything that I wanted to include in this document. For instance, I realize that in my chapter on technology, there might be questions as to what technology is considered acceptable for use in the disability or Deaf communities and how these boundaries of what is acceptable are changing and will continue to change. At what point does oppression become empowerment or empowerment become oppression? The constant blurring of these boundaries complicates any attempt to distinguish between either side. Another topic in this thesis that I hope to tackle in the future on a much deeper level is the concept of autonomy and how it is valued by both disabled and non-disabled people, but in very different ways. While people with disabilities want to be independent and self-sufficient, their own autonomy comes with a level of interdependence, relying on caregivers, family members, and other individuals to assist them in their daily lives. Obviously, this concept of autonomy is much different from the conventional idea known by non-disabled people. Still, with our continuing dependence on medication to fix our bodies and minds, the idea of interdependence throughout our whole society is reiterated. This interdependence occurs on a much larger scale as well, as people must rely on the others (medical professionals, coworkers, etc.) to function in different capacities.

Although these topics (those within the thesis and those I wish to cover in the future) are certainly messy and cause people to have more questions than answers about the body, technology, medicine, and themselves, that “messiness” demonstrates why Disability Studies is such an important field, for it does not try to label something in a positive or negative light.
Instead, it advocates for continuous dialogue about issues that concern perceptions of the body and the mind. Disability Studies will continue to push people to rethink about how our society treats “disability.” It has the potential to shape the future of how “disability” is understood and experienced in American society, just as it continues to alter perceptions of “disability” today. Although the future direction of Disability Studies is unknown, it is “the unknown” that allows this field to continue to grow. Disability Studies refuses to be cornered in any one direction. It will change as society changes, finding new ways to counteract and interact with hegemonic forces. Perhaps most importantly, Disability Studies will continue to help us define ourselves and enrich the human experience. All of these factors illustrate the promise of Disability Studies and why it is an essential field that should be acknowledged, respected, and accepted.
WORKS CITED


Barnes, Colin, Mike Oliver, and Len Barton. “Disability, the Academy and Inclusive Society.”


Bauman, H-Dirksen, L. “Introduction: Listening to Deaf Studies.” Open Your Eyes: Deaf


Boxer, Marilyn J. When Women Ask the Questions: Creating Women's Studies in America.


Breggin, Peter R. Brain-Disabling Treatments in Psychiatry: Drugs, Electroshock, and the


---. Medication Madness: A Psychiatrist Exposes the Dangers of Mood-Altering Medications.


Brueggemann, Brenda Jo. Lend Me Your Ear: Rhetorical Constructions of Deafness.


Charlton, James I. Nothing About Us Without Us Disability Oppression and Empowerment.


Conrad, Peter. The Medicalization of Society: On the Transformation of Human Conditions into


Williams, Raymond. “Base and Superstructure and Marxist Cultural Theory.” New Left Review. 82. 3-16.
