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Chapter 2

Vitalism: Subjectivity Exceeding Racism, Sexism, and (Psychiatric) Ableism

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The Bare Life and Psychotic Episodes

In a previous life, I found myself working as a social worker at a “drop-in-centre” for people who were undergoing or had undergone psychiatric treatment. My orientation for the position, in part, consisted of being informed that there were clients with “difficult psychiatric problems.” This was my initial introduction to “Donna” (a pseudonym), an aboriginal woman who undergoes psychiatric intervention. My colleagues informed me that they were attempting to separate the ongoing negative effects of oppression experienced through colonization and patriarchy from the “real” psychiatric disorder. This approach is problematic for me because, as someone who experiences cerebral palsy, I contend that ableism, like racism and sexism, oppresses people by labeling them as having either a physical, psychiatric, cognitive, developmental, and sensory disability. Moreover, people can be read as having a combination of disabilities. For example, my experience of cerebral palsy has been read by others as having both physical and cognitive disabilities. Yet, for the most part, anti-oppression movements and liberal discourses continue to pathologise people who are disabled, especially those who have been psychiatrized. Donna experienced oppression as a woman, as an aboriginal, and through being psychiatrized. Historically, gender (see Smith, 1990; Groneman, 1995) and race have been conflated with mental inferiority. In this way, they have been socially constructed to represent medical pathology. Anti-oppression movements may have lessened the medical pathology based on racialization or gender. However the experience of being psychiatrized continues to be pathologised as a condition requiring a cure.

Donna attempted to negotiate her aboriginal identity, but she could not escape her psychiatric diagnosis. By being psychiatrized, her self-identification and the authenticity of her way of being aboriginal were questioned by both the state (social workers) and the native community that she rejected. Sawchuk (2001) believes that the very process of declaring oneself to be “Métis” (or “Indian” or “Inuit”) means taking on aspects of identity and otherness that have been defined by the dominant society. After colonization, the umbrella terms Indian and White were imposed by the dominant culture (Weaver, 2001). Some social workers felt that if Donna embraced her heritage, it would improve her mental health. Of course, they quickly defined what “appropriate” aboriginality is and how to achieve it. Their notion of Donna’s aboriginal heritage reflected a simplistic and romantic view of the “Indian” favored by liberal ideology (Weaver, 2001).

In a similar study done with Indigenous North Americans, Weaver (2001, p. 243) maintains that “there are widespread disputes about who can assert a Native American identity and who has the right to represent indigenous interests.” On one hand, Donna rejected using aboriginal traditions, heritage, and spirituality as a means to cure her “psychiatric problems.” Like patriarchy and colonization, she perceived this intervention as another attempt to suppress the vivacity of her life. On the other, she embraced her aboriginal roots. For example, although Donna had access to a home, she preferred to wander the streets in isolation. She assured me that her wandering was not the result of either her avoiding domestic or psychiatric problems; instead

she felt confined in buildings and needed to be “outside.” I agreed and noticed fluidity and a different “expression of life” in Donna when we met outside. While rejecting any essentialist views concerning her aboriginality from either other native people or white social workers; she argued that she was expressing her own sense of “aboriginality” by being outside.

Nevertheless her negotiating her aboriginal identity was read through a lens that continued to psychiatrise and pathologise Donna. Her rejection of local cultural aboriginal practices further proved her worsening psychiatric problems. The dominant therapeutic model failed to consider if these local practices were in line with Donna’s own spirituality or her own aboriginal roots. Thus, the diversity and specificity of aboriginal peoples was “whitewashed” by psychiatric assessment which is underscored by a Eurocentric normality. Conversely, an aboriginal analysis was absent in diagnosing her need to wander. Donna’s wandering was perceived by other people as symptomatic of her psychosis and not an expression of her aboriginality.

People designated as having psychiatric disabilities are abjectified by others. The act of abjecting allows one to make sense of something or someone that is paradoxically meaningless yet disturbing (Kristeva, 1982). Kristeva argues that abjection is not the lack of either health or cleanliness but the disruption of identity, system, and order. Butler (1993, p. 190) asserts that the strategy of social abjection produces “the *unsymbolizable*, the *unspeakable*, the *illegible*.” The construction of the human through regulatory and normative practices produces the “less than human, the human, and the humanly unthinkable” (Butler, 1993, p. 8). Giorgio Agamben (1998) notes that those humans considered *unspeakable*, and *illegible* are sequestered (Giddens, 1991) from the other humans who are given the rights of full citizenship, as expressed today through *bio-power*. The act of sequestering labels people undergoing or having a history of psychiatric intervention as “states of exception” (Agamben, 1998). The “state of exception” is beyond the realm of personhood or citizenship. It demarcates the threshold of humanity, an extreme bare life. As Agamben (1998, p. 8) argues, the bare life is an “exception to the rule” separating those humans who have language from those that simply exist.

The experience of having a “bare life” without citizenship can be illustrated in the experience of Richard Ingram (2006), who after being psychiatrized and ignored when needing to urinate, was forced to relieve himself in the open cell. Experiencing severe dehydration and overcoming his revulsion, Ingram, on all fours, licked up his urine. Ironically, the ingestion of his own potentiality toxic urine may have save his life because the side-effect of his psychiatric medication – dehydration – could have killed him. Ingram’s own explanation or narrative of why he drank urine would be displaced by an “official” narrative which would further reinforce the diagnosis of his psychosis.

In reading Ingram’s case history (short as it may be), psychiatrists along with other specialists deploy the psychiatric discourse that is underscored by the principle of normality as the method of reading required to understand the text (Smith, 1990). The past, present, and future experiences of Ingram’s lived experience are seen through a lens consisting of the psychiatric discourse (Smith, 1990). His lived experience becomes a facile surface interpretation, with the “real” truth represented by the psychiatric discourse dwelling underneath the surface (Smith, 1990). Richard Castel (1991) notes a shift in medicine, making the formal interview between patient and practitioner now almost dispensable: “The examination of the patient tends to become the examination of the patient's records as compiled in varying situations by diverse professionals and specialists interconnected solely through the circulation of individual dossiers” (pp. 281-282). The longer that Ingram and Donna remain in the psychiatric system, the greater the weight of these dossiers on their respective lives. That being said, it only takes an initial

documented diagnosis of psychiatric problems to affect how others read your past, present, future.

Castel (1991, p. 282) identifies a shift “from presence to memory, from the gaze to the objective accumulation of facts.” The accumulated memory of psychotic episode in Ingram’s medical records supplanted his explanation that he drank his own urine because of dehydration. There was no signature from an “authorized knower” (a medical specialist) that could “authenticate” Ingram’s claim. The accumulated facts of the medical records not only took precedence over, but distorted the “gaze” which inspected his body/self. The “accumulated facts” of this disembodied self (the personified psychiatric records) were “rational scientific truths” resulting in his opinions being considered not only false but as psychotic irruptions.

In her studies on sexuality, Judith Butler (1997, p.136) asserts, “The link between survival and speakability is delineated in the speech that constitutes the inauguration of the self-denying and repentant homosexual into military ranks: I am not what you suspect me to be, but my not being that is precisely what I have become, thus, determined by my denial, my new self-definition.” By taking part in a dialogue framed by the discourse of homosexuality the soldier reinforces that he is “gay”. Because of his self-evident heterosexuality, a (perceived to be heterosexual) soldier would not enter into discourses concerning his (hetero/ homo) sexuality. Similarly, Ingram’s protest against the interpellation psychotic enters into the psychiatric discourse which reifies his status as a psychotic person and his subsequent “new self-definition” as a “psychotic patient.” The end result was that the ideological discourse of rational psychiatric medicine maintains its hegemonic position over Ingram’s “expression of life” and his subjectivity. The subjugation of this “expression of life” to this disembodied documentation – the medical records - manifests itself in the numbing of bodies and minds. Ironically, documentation that is supposed to help bodies and minds results in their negation.

Donna is a psychiatric outpatient, however the strategic trajectory (de Certeau, 1987) of the psychiatric institution with its assessment of psychosis infiltrated her everyday life. The strategic trajectories of the institutions, family, business and commerce, social welfare, education, social functions/ recreation, rehabilitation and medicine create a grid (de Certeau, p. 1987) that monitors and keeps under surveillance those that have been psychiatrized. Like many psychiatrized people, Donna opted to spend her time on the streets, perhaps in an attempt to limit being under surveillance. Although her wandering on the streets was interpreted as further evidence that she was exhibiting “psychotic behavior”.

Donna considered most marital disputes a matter of her resistance to patriarchy, whereas her husband felt they were a manifestation of her “psychiatric illness.” Her public emotional outbursts, she confided, were precipitated by others being condescending and patronizing and belittling her aboriginal heritage. Others, however, felt she was experiencing a “psychotic episode.” Often the public outbursts were witnessed by others, including psychiatrized people, who interpreted them as “psychotic episodes.” The reliability of these eyewitness accounts were suspect as there can be a continuum of recovery which reinforces the hegemonic discourse of psychiatry; ranging from the most successful - the cured or illness managed - to those occupying the bottom rungs, and those still experiencing “psychotic episodes.” The compliant psychiatric patient who recognizes Donna’s behaviour as psychotic can move up another rung on the ladder of normality. A therapeutic surveillance has arisen where the informant is seen as taking individual responsibility as well as public responsibility and consequently becoming more “normal” while simultaneously relegating Donna to an even lower rung.

My purpose here is not to judge the validity of the various truth claims. I simply want to point out that the interpellation “psychotic episode” trumped any other explanation including appeals to discrimination based on her aboriginal status or patriarchal oppression. Like Ingram,

Donna's continual denial or protests that she was not psychotic reinforced this self-definition. Any behaviour she exhibited that was considered outside the boundaries of a Eurocentric civility (Elias, 1994) was reframed as a precursor to a potential psychotic episode.

The ideologies of feminism and (re)claiming of aboriginal roots were contaminated with the notion of recovery with an underlying treatment model. Being non-status Donna felt that she was neither White nor Indian. Moreover, she was appalled that non-aboriginal social workers were giving her guidance on how to be a "real" aboriginal woman. Similarly, she felt oppressed by patriarchy and excluded by feminisms which universalized values of white women. On all political fronts Donna felt like the abject "Other" without citizenship – living a "bare life" as a "state of exception."

In effect, these non-aboriginal social workers were performing "orientalism" (Sarup, 1996) upon Donna. Madan Sarup (1996, p.148) argues that there is an accepted grid for "filtering through the Orient into Western consciousness," including the binary of Indian/ White (mentioned above). Sarup (1996) argues that European values that underscore liberal humanism are supported by an academic belief in Darwinian rationality. This argument is tautological as the privileging of European cultural values are supported by various academic institutions that are based upon European culture.

As an Assistant Professor who experiences cerebral palsy, I feel the struggle with the interplay between the "polis" and the "bare life" of human existence within me. Through language and articulation as a university professor, I have succeeded in receiving full citizenship. My cerebral palsy and spasms signify a bare life, a (potential) impediment to my full participation within a political life. The interpellations cerebral palsy and spasms banish these "expressions of life" to the exiled area of the less than human – the "state of exception" excluded from full citizenship (Agamben, 1998). Consequently, on an on-going basis I am forced to suppress these "expressions of life" associated with the "state of exception" in order to (re)gain full participation in society.

Like me, Donna experienced both the range of human experience from bare life to polis. Unlike me her full participation in society has been marred by her "expressions of life" being read as psychotic experiences – her "bare life" as a "state of exception." Donna had to learn how to control or manage her psychotic behavior in order to be granted acceptance into the polis side of humanity and given some semblance of citizenship. As mentioned earlier, the interpellation "psychotic" enveloped her experiences of aboriginality and womanhood. Consequently, Donna must suppress her aboriginality and womanhood to ensure her acceptance into citizenship that closely resembles the self associated with the enlightenment. She was unable to obtain the "high cultural humanism" reflected in being "liberal," "humane," and "correct" (Sarup, 1996, p. 148). Her bare life as the "Other" was intensified by her being both psychiatrized and aboriginal.

William Haver (1997) believes that within enlightenment pedagogy there are two ways to achieve cultural subjectivity or identity. First, a student becomes her or his cultural self through a mode of abjection, whereby through examination the student learns the error of his or her ways and strives for perfection in order to "overcome" her or his imperfection. Second, the model of pedagogy by Haver (1997) called sentimental education manifests itself in requiring a student to develop self-esteem which produces comfortable victims and tragic heroes. In both types of pedagogy, the student begins by being defined as a lack; she or he must strive to reach a certain type of self -- the self associated with the Enlightenment. The striving for this self is reinforced by "role models" who are successes at the university. Haver, (1997) in his study on sexual orientation, argues that this circulatory process has "domesticated" queerness.

Applying Haver's insights to psychiatric abjection, Donna must learn the error of her ways, subsuming her vitalism pathologised by psychiatry, colonialism, and patriarchy. In effect,

she must overcome the experiences rejected by the Enlightenment in order to achieve a cultural sensibility and identity that is palatable to Enlightenment notions of bodies and minds. The striving for this self-esteem of the Enlightenment that is free from pathologies, is reinforced by “role models” that have recovered from “psychiatric episodes,” and in doing so, claim full citizenship. Yet, they are unreasonable facsimiles as they cannot escape the fear that their “psychiatric episodes” act as a lens through which their past, present, and future lives are read. In Donna’s case, this process is an attempt to domesticate her madness, as well as her aboriginal-ness, and her woman-ness.

I make a similar point in regards to “people first” rhetoric within disability discourse. The accepted terminology “person with a disability” or “people first” language (Titchkosky, 2001) fails to consider the complexity of the social and political oppression that disabled people face. The notion that disabled people are “just people” is seductive, but it negates the “expressions of life” of disabled people who fail to meet such standards.

I assert that the “naturalness” of the notion of the able-bodied liberal individual, coupled with the negation of disabled “expressions of life,” makes many disabled people queue for the chance to be anointed as “people first,” while simultaneously disavowing their previous devalued positions as “gimps” and “cripples.” Ironically, disabled people who achieve “people first” status, are not achieving full normative status, but are only legitimizing an able-bodied resemblance through their desire for normality. Moreover, they reinforce an extension of the legitimacy of this resemblance by validating a continuum of disabled persons ranging from the successful “people first” to the pitiful “gimps” and “cripples” who are deemed worthless failures (Overboe, 1999). To what extent, for better or for worse, are Donna and I read as being part of this continuum of disability that has its basis in a continuum of humanity from bare life to polis?

As mentioned earlier, the conflation of being aboriginal and a woman who has been psychiatrized creates additional pressure for Donna. She may have to censor her sensibilities that derive from her being aboriginal and woman. The fear of being banished to the “state of exception” is oppression in of itself. Disabled people are always aware that “normative shadows.”¹ These “normative shadows pervade our lives and remind us to suppress the lived experience of “bare life.” Normative shadows – a somewhat elusive and enigmatic concept – fill the gaps within the strategic trajectory of surveillance (de Certeau) as mentioned earlier. Like most shadows, normative shadows cannot be grasped in a material way. They remain a feeling, a sense that one is constantly being judged according to different criteria of normality. Like all shadows, normative shadows are elusive but always present.

Affirming the Vitalism of a Bare Life that is a State of Exception

To escape normative shadows and the institutional grid perhaps we have to consider how humanism restricts the vivacity of our lived experience. Perhaps we must reconsider our reliance upon humanism, or (re)claim the possibility that the desires from the “bare life” as a “state of exception” can create new potentialities and new vitalism. In his study of Deleuze and Guattari, Philip Goodchild (1996) refers to their work as a politics of desire. In my search thus far, Deleuze and Guattari are the strongest proponents of seeing desire as primarily a positive force. They are referred to as poststructuralists but they are very material in their thinking which allows the body to be central to their work (although a body without subjectivity and lacking deference to phenomenology). Their work is a pragmatic allowing for a sociological application to the lives of people.

Speaking about desire, Felix Guattari (1996, p. 46) states, “For Gilles Deleuze and me desire is everything that exists *before* the opposition between subject and object, *before*

representation and production.” Desire is everything from the world outside that constitutes as well as everything that overflows from us. These desires create through connection or assemblages differing subjectivities without subjective position, objective redundancy, or coordinates of reference. The assemblages of desire that Deleuze and Guattari speak of do not differentiate of between persons, organs, material flows, and semiotic flows. As a person who experiences cerebral palsy, the affirmation of (spasmodic) desires could result in a flight from the restrictive humanism that confines my expression of life to the facile categorization of disability. Similarly, the same analysis could be used by Donna to release her desires that have been shackled by normative expectations and regulations of psychiatry.

Vitalism Through Exposure

Michael Hardt (2002) makes a distinction between the erotics of transgression and exposure. The act of transgression paradoxically negates the dictates of the norm and yet paradoxically reinforces the norm’s effects (by not simply refusing the norm, but rather negating it, transcending it, and completing). It exceeds a limit, but in its excess verifies the limit itself. Transgression always operates through dialectic of negation. If the norms were destroyed, the transgression itself would lose all value. Exposure manifests itself on a purely positive logic of emanation involving casting off, emptying out all that is external to its material existence and then intensifying that materiality.

Exposure is absolute immanence, a pure affirmation. Exposed flesh is not a transgression but a scandal. In other words exposure does indeed oppose and negate the norms of propriety, but its effect does not depend on that opposition as a support. Violation of the norm is not primary to exposure; the negation is secondary, an accident. It turns its back on a norm--that is its great offence. Exposure operates in ignorance of the norm, and thus conducts, in the only way possible, its real destruction (Hardt, 2002). Dorthea Olkowski (1999) argues that for Deleuze and Guattari social change is an irruption that destabilizes the social order. The social order can be destabilized through the exposure of the “bare life” of being physically disabled or psychiatrized, not as “states of exception,” rather as affirming “expressions of life.”

For Donna, her desires have been stifled by her psychiatric diagnosis. Yet, her desires cannot be completely contained and possibly brings forth a new subjectivity that eschews the dichotomy of psychiatry, the continuum of normality and abnormality within this social milieu. Moreover, this subjectivity is a “singularity” or “difference” that rejects representation. Deleuze considers how “difference” is limited by representation. For example, in his discussion about opposition and revolution, Deleuze (1994, p. 268) writes, “Contradiction is not the weapon of the proletariat but, rather, the manner in which the bourgeoisie defends and preserves itself, the shadow behind which it maintains its claim to decide what the problems are.” Similarly, by framing the argument within the psychiatric discourse of normality/abnormality allows for the psychiatric community to preserve and defend their superior position, because their normalized idea of “mental health” not only sets the parameters of “what the problem is,” but also “the limits of the discussion” and the “type of communication” required to take part in the dialogue.

Thus, a psychiatric diagnosis often excludes the “expressions of life” of psychiatrized people and their understanding, under the auspice that psychiatric patients’ interpretation would inhibit finding the cure for various mental illnesses. Put another way, the means of articulation and re-articulation (Hennessey, 1993), already “defer” to a discourse which is underscored by a desire to eradicate all “madness” and “mental illness.” For Donna psychiatric discourse negates her “expression of life”.

From the perspective of disability, I articulate a life-affirming expression that is not confined to binary thinking. My subjectivity stems from desires (including those that flow from my spasms) rather than from a sense of being based upon continually responding to a non-disabled normality. My singularity is a result of exposures that turn its back on the dichotomy of disability/ non-disability. Moreover, these exposures turn their back on the assorted “normative shadows.” For many years much of my energy was focused upon responding to “normative shadows.” Other energies were spent trying to prove that I belonged within (restrictive) humanity by rejecting and suppressing my experience of disability and accentuating characteristics that were favored by able-bodied centered discourse. Today the concept of Exposure allows for the affirmation of “expressions of life” that have been suppressed by privileged discourses associated with restrictive notions of what constitutes humanity. Exposure is pure affirmation of disabled “expressions of life.”

Part of this pure affirmation might consist of withdrawing or reaching for the limit including a “bare life.” Deleuze (1993) explains the concept of folding and unfolding: unfolding is the unraveling or stretching oneself to one’s limit or perhaps beyond, whereas folding is the bringing oneself back into the fold. Deleuze (1993, p. 8) writes, “The simplest way of stating the point is by saying that to unfold is to increase, to grow; whereas to fold is to diminish, to reduce, ‘to withdraw into the recesses of a world.’”

Dance and the Concept of Exposure

Jose Gill and Jelica Šumič-Riha illustrate how exposure manifests itself. Discussing dance as an artistic performance, Jose Gill (2002, p. 126) believes that there is some part of the body which escapes representation and the production of signs. This body can never fully empty itself and achieve a “degree zero of movement” or a “degree zero of gestures.” Something resists prior to representation--a virtual body in the Deleuzian sense. This part of the body that resists is a vitalism that escapes signification or representation. The dancer may not be aware of this embodied remainder that cannot be contained within the dance performance. Moreover, this vitalism that escapes is not a matter of the dancer willfully attempting to subvert the containment of the movement of the dance. Rather, this vitalism stems from desire that exists prior to subjectivity.

In her discussion about dancing, Jelica Šumič-Riha (1997, p. 226) asserts that the body oscillates between being reduced to a signification, and enjoying its own sensation. Yet there is an embodied movement that cannot be contained within this oscillation from signification to dancing that remains coded. For example, Šumič-Riha argues that modern dance, which rebelled against traditional dance, created its own foundational convention to affirm its own existence. Whether doing traditional or modern dancing there is “a missed encounter with the body, a living body, an enjoying body” (p. 228).

In the same manner I argue that modernity, with its clinical rigor, defines the disabled body as an abjection which demarcates what is “acceptable” and “normal” by simply being what they are not. The clinical discourse in fact displaces the “lived body,” a body that “experiences” with “the body” that is “objectified.” Within postmodernity the disabled body is reduced to a signification, a trope, or a text to be read. Thus the disabled body results in, in the words of Šumič-Riha, “a missed encounter with the body, a living body, an enjoying body whether it is situated in modernity or postmodernity” (p. 228). Within modernity like disability generally, the discourse of psychiatry determines to what extent if any, psychiatrized people are determined to be capable of full participation in society. Within postmodernity the concept of “madness” or people defined as “mad” illustrate the chaos of today’s world. The sensibilities of both modernity

and postmodernity negate the lived experience of Donna, Ingram and other psychiatrized individuals.

Šumič-Riha goes on to argue that while an enjoying body is missing in dance, there is an enjoyment which cannot be contained and often is not recognized, as this desire does not conform to the prescriptive requirements of dance whether traditional, modern, or postmodern. This enjoyment has no other reason to exist except as a “surplus enjoyment” without any goal or signification. Yet, this enjoyment fails to be recognized as it cannot register within the concept of dance, or refuses to do so (p. 234).

From an able-bodied perspective, as it manifests itself in either modernity or postmodernity, like the dancing body the disabled body cannot be an enjoying or living body that affirms a disabled sensibility or experience. One can enjoy a disabled body only if one can “overcome” it. Enjoyment or satisfaction with life can be achieved only if one concentrates on his or her mental capacities and ignores the body. Disabled people often express a strong desire not to be identified with their bodily weakness, inabilities, or illnesses. To be identified with their disability often leads to low self-esteem. Therefore it is better not to identify with our bodies but to identify with our intellectual and/or emotional experiences (Wendell, 1996). In sum, embodied enjoyment for disabled people can only be recognized if it falls within an able-bodied registry of embodiment. Similarly, overcoming for Donna can be achieved only by her restoring her mental capacities and keeping her “psychiatric problems” at bay.

Šumič-Riha (1997) believes that the dancing body is subversive in that aspects of embodied enjoyment cannot be contained in the dance. Similarly, the ignored part of the disabled body that is the enjoyed-body is subversive in that it exists. The notion of being subversive places me in the middle of the disability /ability dichotomy. Consequently, I favor the vitalism advocated by Gill rather than the subversive tone of Šumič-Riha. In irruptions there is no agenda, subversive or otherwise. If desires exist before subjectivity then the notion of identity is a fabrication, a means of categorization that again often leads us to abstract (but in Deleuzian terms not abstract enough) dichotomous pairings- man/woman, white/ non-white, heterosexual/homosexual, non-disabled /disabled (Golding, 1997). These dichotomous pairings represent actualities that stifle vitalities that are the remainder of virtuality.

In her analysis of an integrated dance troupe (those with and without intellectual disabilities), Anna Hickey-Moody (2006) argues that Deleuze and Guattari (1994, p.118) believe science forecloses on “expressions of life” to *actualize the virtual* (original emphasis). Hickey-Moody (2006, p.190) elaborates, “[W]hile art and thought open up the actual to possibilities of the virtual, science (and medical sciences) crafts physical positions through accessing limited parts of the virtual.” Through the art of dance the “expressions of life” that have been devalued can be affirmed, inviting “a reconsideration of what might constitute thought itself” (2006, p. 196), as well as life itself.

The vitalism, associated with certain “expressions of life,” comes to fruition through the actualization of virtuality. Thus my virtuality contains the discourses of non-disability/ disability, gender, sexuality that have been actualized to form a subjectivity recognized by others. For Donna the discourses of patriarchy, racism, and being psychiatrized are actualized and create a restrictive subjectivity that fails to recognize or affirm the vitalism which has been “pathologised” by psychiatry.

Massumi (1993) believes the body is a medium that helps people define each other’s identity. It is the “non-representational” elements of me, the desires through spasms (that are not confined to identity), that refuse to be a representation or represented, that flow, attempting to make social assemblages with other desiring machines. Through my desires, I enjoy my spasms which are the remainder, the virtual vitalism that preserves non-representational and chaotic

movement while escaping the world and representations and, for the moment (or even continual moments), creates a space for the creation, what Deleuze and Guattari propose as “new earths and new peoples” (1993, p. 109). This vitalism--these remainders or non-representational aspects are not essential as in a buried core. But rather it is a becoming, a bringing forth of an assemblage of desires that had been banished to the realm of the “bare life” as a “state of exception.”

This psychiatrized person, like Donna, traverses the institutionalized abjection which prevails in the attitudes, beliefs, and practices of most non-disabled people. The presence of “expressions of life” (that have been pathologised and psychiatrized) as an enjoyed-body at least questions the self-assuredness of a social world that continues to see a psychiatrized person as a tragedy. Moreover, the fantasy of the psychiatrized person overcoming their “psychosis” and becoming normal again through psychiatry, may be abandoned in favor of a notion of being “healthy” as she or he defines it, affirming a presence that is not limited by any discourse (psychiatrized or otherwise) which negates it.

Earlier, I mentioned the change in Donna when I met her outside. The term “outside” has a double meaning. From an aboriginal perspective, as Donna defines it, outside not only meant being free from the confines of her house, but also meant her vitalism was not restricted and a remainder from it “spilled out” and was “exposed,” creating the possibility for a new and affirming subjectivity. From the perspective of her being psychiatrized, “outside” meant her being free from the surveillance of the hospital or the “outreach centre” where the master narrative, “psychiatric patient,” overshadowed all other aspects of her life.

When I observed Donna outside, there was a marked difference in her “expression of life.” This was not measured by self-esteem, but rather an alterity. Like dancers (as Hickey-Moody, Gill and Šumič-Riha point out), for Donna there is a vitalism which is a remainder that cannot be contained by the discourses of racism, sexism, or being psychiatrized. This vitalism may be present at all times but the right conditions have to be present to allow for its exposure. Outside was the right condition. My presence was an ambivalent condition providing for both the expression of this vitalism and inhibiting its exposure. On one hand, Donna felt that I was supportive and encouraged this new vitality and helped facilitate its exposure and unfolding. On the other, my professional capacity would cause this vitalism to fold back into the recesses, concentrating in intensity until the next irruption from Donna could not be contained. These exposures of vitalism which created a new subjectivity that resulted from an irruption would be interpreted by others as psychotic episodes. Donna like others who recognize that exposures that turn their back on the restrictions create subjectivity, and as Haver suggests, are pressured to become domesticated.

Exposure, New Subjectivities and the Glance

I began this essay by relating how I was introduced to Donna. I end it by recounting the last time I saw Donna with a vitalism – an “expression of a life” through exposure. About three years after leaving the centre, I returned. My former colleagues excitedly mentioned that I would be surprised at the change in Donna. I wondered whether she had become domesticated (see Haver above). She arrived and I caught her glancing at me. I was relieved. There was something in her glance that I could not pin down but I felt that she had not been domesticated. Later, in talking with Donna, she confirmed my feelings: she said that the vivacity that we had spoken about many times about was as strong and subversive as ever.

Casey (1997) claims that the glance can be subversive as it disrupts the prescriptive social order and unsettles the norm. He asserts, “the glance can topple whole kingdoms, just as it can

also build them up.” Casey adds, “But the glance is not just a wary surveyor of the possible future: the glance not only goes out to the future in advance but also *awaits* its happening and actively *escorts* it into the present. Beyond the active reaching out of its initial action, the glance engages in a receptive moment of attending to what is beginning to happen, taking in the new surface of its emergence” (p. 92).

The original glance and the response were not initiated by me. As Deleuze and Guattari argue, desires create subjectivity. Thus the desires that were exposed in Deleuzian terms, unfolded and made a connection with the desires that exposed my subjectivity. The glance actively initiates and may sustain this connection. However, the “normative shadow” of my professional status as a social worker working with psychiatric patients weakened our connection. The power imbalance in the client relationship inhibited her desires to be fully exposed to me.

A stronger connection through desires exposed was forged between Donna and another aboriginal woman who was dissatisfied with being told what it meant to be aboriginal and to be a woman. Each of them is intrigued by the vitalism that emptied out from each other – simply exposure. It was only after talking that Donna and the other women discovered that their desires that attracted them were from similar expressions of vitalism and life.

Bauman (1993) cautions, “The others who enter the aesthetically spaced world must apply for admission displaying their fun-making value. Tickets, if issued, are for one entry only, and the length of stay is not determined in advance. (p. 179)” Disabled people, as the “Other,” must continue to prove their value in order to remain members in a world which favors an able-bodied aesthetic. By their existence, disabled people may have value as setting the parameters for exclusion from this humanistic world, as the border of extreme otherness (the “state of exception”). Perhaps, both Donna and I were attentive to a new emerging potentiality. Yet, both Donna and I were aware that the continuum of disability and humanity is a sliding scale. We are both sensitive that our passports or tickets of admission will be revoked if we regress and become labeled as “less than human” – “the state of exception.” Could our expression of vitality with this new potentiality cause our passport to citizenship to be revoked?

Donna supplanted the racism, patriarchal oppression and her psychiatric pathology with affirmation of new subjectivities that primarily resulted from the interplay between desires which emanated from the virtuality that had been devalued; her experience of being a woman, her history an aboriginal woman, and those released from the oppression of pathology. The interplay or intensity of the desires has an affect on which subjectivity comes to fruition at any given moment. Like me, Donna cannot remove herself from a facile understanding or categorization that others impose. But these facile categorizations and subsequent prejudices lose much of their potency when one turns them back on the dichotomy of the “bare life” and the “polis,” and the need for the “state of exception” that demarcates the border of humanity. The notion of identity will shift as subjectivity becomes more fluid and exceeds restrictive humanism

¹In 2001, at a conference (Overboe, 2001), I presented a paper where I invoked the concept of “normative shadows”. Ironically, this concept was not part of my original paper; rather it was an irruption during my talk. Following my presentation my colleagues on the panel each addressed this concept of normative shadows during their presentations. A member of our audience who was presenting in the next session rewrote her presentation to incorporate this newly-minted concept. Consequently, I feel the concept of normative shadows provides a new way to consider and analyze marginalized politics.

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