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The Biopolitical Critique of the Notion of Being Human and an Affirmation of Lives

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The Biopolitical Critique of the Notion of Being Human and an Affirmation of Lives

by

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Major Research Paper

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Abstract

This major research paper (MRP) interrogates the discourse of ableism and disableism and its impact on disabled and fat bodies. The general theme of this MRP is the division of life through the dichotomy of human and non-human, and nondisabled and disabled. Humanism, overall is the benchmark from which other life forms, the animate and non-animate, are disaffirmed and looked at as being a deficit. With the use of DisCrit and Fat studies, in particular, an autoethnographic methodology will be used to situate how the writer embodies racism, ableism and sizeism and the ways theory is carried through the body. It will conclude with discussing the affirmation of the body and its materiality as outlined by James Overboe in his work on affirming impairments.

Keywords: humanism, disability, ableism, racism, sizeism, fatness, human template, affirmative politics, biopolitics, normative shadows

Overview of Major Research Paper

The research question guiding this major research paper (MRP) is: how are disable and fat bodies affected by the interrelationship of ableism and disableism? For the purpose of this MRP, I am considering how particular bodies are considered deficits to the human template. I conclude the MRP by specifically looking at how embodiment of fatness, race, disability interrelate and underscore the oppression of bodies. I will end the MRP by considering how to move away from the disaffirmation of difference to the affirmation of the body in their own materiality.

To begin with, in my major research paper (MRP), I will be following the protocol of using the terms disabled and nondisabled following critical disability theorists James Overboe (1999) and Simi Linton (1998). Doing so, puts disability at the forefront as disability is a part of the individual, not separate from it. Also, the use of disabled and bringing forward disability refers to not only physical disabilities, but also psychiatric, developmental, sensory and environmental (Linton 1998). Linton’s (1998) chapter “Reassigning Meaning” in *Claiming Disability* provides an overview on the terminology used within critical disability studies literature and within a social sphere.

Within disability rights movements and literature, disability and disabled people are most commonly used as they open up a space for all forms of disability, rather than one focusing in on the medical categorization. Redefining disability “as a social/political category, people with a variety of conditions are identified as *people with disabilities* or *disabled people*, a group bound by common social and political experience,” designating a form of membership within the community (Linton 1998: 12). Using disable person refers to the constituency group; rather than maintaining disability as an appendage that detracts from being human (Overboe 2012: 114). Also the term ‘person with disabilities’ emphasizes the appendage problem as a value is placed on the individual initially and disability comes second to it; rather than disability being an essential part of the self (Overboe 1999:27-28). “Disabled has become a marker of the identity that the individual or group wish to highlight or call attention to (Overboe 2012: 112). Overboe (1999), coming from a more radical stance on the inseparable mind/body, in “‘Difference in Itself’: Validating Disabled People’s Lived Experience” states that, “a person’s disabled embodiment not only informs an individual’s life but also can be a positive factor in one’s life.

The first chapter of the MRP, will introduce the liberal humanist conceptualization of the human template and the politics of difference that forms the division of life; whereby ableism and disableism act as the mechanisms and subsequent lynchpins for ranking bodies and identifying some as deficits from the norm. Just to be clear, the following pairing of terms, such as human template or human register, and ableism and disableism are used interchangeably in this project. The first chapter will outline how the human template works to oppress different groups of people, focusing in on race and introducing ableism. Like humanism, whiteness is taken for granted as a way of looking at difference and perpetuates a negative mode of thinking and judgment.

The second chapter will theoretically examine the functioning of ableist rhetoric and the biopolitical measured used in Michel Foucault’s normalizing society. It will attempt to analyze the beliefs and practices that drive the division between the disable and nondisabled. I will also be introducing Overboe’s concept of normative shadows as a way to civilize the body in order to make it more acceptable to the ‘normal’ audience. Overall, normality is the benchmark by which marginalized bodies are judged as deficits.

In the third chapter. I will bring forward the theme of division of life from the preceding chapters, to provide insights on how the ableist human template continues to work within the context of the fat body. Doing so gives me the ability to understand and analyze how racism, sexism, sizeism and ableism affect me on a daily basis. For the purpose of this project, I will particularly concentrate on racism, sizeism and ableism. An autoethnography allows me to think about myself and how I broadcast the South Asian, female, fat, heterosexual body and how my audience broadcasts by body as a deficit. Moreover, the third chapter will provide a transition from discussion on the disaffirmation of life to a possible solution of affirmation. The objective will be to not only critique the concept of ableism, but also demonstrate how a person's disabled embodiment is fluid and can inform the individual's life in a positive way.

Furthermore, in this chapter I will be using my understanding of the theoretical paradigms of critical disability and race studies, DisCrit, to situate my own embodiment as the South Asian female fat body. I am not claiming an identity, but what I think is important to look at is the many ways it is in fact imposed on me. What I think is crucial is to look at my materiality, as ableism and disableism are a mechanism where most people are imbued with the characteristics of the 'less developed' non-human under its criteria of deficit. I will be looking at race and fatness through the lens of ableism and disableism, specifically focusing on its effects on different embodiments and the way it negates them. I am using the work of *Fat Studies* to locate a shared experience of oppression resulting from the preserved and celebrated norm of the human template in contemporary society. Research from *Fat Studies* provides an avenue to look at the problematic definition of the human template without appropriating the experience of marginalized groups as 'the Other.' In addition, the work of Carla Rice and critical theorists are used to demonstrate how difference, whether it be race, disability or size are shaped by social environment, structures, practices and interactions (Rice 2015: 389). Such prominent theologies associated with the body begin at the level of biology and the individual, as these attributes are seen to be a consequence of individual pathology, rather than social construction.

Lastly, this chapter will conclude the MRP with a summation and discussion section on possible future research. As I had to set up certain boundaries on my chosen topics due to limited time and space, it will attempt to bring together the subject matter discussed in this MRP, particularly focusing in on literature on affect and new materialism.

Chapter One: Introducing the Human Template

Introduction

Throughout modern history, bodies have been subjugated, divided and terrorized under the auspice of knowledge/power by a master group through subsequent discourses of normativity. Relations of power are exercised over bodies making their subjectivity a constituted effect of discourses and knowledge regimes (Erevelles 2002: 20). Forms of oppression due to such social discourses and supposed genealogies of truth are experienced quite differently among subaltern members of society, as in many ways they are not only felt on the body, but also embodied and transferred via affective tendencies. What is embodied, is this sense of not being good enough or in liberal humanist dialectics, non-quite human or non-human. The human template is exerted in the narratives and social practices of humanism and ableism, which consequently displace these 'Othered body, positioning them as the non-human in this exclusionary binary of ableism. As a standardized tool, disabled, racialized and fat bodies are measured against it, ranked and marginalized on the basis of 'who is human enough.' In such hierarchies, bodies are ranked in terms of how close they are to the normate body, and subsequently marginalizing their difference by pathologizing it under social practices such as the eugenic movement or inaccessibility to space.

The Human Template and the Undesirable

The politics of difference and its constructed binaries have situated the embodiment and experience of difference among citizens as being quite problematic and an undesirable attribute. In a culture of sameness, difference is compared and contrasted to the social scripts of the human template - a standard all members of strive to achieve (Overboe 2001, 2007a, 2012). The 19th century ideal of the perfect human began with just the rational male European body (Young 1990; Nayar 2014); however, with time the defining attributes of the optimal human continued to advance with the new found knowledge on the body continuing to keep it very exclusive. With this exclusivity and where sameness is celebrated, the human template is conceptualized as the preferred entity in comparison to other ‘less developed’ bodies, such as the racialized in early colonialism. Such theorization of difference through the human template continues to shine in social discourses of modern society as the ‘less developed’ are constructed as the degenerate body (Young 1990). The division of life and its resulting systemic violence and oppression comes from what Iris Young (1990) calls “cultural imperialism,” which works to position groups of people on a continuum with a status of normalcy or abnormalcy attached to their body, rendering them visible or invisible (Young 1990). Cultural imperialism involves the stereotyping and marginalization of certain groups of people as the ‘Other’ in order to justify and dominate; as they are considered to be different or deviating from the norm in all ways possible. The dialogues of cultural imperialism continue to preserve hegemonic ideals, values and experiences as normative and universal; while continuing to oppress the already marginalized through its forms of inequalities (Young 1990: 123).

The construction and ‘othering’ of colonized groups is sustained by the hegemonic ideals that underscore the human template. Young (1990) suggests that in this politics of power and difference, bodies become imprisoned in their difference as they do not fit the human template. The human template as mentioned earlier is the white male body, but has been further defined as heterosexual and nondisabled (Overboe 2012; Nayar 2014). These markers of identity have become the hegemonic archetype of the human that all societal members must aspire to attain, in order to be considered fully human and the ideal citizen. This standardized tool presents two polarities at the extremes of the human template continuum: the human, who is self-reflexive and conscious and the non-human who lacks self-reflexivity (Overboe 2009). The non-human’s lack of that self-reflexivity is “taken for granted as an inferior” and “as a questionable existence,” as society has and continues to follow the human register (Overboe 2009: 241). Anyone who fails to meet the requirements of this humanist concept is inherently considered to be lacking and abnormal following the normal and abnormal binary. As a result, the abnormal non-human becomes an object of the state that is stripped of all human qualities and rights.

There has been an emerging notion of equality and diversity in contemporary society; however, the human template still continues to have a powerful role in establishing deviancy and normalcy in all circles of life. In fact, it continues to work in the pipelines of social structures and discourses quite evasively. Humanism is reified in the language, cultural meaning and social behaviour as it is performed unconsciously, allowing cultural imperialist and/or the human template to be subconsciously followed. Young (1990) suggests “our society enacts the oppression of cultural imperialism to a large degree through feelings and reactions” (124), allowing the politics of difference to permeate at all measures even under the illusion of diversity. The normalizing gaze with the help of the human template assesses the body according to a hierarchical standard, in order to define and devalue groups in relation to social norms and ideologies (Young 1990). This very notion of assessing bodies on the basis of humanism is what Foucault calls a “device through which powerful groups and institutions were able to control other individuals and groups” via administrative practices (Foucault in Nayar 2014: 14). As a result, both individual and collective bodies deemed to be different become prey to this homogenous ideology that suppresses anyone that strays from the dominant paradigm.

A mode of judgement and/or recognition is used within this normalizing society to bring full in effect the binary of the human and non-human. There are five operations that come into effect when working towards normalizing individuals. The following tenets are: comparison, differentiation, hierarchization, homogenization and exclusion (Foucault 1995: 183; Young 1990). These five operators of the normalizing gaze allow a mode of judgement function as it differentiates individuals from one another and opens up a hierarchy in terms of that very difference such as race (ie. whiteness and colourism), gender and ability, and the position of power attached to such bodies (Young 1990; Overboe 2009). Whiteness is taken for granted as it is naturalized in the conceptualization of the acceptable body, as the rational subject is at the highest level of the hierarchy; whereas, the Black body is made to be passive, barbaric, and irrational placing them at the lowest position of the hierarchy (Annamma et al. 2013; Nayar 2014). For instance, Saartjie Sara Baartman, a female racialized body, was paraded around as an abnormal monster because her body illustrated the opposite of what a normative body should look like. Her body was hierarchized on a double bind in the paradox of humanism, as it was not just her female body that was problematized, but also her racially different body resulting in whiteness and the male gaze to be privileged. The classification of qualities is something which the normalizing society helps form. Within this normalizing society, a humanist gaze enacts this strand of politics that puts difference in a mode of judgment by a privileged group.

In the hierarchy of difference in race, colourism is a spectrum in which bodies are compared to. In this case, anyone who comes closer to whiteness has more privilege and a higher position in accordance to the human template. For instance, East Asians are the middle ground in the hierarchy of colourism. Unfortunately, the Black body is subjugated due to the attached negative connotations society places on them, whereby they are seen as barbaric and inferior (Annamma et al. 2013). The dualism of reason and body always enacts this mode of judgement where one is screened in terms of civility forming a discourse of ‘us versus them.’ The perfect civilian is believed to be rational and more advanced than their savage counterparts as social schemas dictate that the ‘Other’ is lacking and/or abnormal (Young 1990). These ‘Othered’ groups due to this hierarchization become subjected to the normalizing gaze constructing a relation of master and object. Further locking the “objectified bodies” in the “dichotomy between subject and object” and imprisoning them in their so-called difference (Young 1990: 127). This is problematic as it creates a form of epistemic and systemic violence through acts of slavery and mass murders, belittling those who do not fit the hierarchy. All in all, tenets of the normalizing gaze place a pedagogical importance upon rationality, allowing the use of disciplinary measures as a way to improve the ‘Other’s’ knowledge and skills, along with lived experience (Overboe 2001).

The Human Template and the Disabled

The politics of difference comes to exist as a yardstick for power and its privileges that are strongly attached to the human template; while non-normative bodies such as the disabled lie outside the margins of power (Meekosha 2003: 61, 62). The disabled body, as the outlier of the human template, is constantly ascribed with labels and traits such as irrational that act as signifiers of non-humanness (Overboe 2001). The assumption continues to advance with the addition of classifications causing a change in temporality. This temporality of ableism or what Fiona Campbell calls compulsory ableism distinguishes how the nondisabled body is to function within society and its many stages of being a productive member. The template of the optimal human creates this compulsory ableist temporality that categorizes the disabled body as being abnormal. For instance, similar to racialized bodies, the disabled person is written, produced and performed in opposition to the human template; further depicting them as the non-conforming, ‘monstrous,’ ‘evil,’ ‘repulsive,’ ‘Other’ and ‘diminished state of being human’ that is imprisoned in their body (Goodley & Runswick-Cole 2014; Campbell 2008; Saltes 2013; Young 1990; Nayar 2014). These descriptors with a mode of recognition sets up and preserves the hegemonic ideals.

A part of this aversion to the disabled body is a sense of fear and nervousness that is evoked in the nondisable, as "'for in confronting old or disabled people I confront my own death'" (Young 1990: 147). The abject 'Other,' then is connected with a life that is "meaningless yet disturbing" (Overboe 2001: 35; Overboe 2007a). Disability is inherently assigned to the concept of death; it opens up to a reality of living with a disability which has never been thought as being an affirming way of life. The disabled person is constructed as the restrictive human as they are understood to be lacking essential qualities that fall under the grid of the human template and being a full human. Disability in this case comes to be understood as markers of difference, positioning the disabled person as the unfinished 'Other' to their 'normal' counterparts (Nayar 2014; Overboe 2004, 2007, 2012). The logic that carries forward in this discourse of normalcy and its gaze, is the idea of changing the body of degeneracy to the perfected human form. The route to normalcy usually begins through the disciplinary acts of the medical process or by the individual by surveilling themselves as a means to appear normative.

The disabled person is reduced into the unthinkable object through the ableist gaze as it is understood as being incomplete or void of the essential body-mind dualism. Campbell (2012) states, "we all live and breathe ableist logic, our body/minds daily become aesthetic sculptures for the projection of how we wish to be known" (212). This imagined difference that comes to take effect in contrast to the figure of the universal and optimal human, makes forms of inequality (ie: racism and ableism) become more ambiguous and inescapable through acts of exclusion (Brown 2004). The human template makes its claim to a genealogy of truth by pushing the disabled and racialized against this defining category of 'lacking' and non-human (Bogdan & Taylor 1989; Overboe 2012; Goodley, Runswick-Cole & Liddiard 2015). This became the founding reason for the treatment of those considered to be different as they represented the antithesis of the norm, the ones who deviated from ‘anticipated norms’ (Nayar 2014). The anticipated norms constitute the forms of exclusion on the very basis that disability is an unacceptable form of humanness as it does not fit the hegemonic ableist corporeality.

The implementation and internalization of the human template as the normative body has created this hierarchy of normal within which bodies are divided, labeled and materialized. Parallels between the human and non-human continuously makes the disabled persons lived reality be interpreted as a deficit rather than simply a difference that is okay, sequestering them as a result of this continuum (May & Ferri 2013). This continuum subjugates bodies on the basis of difference, further stratifying difference and ability securing an ableist gaze and language. Like the hierarchization of race in terms of whiteness, disability also has its own continuum in which different impairments are compared and given a higher position as it is believed to be closer to the norm. This difference becomes the very rationale behind modes of judgment, social control and techniques of normalization used on an individual and societal level as it is closely linked to the security of the state. The social stratification of disable people in contemporary society pushes their bodies into the binary of normalcy based on disability in all stance.

Humanist and ableist ideologies foreground such classifications on the concept of independence. It is believed that in order to be human, one must be independent and not require any form of assistance. Disability is constructed as being the complete opposite to this definition. Michael Oliver suggests this very fact constructs the disabled body as dependent upon the nation state and its members, because it is incapable of fully caring for themselves (Oliver in Nayar 2014: 104). What the humanist model fails to consider is that disability itself is quite fluid and can occur at any stage in life making us dependent on some form of help, whether it be through social assistance or the application of prosthetics. Although, ableism is introduced in this section of my

MRP, it will become a major focus in the next chapter to lay out how the disabled persons experience is formulated in accordance to humanist, ableist and disableist ideals. Continuing with the theme of the division of life, in the next chapter we will look at how compulsory ableism maintains this humanist temporality through the construction of the human and non-human as a dichotomy of normalcy. In addition, the five tenets of normalization will be explored further in relation to biopolitics and its stance on difference.

Chapter Two: The Politics of Difference within an Ableist Society

The discourse of ableism and its human template play a crucial role in the sequestering of disabled people by the dominant group of society, the nondisabled. With the human template, disability is the "inverse reflection," the epitome of "what not to be," or the uncivilized, monster living outside the margins of humanity (Hughes 2012: 22). Non-normative bodies are expected by society to reach the highest position of normality on the hierarchy and continuum of normalcy. The body of the normate is conceptualized, on the other hand as being definitive and invulnerable (Hughes 2012: 22). The disabled body is located as being a site of vulnerability, one that is restricted due its deficits (Hollomotz 2013). Due to such ideologies associated with embodiment, the production and protection of the privileged bodies goes hand in hand with the reduction of different bodies (Lemke 2011: xi). The complexities within the construct of identity production and performance within social forums brings to light how humanism works to create and maintain the ableist binary of the nondisabled and disabled as the human and non-human. This chapter will attempt to theorize and transform the underlying biopolitics of where life is divided. The main focus will be on the interrelation between the discourses, ableism and disableism, all rooted in the question of "who is human enough?"

Ableism, Disableism and Normalcy

This reductionist way of understanding different bodies is molded into the longstanding cultural norms of ableism. The human template interacts with the dispositif of ableism as it theorizes the ideal human and citizen through the dialogues used and representation of difference in terms of ability. As a socio-political concept created by an ableist society, disability is often understood as being a static category rather than the fluid and continuous process that it is (Ferri & Greg 1998). In actuality, disability encompasses a range of impairments, conditions and life stages. What is important to understand according to critical disability theorists, is that the nondisabled person can become disabled at any point of their life such as during the life stage of aging (Meeshoka 2003: 64) making the state of our bodies fluid and always changing. Since, the disabled person is understood as being the vulnerable non-normative body, it opens up a space where discourses of ableism builds and preserves this politics of difference.

Ableism is a "system of beliefs that privileges normative notions of the body/mind and ability that are culturally constructed and views disabled people as inferior and lacking" (Bê 2012: 373). According to Campbell (2012), the core of ableism is that it characterizes disability as being inherently negative. With this presumption of able-bodiedness comes the idea of curing and/or freeing the body of that very disability (Campbell 2010: 212). Campbell further defines ableism as:

> a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability then is cast as a diminished state of being human" (2012: 212).

With this definition it is quite clear that negative labels are constantly being attached to the disabled body and with that it is devalued. The disabled person is as a result of ableism subjected to means of correction or elimination if the option to do so is readily available. Any body that strays from the aforementioned corporeal standard is put against the norm and discourse of cure. The body of ableism as the normative invulnerable construct is part of the collective imaginary as being "secure, distinct, closed and autonomous" (Shildrick 2002 in Hughes 2012: 22). All in all, with an ableist lens, failing to adhere to the corporeal standard by the disabled person creates this narrative of tragedy and burden upon society; and the only way to remove this burden is via correction or elimination of the aberration.

The reification of the rhetoric of normalcy and ability in contemporary society identifies with ableism as the natural condition that is constantly perpetuating violence both epistemically and systemically. Just like racism and its prioritization of homogeneity, ableism similarly facilitates:

> a dynamic relation between the life of one person and the death of another. It not only allows for a hierachization of 'those who are worthy of living' but also situates the health of one person in a direct relationship with the disappearance of another. It furnishes the ideological foundation for identifying, excluding, combating, and even murdering others, all in the name of improving life: …the death of the bad race…is something that will make life in general healthier (Lemke 2011: 42).

In this relation between life and death, the division makes examples of bodies that transgress social laws by selling this notion of the human template as the optimal level of health. In this "fantasy generated by the disciplinary society" imaginary walls originate in the act of inclusion and exclusion, entrenching bodies in this combined system of "inclusive exclusion" (Diken & Lausten 2002: 291-292). The disabled person in this as a result is reduced to its impairment as the deficit allowing violence to unfold in these imaginary walls.

This systemic violence as a system attempts to make the disabled person normal through the institutionalization and the regulation of what is meant to be disabled and nondisabled, going back to the humanist question of who is fully human. There is a myriad of social forces that demarcate disabled people through cultural discourses of normalcy and ableism, as it works to contain the difference through exclusionary measures rather than embrace it. The impairment/deficit model suggests the disabled person is deserving of their disenfranchisement, because it is all entirely the disabled persons fault (Overboe 2001; May & Ferri 2005: 120). An impairment/deficit model is commonly used to conceptualize disability as being in an incapacitated state that is unqualified of being considered a citizen and human. Disability is socially sanctioned as the operative functions of society produced are undeniably inaccessible and restrictive due to the existing social barriers that are deeply embedded with an ableist rhetoric (Meekosha 2003). This is the social model of disability, developed and used to better explain ableism and disableism.

Critical disability theorists use the social model of disability to demonstrate how disability is in fact a social condition imposed onto the disabled person. It rejects the individual deficit/pathology model, specifically turning away from the idea the disabled person is at fault for their disability, but in actuality the finger should be pointed at society (Hollomotz 2013; Tremain 2001). In the social model, disability is defined as "a form of disadvantage or restriction of activity caused by a contemporary social organization that takes little or no account of people with physical impairments…disablement is nothing to do with the body" (Oliver in Tremain 2001a: 620; Oliver 2009). The social model of disability opens doors to understanding the many ways in which violence comes to exist and be inflicted onto disabled persons. In the previously mentioned example of Tara, her own understanding of her impairment changed when she came across the social model of disability to finally realize that she is not the real problem. The real "problem…is in the systems that do not allow disabled people to participate as full members of society" (Miller et al. 2004: 22). What the social model of disability illustrates is the similarities between the experience of social inequalities, specifically focusing in on the discrimination and social barriers constructed by disableism, whether it be racism, sexism or ableism, bodies are denied a space and place within the social sphere.

The violence begins with the concept of normalcy and the descriptor of ability through a coercive process with the help of techniques of normalization, where most disabled individuals are caged in and lose sense of their existence due to the negative rhetoric's attached to their body (Overboe 1999, 2007b, 2009, 2012). The disabled individual work towards "passing as normal" as a form of bluff, but this act itself is harmful to the individual as their true self is repressed. They lose their sense of self due to the fact that are committing to a form of self-harm in order to overcome their disability, which society pathologizes, and to become normal in accordance to social scripts of the human register. This evasive form of violence labels the disabled body as abnormal, unless they overcome it, whether it be through the individual strictly surveilling their own body or the implementation of medical help.

The marginalization of the disabled body in a normalizing society on the basis of its dependency and capability, brings forth a system of ableism which enforces a system of classification, designation and devalued. Ableism assists in the governing of disability to change the disorderly body to one that is: “ordered, mapped and distinct” (Campbell 2012: 216). A good citizen’s life in an ableist mapping should be reducible to the statistics of social planning as normal and the ideal is presented through such measures as the norm. On the other hand, the idea that the disabled body is disorderly and pathological translates into systemic violence through the messages of ableism and its cultural artifacts. The violence experienced by disabled people is embodied via ableist ideologies on many levels such as the psychic, physical, ontological and epistemic, all mediated by disgust and shame-humiliation as a form to repress the non-normative (Hughes 2012). As a classification system, the quantification of disabled lives allows ableist logic to function as a means to control, fix and also eliminate under the pretense of medical discourse and the deficit model, where disability is equated to frailty and harmful to society. James Overboe (2007) puts it quite eloquently in describing the experience with the medicalization of his own expression of life and the unfolding of the violence of ableism and disableism:

> As we [the disabled] attempt to escape this prison we are recaptured by medical practitioners who shoot us down as we try to go over the wall, and with the greatest of care would patch us up, giving us a prescriptive prognosis that will be the benchmark of our

> recovery…we become spectacles for them to analyze as they turn our lives into tropes and metaphors of what may go wrong for a fragile humanity (Overboe 2007a: 275).

Basically, Overboe is arguing that medical practitioners, social scientists (ie. academia) and literary theorists all work together to dehumanize the disabled body through their own techniques due to the equating of impairment to deficit. In the medical community, disabled persons are coerced into measures of regulation through medical treatments. Academia is said to be an open space for all scholars, yet there still continues to be this idea of normalcy fed into the institution through a glass ceiling of ableism. Lastly, literary theorists present the disabled body as a monstrous cultural artifact and a freak in media and cultural references.

Ableism, Disableism and its Violence Against the Deficit

Disabled people under the grid of ableism have been denied the chance to occupy the position of the privileged human/citizen and its perks; instead, they have continuously been exposed to variations of violence. Ableism and disableism are placed front and center in order to understand the processes and resulting violence enacted. What is prudent to understand is that these paradigms are “a set of sociopolitical processes of differentiation and hierarchization, which are projected” (Weheliye 2014: 5). The disenfranchisement of the disabled population is a socio-political act which allows the dominant culture and its understanding of difference to be maintained. Functionalism according to Dan Goodley and Katherine Runswick-Cole (2011) conceptualizes “disability as a product of a damaged body or mind that, ‘struggles to escape the pitfalls of essentialism and biological determinism” (603) making it a deficit body. This negative dialogue of functionalism institutionalizes and attempt to make “it” as normal as possible by warehousing the disabled. It is a form of behaviour modification to make the uncivilized and abnormal body civilized in accordance to the standing power structures. This idea of warehousing the individual exerts a range of violence upon the categorized deviant body. The systemic endangerment and killing of the disabled body with the underlying notions of competency and normalcy has led to the formation of specialized programs; in order to create a shift within the individual from abnormal to normal, which will be discussed later in this chapter. Overall, institutions, cultures and social relationship constitute the very violence disabled people are exposed to under the assumptions of normalcy and ableism.

Disableism is considered to be quite similar to other forms of oppression such as racism and sexism as its subordinated victims share a similar experience of discrimination and exclusion based on the politics of difference (Reeve 2003). The underlying tones of ableism and disableism impose barriers and violence onto disabled persons. The negative reaction towards difference oppresses variant bodies and their expressions of life; this can be understood as disableism, “a form of social oppression involving the social imposition of restrictions of activity” on disabled people “and the socially engendered undermining of their psycho-emotional well-being” (Goodley & Runswick-Cole 2011: 604; Reeve 2003: 206). Disableism is further defined by Campbell (2008) as “a set of assumptions (conscious and unconscious) and practices that promote the differential and unequal treatment of people because of actual or presumed disabilities” (Campbell 2008). These beliefs and practices are put into place by nondisabled centered people to demonstrate that disability is a deficit, making them inferior to others and blocking them from succeeding in life with their disability. For example, Tara worked in a bank until the high levels of discrimination and prejudice resulting in her leaving. ‘One time I wanted to move to a different department, and I was told that I might not be the right image for the bank. There were many times that I was not allowed into client meetings – even though I was a team leader and always spoke to them on the phone. And I wasn’t getting promotion” (Miller et al. 2004: 21). As an discriminatory practice, it casts a shadow on disable people leading to abuse via the application of normalizing techniques.

The stereotype and prejudices of disableism as a form of violence runs deep to demarcate the constructed ‘Other’ as a deficit body. The stereotypes of disableism elicit the idea that the life of a disabled person is not worth being lived and is characterized as a deficit as a result. Studies on disableism focus on the negative treatment towards disabled people and the social policies enacted that enforce an able-bodied perspective with the underlying question of “what can we do for the disabled person and what are some possible cures for their abnormality” (Campbell 2012; Reeve 2003). The possibility of cure is heavily attached to disableism and ableism placing the body on the continuum of normalcy. A large part of ableism and disableism that is often overlooked is the outcome of the interactions, society and its environment; as well as the its social conditioning which in fact prevents the body from engaging through and through (Nayar 2014) due to a fear and anxiety towards difference. This opens up different forms of violence and abuse that displaces disabled persons within their private and public sphere.

The dichotomy of ableism, its acts of normalization and intended fixer-upper mentality exerts an oppressive system which works to govern disabled people on the very basis that their abnormalities be mapped out and removed, as ableism works to disaffirm and devalue the embodiment and worth of the disabled person. “Societal and cultural forms of violence are reproduced through processes of domination, ideology and oppression” (Goodley & Runswick-Cole 2011: 605). What can be seen is the division between the disabled and nondisabled, which creates positions of power that oppress the former due to the believed inferiority. What is prudent to look at is the types of violence exercised on the basis of ableism and disableism. The lived experience of the disabled person comes in contact with four different types of violence described by Goodley & Runswick-Cole (2011) in their research: real, psycho-emotional, systemic and cultural. The struggle between the human template and the monster takes on these outlined forms of violence as a means to subjugate the ‘dysgenic human,’ those who are evolutionary deselected within the episteme of ableism as the dysgenic human (ie. Black, disabled, transgendered) become the object in this violence (Weheliye 2014: 28). What is common is the barriers and prejudices faced by those who fall under the shadows of disableism and the loss of autonomy due to the social exclusion from society experienced (Tremain 2001a, 2001b). These forms of violence are experienced physically and psychologically, and ultimately embodied by individuals as the violence is transmitted affectively between them and other life forms.

The extent to the violence can vary as it can be very mundane or extreme, such as the direct form of hate crimes that is felt and located in the embodiment of the disabled (Goodley & Runswick-Cole 2011). Hate crimes as a form of discrimination comes to work as an act of invalidation. It removes the disabled person from society and threatens their existence, because they are looked upon as enemies of the state and its privileged members. Such forms of violence based on exclusionary practices and felt in not only in the physical sense, but also in psycho-social traumatic events (Hollomotz 2013). During such psycho-social traumatic events the affective register comes to internalize shame-humiliation and disgust, internalizing such harassment as something they deserve due to the non-normative body and expression of life. Systemic violence functions in all aspects of society through the use of coercion and domination as a continuum according to Andrea Hollomotz (2013). Hollomotz (2013) states this continuum of violence begins with the labelling of disabled persons creating the vulnerable ‘Other’ moving towards verbal and physical harassment through social exclusion, hostility and targeted attacks, all while restricting the already thought of as restricted human (289).

The label of difference initializes the exclusionary process of the politics of difference creating the disabled body into the object and receiver of ‘necessary’ violence. Historically, there has been a long term use of segregating difference under the presumption that it is harmful and such variant bodies do not qualify as humans. Ontic violence feeds into the dialogues of pathology and deficit maintaining such a dialogue of difference that disregards the human within the disabled body by presenting it against the binary of ableism and humanism. In the paradigm of government, a feedback loop works as a drive to take whatever means necessary to overcome the danger in order to restore balance (Agamben 2005; Esposito 2013; Fiaccadori 2015). This concept of the drive comes to function through the cycle of normalcy as it goes full circle on who qualifies the humanistic and ableist criteria, in addition to forming and preserving a homogenous system and society. For instance, the eugenics movement as a systemic form of violence sought to bring balance to society through the normalizing processes and elimination of the disabled community. In the division of life, as a result, the privileged human is protected, whereas the disabled body is corrected or erased at all costs. Hence, the disavowal of the disabled continues a cycle of violence that pathologizes and problematizes disabled bodies and their vivacity, while keeping an ableist discourse and corporeality.

The Sequestering and Negation of Disabled Persons

The internalization of the cultural expectations of normalcy due to the dialogues and violence experienced ontologically displaces the disabled person. Social mores, norms and standards are established to construct an average that is expected to be followed by societal members. Normalcy according to Lennard Davis (2014) as a category is “enforced into our culture” (1) and tied deeply to the human body and its claim to power. The “idea of the norm” developed the concept of the human template – or the average man – creating a scale of normalcy (Overboe 2001: 35), where power is embodied discursively creating such expectations that must be followed by variant bodies. Normality as a concept works to consolidate power between the entities (Davis 2014) perpetuating a system of hierarchy, following with conditions that subject the disabled body to “forced exclusion” (Overboe 2001) if they do not assimilate within society. Going back to the previous example of Tara, she experienced segregation at school, consequently imbuing her with non-human attributes that negatively impacted her social relationships and her relationship with her own body (Miller et al. 2004). In school, Tara was:

> told that we must be as ‘normal’ as possible…. So I [Tara] spent the next ten years in the disability closet…I worked so hard to pretend it didn’t exist…I suppose I felt that if I admitted that I am disabled, they would see it and it would become overt. It was entirely irrational, like a secret you don’t want anyone to know and everyone was part of the conspiracy (Miller et al. 2004: 21-22).

The expectations of the ableist lens are internalized by the disabled person as a means to assimilate or accommodate the body within society. This in turn, enables a system of self-surveillance bringing Foucault’s disciplined society through enactments of what is considered normal to life. For instance, disabled people attempt to move up the ladder of the human template through normative shadows in order to fall in the humanistic and ableist spectrum (Overboe 2007a, 2007c, 2012). Normative shadows disavow the disabled person’s desire and expression of life as they are depicted as a restrictive body, one that does not conform to the ideal of humanism and ableism (Overboe 2005, 2007a, 2007b, 2007c, 2012). Those who adhere to the constructed norms are later celebrated as the disabled hero, one that attempts to overcome their disability “in order to resemble productive members of society with the same privileges and obligations as the ‘able’ others” (Overboe 2012: 117). The heroic figure as the one who followed through on normalizing themselves, further invalidates the lived experience of those who cannot meet the measures of normative shadows creating an even greater pressure and scrutiny to do so (Overboe 2009). These normative shadows are always around and work towards shaping and civilizing the abnormal monster into an acceptable body and that too in the context of the nondisabled body.

A part of the works of ableism and disableism that is important to consider are the social and felt responses to the disabled person’s impairment. The invalidation of the disabled experience exerts affects of disgust, fear and pity, while there is something unsettling about the disabled body (Hughes 2012). The primary response to disabled people has been the invalidation, correction and elimination due to the aversion and fear of their impairment; since ableism is taken for granted and any form of deviation from the norm is equated to the individuals own tragic fall from it (Overboe 2001). To get this unaccepted form of difference back into line with the norms of the human template, the solution is to ‘cure’ the deviation as soon as possible. The disposal of disability works through social practices that confine disabled bodies within an ableist society, as the deficit is deemed to be abnormal and not part of the ableist imaginary (Hughes 2012: 17). A part of this imaginary is the objectification of difference allowing a master status to be determined (Nayar 2014). Meanwhile allowing the sequestering of disability to exist through a hierarchy and the many perceptions of what difference counts. This whole process of objectification works to negate disable people in all aspects of society. The quantification of disabled lives for the means of social planning reduces disability to the lowest position on the hierarchy of humanism.

These felt responses of ableism brings forth the invalidation and confinement of such different corpor+ealities such as the racialized and disabled body. According to Hughes (2012), in the framework of ableism and disableism, an anthropoemic and/or anthropophagic mindset can be unleashed in the forms of acts of objectification and normalization where the deficit of unacceptable life forms must be fixed for it to be considered normal. Anthropoemic is the “social processes that root out and eliminate people” based on “imperfection”, as there is a “desire for truth and purity” on the basis of morality and immorality bestowed to abnormality and its binary (Hughes 2012: 18). Anthropophagic, on the other hand, is the medical solutions that are researched and used as a means to correct and rehabilitate the abnormalcy within the body (18). Jasbir Puar (2015) calls this “biopolitical anthropocentrism” (59) since it locates humanness in certain populations and/or communities, while the biopolitical tendency allows the reinscription of ableist and humanist dialogues. This mode of thinking and its subsequent actions have been carried out since 1990 and even earlier, as “thousands of disabled people have suffered degrading and inhuman treatment – verbal, sexual and physical abuse – and hundreds more have been killed, murdered” (Miller et al. 2004: 24) or have been denied their life as it is considered not worth being lived.

The cultural messages that are carried forward is that disabled people represent an unacceptable form of embodiment and their bodies are ontologically equated to being uncivilized leading to the theorization and the solution of abnormality as “to kill or to cure” (Hughes 2012: 18). The phrase “to kill or to cure” resonates with an ableist gaze as the disabled body is categorized on the basis of their humanness, placing them in the position of non-human that is subjected to disciplinary and eugenic measures. With the help of the social model of disability, we can see how this anthropoemic way of thinking creates its set of prejudice and violence that are not just interpersonal. It is also implicit in the cultural representation in both language and socialization. This puts the experience of disabled people on trial (Sieber 2008) as their experience is constituted through discriminatory practices that are not only physically felt, but also materially. For example, Katie experiences disableism on a daily basis whether it be “when she travels alone on the bus” and “people have been known to call the police, believing she’s ‘escaped’ from an institution or shouldn’t be out alone” (Miller et al. 2004: 19). Through the set beliefs and practices of disableism, anthropoemicism opens the door to Goodley and Runswick’s various forms of violence. This ends up restricting the individual to their private sphere (ie: their home) because there is a constant thought of “existential insecurity” (Reeve 2003), due to the devaluation and construction of disability as a freak or monster.

Introducing Biopolitics and the Disabled Body

The core of ableism lies in the naturalized understanding of who is considered to be fully human based on capabilities. The discrimination against the disabled body founded on the basis of those deemed to be outside the box of normalcy (Rose 2001: 2) allows the undesirable citizen to be revoked of all rights and security due to their deviation from the norms of ableism. For those who come to be categorized as non-human, their difference is erased through techniques of biopolitics. Biopolitics, according to Nikolas Rose (2001) “has given birth to techniques, technologies, experts and apparatuses for the care and administration of the life of each and all…and has given a kind of ‘vitalist’ character to the existence of individuals as political subjects” (1). Biopower operates on bodies and is then used as a rationale to govern bodies that come to exist as social problems within society. Such groups are considered to be a threat, so government tactics and practices are used as a result to contain and reduce these social problems. The disabled non-normative body is “moved, used, transformed, demarcated, improved and articulated with others” (Campbell 2008) in a compulsory ableist society. The techniques of normalization are hence used to eradicate difference rather than accept it, thus discouraging the disabled embodiment with the help of scientific discourse around the normal and the deviant. The discourses around ‘lives that matter’ always end up working out as a discourse of defense. Essentially what ends up happening is the disabled body is considered to be unworthy and subjected to a procedure in which their disability is contained and tolerated.

The notion of the normative person is enforced through the constitutional divide between the perfected naturalized human and the unthinkable non-human (Overboe 2001, 2007a). This divide plays a large role in the biopolitical measures that are used in this politics of difference. The scaling and marking of bodies are laid out and hierarchized through a mode of judgment and recognition putting labels upon those straying from the divide, categorizing it as non-human (Overboe 2007a). The knowledge/power exerted through these biopolitical techniques on the basis of anthropoemic and anthropophagic ideals are sought as being a positive form of intervention to transform the deficit in these so-called lacking bodies (Gressgård 2010). Further deepening the division of life on the pole of human and non-human through forms of intervention Biopolitics and its acts of 'tolerance' subside variant bodies to the margins of abnormality even more, through this masked ableist conception of meaningful life.

Ableist schools of thought arrange their knowledge and power as a superior form. This forms a grid of biopower which aligns certain meanings of inferiority in opposition to their superiors (Kuppers in Overboe 2009: 250). In the cultural trope of ableism, both the human template and compulsory ableist-normativity, function through the Foucauldian concept of biopower, as it works to "define who matters and who does not, who is disposable and who is not" driven by the medical industrial complex (Foucault 1990; Mbembe 2003; Puar 2015). This notion of biopower can aid in understanding the historical construction of disability and the processes it goes through as it attempts to affirm or disaffirm life; specifically, repressing the disabled meaning of life through the ableist limits and technologies of normalization (Shelley 2008). This produces an imaginary 'Other' who is imbued with these monstrous qualities. For these negative qualities to be overcome, there is a high expectation to follow a disciplined regime and in most extreme cases, variations of abuse are released upon them to make them a fully functioning normal member of society.

Spatially, the ableist gaze comes to function through the production of norms, the labeling and the arrangement of bodies in accordance to social categories. The tyranny of normalcy within the spectrum of morality and civilization normalizes the act of segregation, furthering the binaries and divisions between the human and non-human, for instance the addition of the 'non-quite human.' The embracing of the optimal human as the perfect citizen always involves the "curious disavowal of variation and mortality" (Hughes 2012: 22). This forms a culture of exclusion where variation in the human species is denied and labels such as the aforementioned painting their body in a different lens. In this lens, the disabled body is linked to animal behaviour and marked as an aberration in the division of life (Mbembe 2003). The linking of such animalistic qualities to the disabled individual subjects them to even "stricter demands around bodily comportment" and "an underclass of outsiders" (Hughes 2012: 19) in comparison to the master race. The state and its privileged bodies use forms of state racism as a means of protecting and defending itself through "a means of creating 'biologized' internal enemies (Stoler 1995: 59). The idea that is brought forward in the ableist concept is to keep the monstrous disabled body out of sight from the fragile community it may invade or infect. Terms such as barbaric and uncivilized are underscored with ableist rhetoric as they suppress minority groups through their initial acts of discrimination to strict procedures such as Foucault's tenets of normalization: comparison, hierarchization or segregation.

The creation of the docile body through the social conditioning subjects the disabled body to the ableist imagination that continues to preserve the dichotomy of ableism to exist by seeing disability as being a fixed state with a medical lens (Davis 2014). The disabled docile body is constantly bombarded with messages of correction and improvement as the "deficit" model targets disabled bodies as the root of their problem (Overboe 2009; Overboe 2001). The mode of judgement that comes with the examination process of the ableist gaze, works to determine how much the individual has deviated from the benchmark of ableism. Once that is been calculated, the faulty disabled person as the docile body is put through a rehabilitation process to improve them and bring them up to bar with the standardized human (Overboe 2009). Through this, the power of the state comes to seize and suppress different bodies and its vivacity to ensure the rights and lives of the privileged social body that fit the human template to “ensure, maintain or develop its life” (Foucault 1990: 136).

Disability is not to be seen as an identity or lifestyle, it is a fixed position that needs to be diagnosed in relation to the medical rhetoric’s that define the disabled (Davis 2014: 8). The evaluative tools of an able-centric society operate with the social ideal of the normative human nature, where any form of deviation from this optimal template are negatively evaluated with the assumption that “more an organism diverges from the species average, the worse it will function” (Mills 2015; Tremain 2006: 43). The docile body that is created in this productive management of life is introduced to economic and political measures which prosper off of normalcy and the optimal productive being (Tremain 2008). The messages of ableism itself is a form of violence as majority of them entail phrases such as: “how dare you be happy because of your disability and not in spite of it” or “you cannot live in such a way, therefore need help” (Campbell 2012: 216). The pool of disabled bodies considered to be abnormal are constantly forced into enhancing their bodies with the help of medicine or technology underlying with the notion of benevolence. Surgical and pharmaceutical interventions are designed to return the abnormalcy to the position of normalcy (Davis 2014: 8). For instance, cochlear implants, orthopedic surgery or even medicine are made available for the wide range of disabilities as a means to normalize the individual. With the reification of abnormalcy within the disabled body, it reveals that their deficit is seen as a state of abjection in need of medical repair (Davis 2014: 9). The credibility given to the deficit/impairment theory, where the disabled person is to blame for their deficits, carries forward this rationale of correction through medical disposition and the decisions to dispose of disabled bodies as their lives are not valued or considered worth being lived.

Just as sexuality became a regulated aspect of life, as Foucault (1990) discusses in *History of Sexuality*, the disabled body is also regulated and managed through a process of categorization in terms of what society considers being normal or abnormal within scientific and medical dialogue rather than simply repressing the body. Moreover, the terror tactics as an ethos end up forming a space in which not only is the disabled body marked as abnormal, but also where that difference as an error could be reduced, enhanced or removed of from society (Mbembe 2003: 19). Emma Laurier (2015) states that as technology and medicine continue to advance, the binary of ableism will continue to elicit the idea of whose experiences and life is considered worth living or dying (83). Thus, the "project of biopolitics" in which some lives are given political value, while others are reduced to bare life through public health and safety comes to be "the control and elimination of 'foreign bodies'" (Lemke 2011; Laurier 2015; Rose 2001: 2).

The Privileged Life and the 'Other'

The means to negate life in terms of "who matters and who does not" (Mbembe 2003: 27) allows a split to exist between the negation and affirmation of life by nation states, furthering the discourse of us versus the imagined and constructed 'Other'. The absolute expression of sovereignty is the production of general norms by a body that is made up of free, full and equal subjects. But the question is who are free, full and equal subjects? What is crucial to understand is that this form of power survives and thrives on social mores that are constructed by a society that fixates on ableist normativity. Inhabitants such as the disabled population majority of the time hold up the position of the stateless and are reduced into objects of displacement and subordination due to the operates of normalization (Young 1990).

What is important to understand is how the theme of normalcy and human template exists as a tool of violence and purification through instrumental techniques of coding, hierarchization and normalization allowing the objectification of impairment come to be used by the state. The control and management of disabled people can be seen as a part of the medical complex, as it begins with being founded on acts of benevolence (Meekosha 2003), a form of violence that does not aid, but in actuality further abuse the disabled. Such techniques are used as the constructed ‘deviant Other’ is thought to be an internal threat that makes society and its citizens susceptible to the dangers, disease and threat that of these abnormal individuals. Consequently, bodies that are different from the normative social body are penalized through the construction of visible and invisible walls subjecting them to the position of the ‘abject other’ and bare life as a threat to the security system in the race and ability war.

Walter Mignolo (2006) states our history and economy has functioned on the basis of exclusionary and dehumanization practices upon various bodies and their right to any form of rights. “Immigrants, indigenous peoples, people of colour etc. are always going to be abnormal and proven to be so using eugenic oriented measures” (Davis 2014: 2) and distinguishing them as a life that lacks a political life and right to citizenship. Each citizen has two separate lives according to Giorgio Agamben: bios, the political life in society, and zoe, bare life equated to animal life. There comes to be an understanding of what life is considered sacred and worth living between the two (Agamben 1998; Lemke 2011). The role the sovereign power has produces the bare life in which “the entire existence [homo sacer] is reduced” and “stripped of every right by virtue of the fact that anyone can kill them without committing homicide” (Agamben 1998: 183; Reeve

2003). As a consequence of the division of life rooted in bios and zoe, the sovereign as a collective entity has the ability to not only give and take away rights, but also the right to kill (Agamben 1998). But it is not just the sovereign who has the right, those with bios have the right as well to unleash violence onto the non-human, the zoe in this division. Furthermore, the sovereign "decides the state of exception" where law itself is suspended (Agamben 2005: 1; Mbembe 2003). This very boundary between the bare life and the privileged political life has permeated all aspects of the human subject and society (Lemke 2011). The filtration of difference establishes the poles of humanness and ableism, functioning even further through its structural facets of normalizing techniques in the mere division of the good and bad life.

In the division of the political and the 'Other,' disability becomes the bare life that is characterized as the restricted non-human. The lack of political or societal function (zoe) within society allows biopolitical measures to function through exclusionary ordeals. The state and its institutions play a role in creating and maintaining such ableist dialogues and social norms that perpetuate this fear of the monster, while also forces them to fit in by stripping them of their unattractive qualities (Brown 2004), but first position them as the bare life. In regards to ableism and diseablem, Foucault states harsh acts against the condemned work "to reduce the burden that weak or sickly sheep would otherwise place upon the flock as a whole" (Foucault in Rose 2001:4). These exclusionary practices are deemed appropriate and continue to function in a similar sense, as they are considered to be necessary to ensure the well-being and survival of the human race against the undesirable alien that creates a loss of order, while also increasing their productive potential. Through this dichotomy of normal and abnormal the "sick person," the racialized and disabled, are considered to be a "parasite of society," arises as they do not attend to being a productive asset to the economic market (Proctor 1988:179). Subsequently, those who are different are quarantined into a form of a camp away from a political life due to the idea of difference being bad and a threat to social life (Agamben 1998; Foucault 1990).

In ableism, disableism and the underlying notion of humanism, a theme that exists in social discourses and practices is homogeneity as it privileges the nondisabled population. As the constructed “parasites of society” (Proctor 1988), homogeneity is made central to society. This idea of homogeneity is embedded through and through in its establishment of the able normal body allowing such a powerful cultural trope to take effect (Young 1990; Mbembe 2003; Brown 2010). Nondisabled people celebrate their sameness, anyone countering that is negated and put into a series of stages to restore their levels of normalcy. There have been many points in the history of the Global North, where the dichotomy between nondisabled and disabled is strengthened and increased on the basis of ableism and its precursor humanism. For instance, during the Ellis Island project, the mind was quantified and hierarchized in terms of abilities and display of otherness. Another prime example is the 1882 Undesirable act which permitted immigration authorities to use an exclusionary criterion as a way to inspect arriving immigrants through medical tests to determine who is unfit to become productive citizens of society (Connor & Ferri 2013). Anyone who appeared to be convicts, lunatics or dependent on social assistance were simply not allowed to enter, making deportation practices possible (Connor & Ferri 2013: 33). With new and different bodies coming to horizon, facial appearance and intelligence levels, became to be measured, compared and hierarchized as expressions of feeblemindedness. The clause of this classification system is lined with fear and anxiety exerted by the privileged nondisabled citizens. The idea that disability will only result in a future of shame, neglect and poverty is maintained; consequently, doctors and border control use the medical discourse to determine who should be a part of society, and who should live or die.

The Monster and the State

One of the figures of abnormality, according to Michel Foucault (2003) is the human monster, who is physiologically incomplete, transgresses the natural limits and order, and performs deviant acts (Foucault in Saltes 2013). Ableism and its creation of the human template hold onto such figures of abnormality to establish their own position on the continuum of normalcy. Non-human qualities are aligned to the abnormal body, as difference such as race and ability are characterized in opposition to the superior human. Similar to racialized groups, the disabled have always been constructed to be this monster, one that needs taming through normalizing procedures as a result of the theorization of reason and body. Processes of racism, ableism and its sociopolitical relations discipline life forms into full humans, not-quite humans and non-humans on the basis of ‘white’ and ableist ‘supremacy,’ a logic that organizes and produces the hierarchy of difference and its militarized acts of correction (Weheliye 2014: 3). In the paradox of humanism, the disabled body is paraded around as the abnormal monster part of a ‘freak’ show, because their body is demonstrated to be the opposite of what a normative body should look like. The ‘monster’ and classification of qualities is something which the normalizing society helps form. Within this normalizing society, an ableist gaze enacts this strand of politics that puts impairment through a mode of judgment and shared anxiety by a privileged group.

A state of anxiety against the so-called monstrous disabled body along with the dialogues of difference sanctions social control to arise as a means of prevention. In the meantime, the implementation of such forms of control take away the power of non-normative bodies on moral grounds and the idea of the undesired disabled citizen. The continuous fear of the unknown constructed the racialized and disabled as unfit, allowing eugenic thinking to rise and be an integral part of Foucault’s process of normalization. The very idea of the ‘Other’ as the degenerate permeates social discourses and structures as “lives not worth living (Connor & Ferri 2013; Mbembe 2003; Proctor 1988; Overboe 2007b). The devaluation of the disabled person’s life through ideologies of geneticism and eugenics create a status quo that works in the favour of medical professionals giving them the full power to decide the disabled individuals fate. The reduction of the disabled life to its mere qualities and biology by nondisabled people results in the decision making process that negates their lived experience. The system as a matter of fact with this mindset it does not allow disabled people to participate in such decisions in regards to their own life as they are deemed unfit to do so. Such able-centred decisions prefer the removal of the disabled body, since it is thought to be a “wrongful life” based on that hostility towards their different bodies (Le Breton 2004: 6; Hollomotz 2013).

This demand of genetic normativity “is perceived as a means to empower the child and the parent, it loses its monstrous overtones, and becomes another part of everyday life medical procedure” (Le Breton 2004; Overboe 200b: 222). The biological and cultural power deeply rooted in ableism and humanism work together to contrast the myth of normal and entities (Overboe 2007b). Going back to Agamben’s concept of bios and zoe, in this case, the state has the right to make decisions for the disabled person, specifically when it comes to deciding they should live or die on the basis of wrongful life. The essential tones of ableism and disableism are inscripted into the medical rhetoric, legitimizing the regulation, surveillance and eradication of disabled people to hypothesize boundaries on who embodies a political life and who lacks one enabling such powers to function. The disabled, as the monster and a wrongful life are closely connected and very important to consider. This mode of thinking outlines restrictions to be placed on different corporealities without questioning the consequences as a means of protecting and defending itself through “a means of creating ‘biologized’ internal enemies (Stoler 1995: 59).

What comes to be a large part of biopolitical practices are the community's determination to protect its entity and all that it entails (Esposito 2012) for the validation of a 'master' race and/or community such that the nondisabled. The "role that immunology has shouldered not only medically but also socially, juridically and ethically" works with the fear of the contagious and the normalizing gaze to build walls and inhibit the contagion (Esposito 2013: 3). Immunology, consequently, pre-occupies itself with forms of violence beginning with a hierarchical system linked to geneticism and taking it a step further by encaging people by taking their freedom and rights away. Various levels of abnormality are labelled through a diagnostic criteria allowing the eugenic movements in the past and present to function in the most nuanced way. It collectively devises categories of inferiority, linking it to the disenfranchisement of bodies on the basis of biology as Agamben (1998) suggests. It is done so through keeping immunity from any internal and external elements of threats, as defenses and barriers come to shape in the most profound way with a logic of survival and site of resistance (Esposito 2012; Esposito 2013). "Immunity is a kind of negative protection 'it can prolong life, but only by continuously giving it a taste of death'" (Mills 2016: 91). The contradiction that exists is that a certain life form must be protected by the threat of illness or disability in this case, while also generating the need to do so against it (Mills 2015). The logic of maintaining and resisting is oftentimes under the pretense that a specific population will pollute the privileged and the state. So the use of different forms of violence is performed under the reasoning that it is to spare the "suffering" of disabled/racialized, while also protecting the nation (Le Breton 2004: 10).

Whereas, the sovereign power had "the right to make die or let live" as "the power of life and death was not an absolute privilege: it was conditioned by the defense of the sovereign, and his own survival" (Foucault 1990: 135-136). Biopower exercises the power to "make live or let die" (138), by bringing forward concepts of quantification and calculation such as birth and death rates in the name of public health and public safety. Such acts based on biological measures for the safety of public health continue to take place and perpetuate this sense of bestiality or animal like behaviour among the disabled, in order to secure the border against all external threats. This perfection through the violence of cure and/or eradication of the disabled body is looked up as being a form of salvation; and act of benevolence, allowing the two to merge and intensify in the discrimination against difference and its capacity, allowing for no deviation to occur (Le Breton 2004: 8-9). Gail Weiss (1999) states, "in a strange sense, there seems to be a natural progression in the category of the monstrous. Once we have ceased to be horrified and fascinated by alleged pathologies of the human, the impetus to create new monsters, new sites of horror and fascination seems almost inevitable" (113). It is inevitable that anyone who seems to be outside the normal, such as the disabled person, is always going to be 'something' and object that is considered to be monstrous and needing to be removed.

Combatting the social evils through techniques of normalization founded upon an ableist perspective bring forward practices that are linked to the notions of public health and preventive measures against those who are considered a threat to society. The merits of allowing a homogenous mode of thinking masked with the illusion of normal was used with the help of the principle of "allowable killing" (Proctor 1988: 178) that still holds a form of power in modern society:

> [This principle] should be extended to the incurably sick. The right to live, they [Alfred Hoche and Rudolf Binding] asserted, must be earned and justified, not dogmatically assumed. Those who are not capable of human feeling - those "ballast lives" and "empty human husks" that fill our psychiatric institutions - can have no sense of the value of life. Theirs is not a life worth living; hence their destruction is not only tolerable but humane…a release from this national burden (Proctor 1988:178).

As mentioned previously, Goodley and Runswick-Cole's, as well as Hollomotz's critique demonstrates how a continuum of violence allows allowable killing as a principle to continue its work in various degrees, such as the camps of Ellis Island or rehabilitation centers where disabled people are warehoused. In such movements and spaces, the human template is fixated as being the highest ranking of humanism enabling 'allowable killing' to exist as an act of goodness that will benefit society. Meanwhile, the consolidation of power, along with the objectification and pathologization of disabled subjects work to contain them as burdens of society (Overboe 2007b; Davis 2014; Young 1990; Mitchell & Snyder 2013; Saltes 2013).

Ideologies such as those based on biology and genetics become the foundation of totalitarian ideologies and measures giving the state the power to perform human politics. The disabled persons as the bare life emerges through such measures, but what ends up happening is their political life is determined by their disability, whether or not they can reach the expected desirable citizen by overcoming their disability (Overboe 2007b). In most cases, it is made a necessity to maintain a political life in order not to fall under the wrong side of humanism. The division of life through geneticism negates and marginalizes disabled peoples' expressions of life by placing them in a state of exception as the bare life void of a political life as they contradict the notion of the ideal human and able shadows of ableism (Overboe 2007b).

The Power of Rendering the Disabled Body

Any cue or form of disability is repressed as it is pictured as being repulsive and disturbing to the eye. It is an embodied characteristic that the ableist structure and its nondisabled entities constantly seek to disavow in the search and desire for social homogeneity (Hughes 2012: 25). The social processes of the ableist limits negate the disabled person through it's attempts to disaffirm and repress the disabled meaning of life (Overboe 2007a; Tremain 2008). The ableist limits forces technologies of normalization such as corrective training upon ‘Othered’ life forms under the regime of biopolitics to maintain homogeneity. The categorization of the disabled body as a deficit, puts it under the scrutiny of compulsory ableist normativity where deficit does not reflect the homogenous ideals of society. Subsequently, this constructs the monstrous ‘Other’ within the nation (Mbembe 2003; Young 1990; Brown 2010) that needs to be taken care of, beginning with putting up roadblocks for disabled people within the social structure and system

The power that comes to take charge of life according to Foucault requires a continuous regulatory mechanism, a feedback loop, which continues to push different bodies into a cycle of constraint and rigorous surveillance (Foucault 1990). It is done not only by the state through a continuum of apparatuses such as biomedicine, but also by the individual themselves (Foucault 1990) as they begin to train their own bodies. Disabled bodies are confined to this concept of compulsory ableist normativity through biopower’s operates of normalization, which does more than just divide and systematically push them into a position of non-human. It works to make the individual governable as the non-human object. Through biopolitics, it marks not only what bodies are to live or die as mentioned before, but also further demarcating them through making it apparent of how they should live or die (Puar 2007: xii).

With the mode of judgement enacting certain values on how one should live their life is inevitable as in different time periods and societies, there are ideals and methods of living distinguished as favourable. Anything outside of this favourable lifestyle is judged and places the different body in Foucault’s panoptical gaze as a way of disciplining the body. The panopticon is produced through “the appearance of surveillance that, over time, will become an internalised and self-perpetuated state of mind” (Jarman et al. 2002: 558). The panoptic process can be applied to spaces that cannot be coerced such as the transit system. For example, Chicago’s transportation system has its own set of "'disciplined' passengers, under the authority of the internalised gaze, have been known to engage in forcible acts of coercion" such as verbal and physical assault against "disabled riders who refuse to accept separate or unequal service" (Jarman et al. 2002: 560). In this example, the disabled rider becomes an object of hate and harassment, while also the feedback loop of normalcy is retained through the counteract of violence. In the home, there is a sense of being watched and this feeling creates attempts of normalizing the body at any means possible, since that is the state of mind.

The negation of the disabled life through regimes of ableism and disableism reaches into the collective to the extent that the reaction to the disabled body is always naturalized as the homo sacer. What is key to consider is the role the state and its institutions have in creating and maintaining the idea of the immoral bare life that normative shadows continue to suppress with the help of surveillance and terror tactics. This dichotomous relation of normal and abnormal, the nondisabled and disabled comes forth as:

> the 'great pyramid description' of the social body is replaced by the notion that 'there are always two groups, two categories of individuals, two armies confronting one another'…it will become the discourse of a combat…between a race placed as the true and only one (that holds power and defines the norm) and one which constitutes various dangers for the biological patrimony…institutions which function internal to the social body as principles of segregation, elimination and normalization of society (Stoler 1995: 65-67).

In line with Agamben's work, we can see how disabled people are pinnacle in the underpinning politics of the division of life. As the abject 'Other' is hypermarginalized, they fall in the category of bare life allowing society to repair or kill bodies that are considered not worth being lived (Davis 2014:4). The lives of disabled persons are hierarchized and eliminated through forms of immunity against the considered deficit in them, since they are constructed as being animalistic and a danger to the privileged social body.

The framing of disability as bare life illustrates how a lack of political life enabled the panopticon to become a zone of indistinction through the enactment of the eugenic movement, creating that state of exception. Social practices such as the eugenics movement of the past and current practices of biomedicine take form to relieve society and the individual of the disability. These social practices re-establish the normative scripts of the body within society through characterizing the disabled and racialized bodies as defective non-humans (Proctor 1988; Rose 2001: 3, 15). “When people have their identity reduced to something less than human… [disabled people] are reduced to bare life, excluded, tortured, enslaved, terminated” (Hughes 2012: 25). This causes a separation between the body and the individual as the body becomes a focus of the gaze (ie. medical), which works to defend the society from the ‘Other’ (Saltes 2013). Diagnostic criterions, such as measuring the brain for traits of feeblemindedness, translated the docile body into a state of exception, as the disabled body is constructed as a problematic state of being. The bare life that is put into a state of exception, a liminal social space, acts as a borderline of repressing the repulsive non-human ranging from a very benign space such as an institution for medical correction to the extreme, the camp where they become hostage to acts that may just annihilate them.

There are many issues with this as the politicization of life revokes the very rights that are given as a privilege to the nondisabled person, while decreasing the disabled to its bare biological matter with the help of governing practices (Agamben 1998; Esposito 2012; Agamben 2005). In many ways, this acts as a glass ceiling stopping the disabled person from acquiring a political life, bios, and from living their life as a productive citizen without the scrutiny of ableism and disableism. For instance, even if the disabled person is maneuvering its body through its economic productivity or creative energy, they may gain bios at one point as the ‘not-quite human,’ but that it is always changing depending on what society they are in. The only way for the non-normative to gain productive potential is by putting their unfit selves through a disciplined regiment to become normal in accordance to the human register. Until then, their lives will continue to be reduced to its biological qualities, questioning their every move and position within society as the human, not-quite human or the non-human.

‘To Live or Die’: The Works of the Gaze

As the disabled body becomes an object of quantification and governing, an ableist matrix is reinforced as a cultural trope of normalcy. The role of disability surveillance is carried out in ways that pathologize and exclude disabled bodies in order to limit access to security and citizenship as such non-normative bodies are posed to be a risk to society (Saltes 2013: 56). The disenfranchisement of the undesirable citizen by the state blurs the line between zoe and bios (Laurier 2015). This grey area of the complete removal of a political life and rights pushes non-normative bodies into Agamben’s state of exception (2005), where there are no rules as the disabled person’s life is disavowed. Those who are labeled the undesirable citizens are considered unqualified life forms that have never really lived within certain epistemological frames (Laurier 2015). The temporality that comes to form is quite problematic as it pushes different bodies into Agamben's bare life and state of exception within the public sphere through modern day camps. The camps that contain disabled bodies function as boundaries that allow abuse and discourses of homogeneity to function upon the idea of the fear and danger of the ‘Other’ just as Wendy Brown (2010) suggests.

The double bind that comes to exist in this paradox is the protection and negation of life through this paradigm of immunity and citizenship, in which extreme levels of power are used to disaffirm the alien ‘Others’ linking biopolitics and modernity together. Similar to the medical facilities that emerged with the Ellis Island project, the formation of a camp-like space is set up to correct different bodies. In such spaces, the politics of life are confused with bare life, as biopolitical measures are implemented, such as involuntary sterilization and death, are not considered to be a crime (Agamben 1998: 171). Among the concentration camps of the Holocaust were disabled people who took on a lasting state of exception with the Jewish population (Agamben 2005: 2). In this state of exception, the positioning of the disabled person in the camps revoked them of all legal rights, identity and claim to citizenship, the only identity that remained in that space was their disability (Agamben 2005: 4). Agamben's camp continues to exist in an ableist society formulating measures for the extermination of difference on the basis of eugenic idealists (Hughes 2012; Mills 2015). Disability as a label becomes the only distinguishable identity for disabled people, introducing and giving the ableist discourses more power as their life is minimized to the status of non-human in opposition with the nondisabled human template.

Indifference opens up space to dangerous discourses in which the rejected body is read and written differently. In contemporary society, medical institutions such as the asylum are becoming an updated form of camps as those with mental illnesses not only lose protection that is afforded to them as a human right from the state, but is also subjected to forms of control and abuse in the name of treatment (Reeve 2003). The severely mentally ill end up going into a state of exception, as the hospital is the modern camp in which they become subject to treatment and coercive processes that would normally be considered to be assault (Reeve 2009: 209). The patients who are labelled as unfit consequently are placed in a state of exception as they are subjected to the power of medical professionals who end up controlling every part of their life, whether it be treatment or date of release (Reeve 2003). Until the atypical disabled body reaches the standard of ableism, patients often time have no choice and are forced to follow disciplinary techniques as an object of the state affecting who they can be and what social spaces they can enter.

Medical practitioners for one, were empowered to murder 'mad' patients and handicapped children during the 1930s and 1940s**,** and they did so without any contest, often on their own initiative (Proctor 1988: 193). A primary example of such a case is that of Dr. Karl Brandt who used a similar theology of the body as the racial-hygiene movement of eugenics. In Dr. Brandt's program, parents of infants and children considered to be defective were coerced into enrolling their children into programs away from home, quite similar to a camp for treatment to aid them by relieving them of their deficits (Connor & Ferri 2013: 41-42). However, the reality was quite different, the program was a mild version of a concentration camp. Its tactics composed of killing off these defective children without the consent of parents, only to later inform parents that their child passed away due to an unexpected illness or infection (Connor & Ferri 2013: 42). As these disabled children have no political life, being placed in a rehabilitation camp by doctors similar to Brandt, put them into a state of exception, where their life can be taken quite easily as it is one considered not worth living. What is most evident is that there is a classification system in place, where the state puts the individual into the updated form of a camp and all 'sovereign' power is transferred to medical practitioners. The anthropogenic warrants of ableism worked with a biomedical outlook to inhibit the growth of disabled bodies through an intensified discursive process of power being released as a form of domination (Foucault 1997: 65). Therefore, medical staff come to control every aspect of the 'dangerous' abnormal patient's life, along with when and if they will be released from this state of exception for the sake of protecting the larger good from its inhabited non-humans.

The use of difference as a social and political tactic continues to be used as a method and solution to the fear of impairment under the pretense of normalcy and ableism. Davis states that due to the ableist demands, “people with disabilities have been isolated, incarcerated, observed, written about, operated on, instructed, implanted, regulated, treated, institutionalized, and controlled to a degree probably unequal to that experienced by any other minority group” (Davis in Overboe 1999: 18). The lived experience of disabled people came to be both implicitly and explicitly controlled by an ableist society (Overboe 1999: 18). The exposure to different treatment plans for abnormalcy or in the most extreme case, the wiping away of those outside the box of normalcy through confinement is a form of violence that is not only physical but also psycho-social. Disableism operates on the pathway of restricting the disabled individual’s activity and access to social structures, while also working as a psycho-emotional barrier that undermines the person’s well being and vivacity (Reeves 2009). It forwards a mentality that up until one gets treatment and fulfills them, their life is not worth being lived at all so they work towards doing so.

The yardstick of ableism that is imposed on the disabled body continues to be held deeply though. The issue that exists with this idea that overcoming the impairment will help the individual acquire the label of human is that they will never be good enough. Overboe has said that nobody can ever be able enough, as there will always a mode of recognition looking for them to bounce back to their abnormal self. In the simplest ways the negation of life continues to take place in public institutions allowing the mode of judgment and experiments to become a space of domination that is internalized by the individual on a regular basis (Agamben 1998: 119; Brown 2010). The high amount of power given to the state and its social agents allows a culture of difference and the state of exception to be embodied by disabled people. This power overall works in the hopes that the non-human life will be optimized and normal altogether with the tenets of ableism, disableism and normalization.

Disability and Futurity

While looking at the optimization of life, the economic feasibility needs to be looked at carefully as a large part in the definition of life is to be a productive member of society. The mode of living for the disabled body is pathologized as it does not fit the notion of normal and its ableist temporality. David Mitchell and Sharon Synder argue that disability is “reified as the true site of insufficiency” (Puar 2012b: 152), so what ends up happening is that deficiency needs to be fixed as it equates to a state of unhappiness. A great part of such measures of biopolitics is attached to this promise of happiness or the myth of “it gets better” (Puar 2012b: 149). A false hope that there will be an end to the suffering experienced that by a disabled person. Hope speaks to futurity as the body’s tendency and capacity to change and transform (Puar 2009) in relation to the social discourses and the genealogies that are hailed to be the superior truth. This pursuit of “happiness represents a ‘paradox’ that brings us again to the question of how we judge life and, in this case, also limb via the common question of the relation between disability and happiness” (Titchkosky 2013: xv).

The ideology of cure (Garland-Thomson 2005) that came with the medical model of disability permeates the mandate of normalcy, as a vehicle to reduce and/or eliminate disability through biomedicine and technology, rather than seek out ways to accommodate disability. All these procedures of optimizing the non-human for them to become the human disavows the life and embodiment of the disabled. The bodily limits such as disability is conceptualized as debility by Puar. Debility, as the lack or loss of certain bodily abilities (Puar 2009) or form of slow death (Puar 2012b) is linked with the sense of hope. It is fed in the minds of social bodies that in order to be considered human enough there is a criterion that must be fulfilled, if not their bodies would be labeled not-quite human or non-human. “Neoliberal mandates regarding productive, capacitated bodies…recreate an abled body not only in terms of gender and sexuality,” and ableism, “but also in terms of economic productivity and the economic development of national economy” (Puar 2015: 47). As labour and capitalist ideologies play a large role in the Global North’s immigration policies, certain groups such as the racialized and disabled are deemed unequipped to be a part of the community. This indifference is read as inability bringing rise to a labeling system, where the disabled person’s life is not worth living due to the multiple narratives on ableism and debility shared between the medical-industrial complex and society.

As the antithesis, disability within the position of the abject is hidden, segregated and transformed under this idea of futurity and debility at whatever means necessary (Hughes 2012). The promise of happiness is underlined with the possibility of being rescued from one’s disability as it is seen as an unacceptable form of difference. The route to fulfilling this promise is oftentimes through correction, rehabilitation or through finding ways to conceal or heal the ‘ontological deficit’ (Hughes 2012: 27). The characterization of the promise of happiness as being a drive to ‘improve’ the disabled person from a technical perspective is not entirely on the basis of enhancing their quality of life. It is in fact, a way to shift the understanding of their difference in terms of rationality, performance or simply economic profit (Le Breton 2004: 3-4) instead of a difference that actually makes the individual happy. The myth of normal disaffirms the felt happiness as that very joy or success due to one’s disability or difference is believed to be irregular and out of line with ableist shadows.

Capacity and debility is a site of discipline in a normalized society, where ableist normativity is internalized by the non-normative body. Foucault calls the self-surveillanced non-normative body, “regularizing bodies;” it presents a shift from sites of punishment such as asylums to regimes of securitization (Puar 2012b: 155). In this regime of securitization, impairment is subjected to many different forms of change and definitions of abnormality further stratifying them. It is all about transforming the deviant and pathological disabled person into the normal fully functioning citizen. The exclusion of their bodies and epistemologies within contemporary society is defined by statistical probability in relation to living and dead, Puar (2009) calls ‘living in prognosis’ and a measure of hope (163). The temporality of disability through a discourse of cure speaks to the utopian ideal that the human template can be achieved by making the pathologized normal through the promise of curability (Campbell 2012: 223). Biopower, as a result works to not only turn life and death into a form of statistic, but also optimize the disabled person’s life. In this case, in order to work towards an affective futurity based on this ideology of cure the disabled person must correct their bodies by going through a set procedure in line with normative shadows. These sites of discipline on the basis of normalcy are internalized as there is a transition from social control to individual control, as individuals begin to regulate any form of transgression that they may think they have. Such investments into this affective futurity allows sites of discipline and surveillance to form and work towards a life that is worth being counted for.

The ‘biopolitics of affect’ economy pushes into a realm of judgment and the idea of designation of what bodies belong and have a voice, causing sites of discipline and control to exist, marking a population based on value (Puar 2009) as illustrated in this project thus far. The capital mechanics according to Patricia Clough (2007) produces a certain quality of life and expectations, such as that of the human template. In terms of disease and productivity, the affective body is a site of surveillance rather than resistance (Puar 2009). So variant bodies are put against this statistical qualified life and devalued, in turn watched as the docile body that becomes the bare life. As mentioned earlier by Proctor, there is strong connection between the body and its economic purposes within society. Freeing the disabled body via correction or its elimination, is the mere act of unburdening society from its undesirable non-citizens. The ability to produce an economical means in regards to hope, controls the theorization of disabled bodies through distinctions of the good and bad neoliberal subject. As a possessive individual the able body is free to function in relation to the exchange between proprietors (Campbell 2012: 214), whereas the disabled body is not unless it breaks through the glass ceiling of ableism.

Living in prognosis forms a politics of hope (Puar 2009), bringing forth this preconceived notion of happiness in terms of bodily difference, as positive affects are highly attached to the nondisabled body and embodiment. The template of the optimal human creates the happiness project, where anything outside the ableist temporality would only lead to failure and a life of degeneracy. In the event of living in prognosis, the disabled person is forced to change or work on adapting their body to the norms of ableism, as it is measured as the ideal state of happiness for the prognostic subject. As a measure of hope, its statistical value allows biopolitical measures to secure this social hierarchy, which becomes a method of attributing and controlling different bodies. The privileging of nondisabled people subject disabled bodies to a site of struggle, since the body itself is under surveillance; but, in addition, the affect that is a form of sociality, regulates who is deemed a good or bad subject or capacity (Puar 2012b: 154). Ultimately, such varying affects and discourses of ableism and its predecessor humanism impose biopolitical acts upon the disabled person conceptualized as non-human in order to optimize their life, while negating their materiality and lived experience.

Exploring New Paradigms: Posthumanism & the Dishuman

In the pedagogy of ableism, a system of differentiation works like a paradox where some bodies are treated as humans, while others are subjugated to an inferior position, the non-human for the sake of state protection. Agamben suggests that in "every society, however modern, decides who its *homo sacer* [bare life] is, whose life is seen as 'life devoid of value'" (Agamben in Reeve 2003: 213). This train of thought only makes one think how do we escape from this reality then where bodies are always oppressed and experience varying forms of violence due to their constructed difference? Franz Fanon sought a form of humanism in which difference was respected (Nayar 2014), but the reality never came to exist as oppression continues to follow through systematic violence. However, new paradigms that contextualize the body and embodiment are arising as a critique of the human template through the works of Rosie Baridotti. Her work on posthumanism is being applied to critical disability studies in attempts to acknowledge the impairment as a positive factor not a deficit. Posthumanist theorists call for a more inclusive definition of life, while interrogating the natural order that exists to separate, suppress and dehumanize the non-human.

In critical disability studies, Goodley and colleagues present their own extended version of posthumanism called the dishuman. The dishuman entails the rethinking of humanism with disability and the process of becoming (Goodley, Runswick-Cole & Liddiard 2015). Both paradigms challenge the liberalist ideal and how it has situated the non-human in opposition to the yardstick of ableism allowing the control and elimination of those on the margins. Critical theorists with the introduction of the posthuman and dishuman attempt to move away from the politics of difference and problematic definitions of the human register, in order to create a conversation and space for difference. With these paradigms the negative connotations associated with disability or race can be let go of and different temporalities can emerge and co-exist.

The Posthuman

In this project thus far, we have looked at the exclusionary processes that subjugate variant bodies through an humanist and ableist gaze, presenting difference as an opposition to the norm. These practices come to originate and exist through the positioning of bodies as the unnatural and in dire need of repairment. As stated previously, the paradox of ableism works off a system of differentiation which creates strict norms in the constitution of normalcy (Nayar 2014; Campbell 2008, 2012). In comparison, Posthumanism brings forward a new mode of thinking in regards to subjectivity as an assemblage that is co-evolving with ecology and non-humans such as animals, machines, and objects (Nayar 2014: 8). The destabilization of the humanist standard is a solution to the division of life as it works towards affirming difference instead of negating it further. The "posthuman condition" according to Braidotti "urge us to think critically and creatively about who and what we are actually in the process of becoming" enabling the "possibility of a serious decentering of 'man'; the former measure of things" (Braidotti in Goodley, Lawthom & Runswick-Cole 2014: 344). That very decentering of the liberalist concept of the rational and autonomous man can transition from homogenous society, one that is able-centric, to one that is heterogenic and multi-faceted.

Posthumanism's resistance to defining tenets of normativity and homogeneity enables difference to be seen in a positive and affirming lens. The heterogenic imagination opens up a new space, temporality and materiality as it adds a positive and desiring note to disability, while also taking in account the interaction with our ecology (Fritsch 2015: 55). The posthuman is an assemblage of the human and non-human that practices affirmative politics, one that looks at life beyond subjectivity or identity as a form of resistance to the pre-existing definitions (Goodley, Lawthom & Runswick-Cole 2014; Manning 2009). A force of creativity through assemblage gives bodies a rhythm of being in a process of becoming, as an alternative way of living without the value or devaluation of the difference. In the becoming-body, the body engages in all aspects internally and externally (Deleuze & Guattari 2009: 84). Assemblage and matter, as it is presented by Puar (2012a) following a Deleuzeguattarian school of thought in literature on affect, is something that is not only internal, but also external to the body. Assemblages are "'composed of multiple and variously embodied parts that interchange and create new relationships, alliances, and communities'" (Goodley & Runswick-Cole 2014, 11). Therefore, definitive attributes such as disability or race are simply designated regions and/or zones of intensities as the full body does not represent anything, but allows there to be multiplicity and variants composed and embodied (Puar 2012a: 57). As an assemblage it allows us to move beyond the existing binaries, where the body can be more than one entity and unique in its own way going even deeper than the body in a process.

The depathologization and deprivileging of ableism through posthumanism brings forward a new ontology that can be non-linear. This non-linear approach lets impairment shine and follow a different temporality than the ableist gaze which is naturalized. A non-linear temporality creates a move from traditional social mores to ones that embrace and interrelate to assure that all lives are worth living, not just the standardized human template (Goodley, Lawthom & Runswick-Cole 2014; Fritsch 2015). In contrast to the normative model, the addition of difference or disability in the locale of posthumanism brings forward a new mode of thinking, one that looks at embodiment with a positive and creative lens. It allows a conversation to come to light, as those without a voice can now engage with their own knowledge in the social sphere as a counter-narrative, while experiencing their own force and intensity of affect.

We can understand the process of affirmation through the inter-dependent connections with others, technologies such as prosthetics, and non-humans such as animals or objects via sensation (Goodley, Lawthom & Runswick-Cole 2014: 348). A prosthetic, for example, is not just a mere prosthesis to the individual, it is actually an integral part to their becoming (Nayar 2014: 8). Another example of such intra-relationships, is Rod Michalko's own narrative on his relationship with his guide dog Smokie. Michalko states that the both of them "intra-act, composing a movement that is within each of them, but belongs to neither of them. One does not become the other, but rather intra-acts within the two" (Michalko in Fritsch 2015: 62). The addition of disability to this posthumanist critique according to Dan Goodley, Rebecca Lawthom and Katherine Runswick-Cole (2014) connects the subject not only to the internal and external, but also "allows us to think across binaries of self/other, nature/technology and human/machine" (328). Thinking in such a manner, is a strategy that will release the disabled person from the obligations of normative shadows. Moreover, considering one's lived experience as neither human or non-human, but just an embodiment that exists provides a fluid and multiplicity to the body. Looking at the body as one that is co-evolving and intra-relating, animalistic metaphors can be ignored and/or stopped from being associated to the disabled body, as there is a positive factor to being the monster of society.

The Dishuman

Moving away from the utopian ideal of the human template which negates disability, the recognition of the transformative possibilities of disability opens space to affirming the lived experience of disability. From a critical disability perspective, Goodley and his peers (2014, 2015) establish the need for the dishuman analysis, allowing the disabled community to claim citizenship, while also reshaping the way they function (2014: 3-4). As a successor of humanism, ableism with a medical and scientific undertone dominates the notion of normalcy, positioning the disabled body to that abnormal rhetoric. Goodley, Lawthom & Runswick-Cole (2015) "want to remain critical of the category of the human, but at the same time as we claim the human" (3) by adding disability and its experience to it. The re-focusing of disability by claiming a form of citizenship works to create a new temporality and space in which the defining aspects of humanism can be changed, where disability is no longer part of a hierarchy with other oppressive structures. So, where ableism as a preferred ontology works to exclude, the dishuman includes disability and difference within the definition of human, recognizing the many transformative possibilities of disability (Goodley, Lawthom & Runswick-Cole 2014). By affirming life with the paradigm of dishumanism, preconceived notions of normalcy and ableist normativity can be let go, not just resisted, where the disabled body is no longer considered abnormal or monstrous. Instead, the disabled person can pursue their passions and indulge in the forces of their own materiality, while discovering their true potential one outside of the normative narrative.

The dishuman provides a different outlook on embodiment and becoming by specifically looking at the creative possibilities that are unleashed through disability, along with the many ways it adds to the lived experience and expressions of life. It provides a shift in theology from the celebrated disabled hero who becomes a part of society through ableist shadows, to the different ways disability adds to the success, and nourishes and flourishes disabled people. Again, seeing the dishuman as an assemblage allows the consideration of disability as an event in the lived experience of the individual, as they experience encounters between bodies and the surrounding environment (Puar 2012a; Goodley et al. 2014). This as a paradigm frames and repositions the notions of normalcy, engaging in an end to the pedagogies that control and construct disability as a limiting reality. Looking at disability as diversity can be problematic as it still may imply biopower's techniques; however, if it is thought as a positive factor as the new paradigms claim to be, it can lead to a path of acceptance and harmony (Friedner & Weingarten 2016: 1). Miller et al. (2002) write, "disabled people are people whose difference should be celebrated, whose contribution to society as people of integrity and perseverance should be appreciated, and whose right to determine the key decisions that shape their own lives should always be enabled and paramount" (12). Hence, the shift in thinking celebrates difference as an encounter, while renouncing the political and social value attached to the social construction of humanism and ableism.

Moving forward to the next chapter, to go with the theme of the division of life in this MRP, I will be looking at the negation of the fat body within contemporary society. The disaffirmation of the fat body will transition into a form of affirmative politics with the help of Overboe's work on the impersonal register and its singularities, as a possible solution to the politics of difference. Moving on, I will be applying the research within critical disability studies and the many aspects in which biopolitical measures are still used to regulate and correct the fat body. I will be using a critical disability and race studies (DisCrit) framework to look at how the fat body is constituted by various social institutions and actors similar to that of the disabled community; in addition to how oppression experienced and embodied within their social lives is interpreted and explained (Overboe 2012: 114). Following Overboe's (1999) move towards affirmation validates disabled people by "recognizing their lived experience" (17), I will work towards situating my own lived experience as a trial of normalcy. What I think is crucial to think about is how can the signification of differences act in a way to bring forth this idea of singularity instead, where assemblages are constantly changing in relation to space and time, as we have this capacity to become and un-become as we move between events.

Chapter Three: Living Outside the Box of Normalcy as the Fat Body

The power and capacity in terms of the notion of being human has been dictated by not only the state, but also its social structures as it establishes a form of politics that divides life forms. A large part of this project lies specifically in observing how the continuum of normalcy interprets and divides bodies, particularly those that seem to be outside the human template. "Bodies of size" are shaped by their interactions, cultural messages, social practices, and physical environment (Rice 2015: 389). The fat body, similar to the disabled body is seen as a consequence of individual pathology rather than the socio-political spaces that inhibit them (Herndon 2011). This chapter will attempt to understand the construction of the fat body and the biopolitical measures exercised to normalize it. It will particularly focus on the self-surveilling techniques of normalization used by "abnormal" others as a strategy to get closer to normative appearance and behaviour with the help of Overboe's normative shadows (2007a, 2007c). The theoretical and research methodology for this chapter is used to map and analyze my own experience in relation to the preceding chapters. As this project focuses on critiquing humanism and opening up space where the affirmation of non-normative lives can allow different expressions of life to exist. In addition, an affirming sense brings forth a shift from the negative label placed on difference to the many ways it helps shape and contribute to life. By using research on disability and affirmative politics, I will attempt to look at my own transition of disaffirmation to affirmation in regards to my body. This chapter uses that very mindset to look at how mindfulness is a way of allowing my own expression of life to nourish and flourish rather than be suppressed under the internalized gaze of the South Asian corporeality. To put in lines of Overboe's work, it is a way to open up "new forms of ontology" that will "affirm different expressions of life" (2007:232); and also, allow for "the creation of a new meaning of life" (1999: 27), moving away from the construction and celebration of the heroic figure that overcome its difference.

Theoretical Methodology

For the purpose of this major research paper, I will be looking at the intersections between disability and race/ethnicity and the body. Gender will also be mentioned, but personally the former definitive attributes will be more of my focus. The integration of the two allows me, as the writer, to explore and understand "the conceptions of the body, normality, and constructions of identities in relation to 'bodily agency'" (Peuravaara 2013: 414) as we live in a racist and ableist society. Both ableism and racism are created and perceived based on ideologies of normalcy, ableism, disableism and racism "located within social structures of society, as well as personal attitudes" (Annamma, Connor & Ferri 2013: 7). A DisCrit (Disability and critical race theory) approach is important to consider as it looks at the myriad of social inequalities experienced by racialized and disabled members of society, specifically through the lens of ableism and disableism. The multiple dimensions of race and disability come to interact to reveal its own knowledge, one that is subaltern and subjective to the social norms and interpretations of difference and the signification of disability (Annamma, Connor & Ferri 2013). The use of this theoretical approach that combines the two paradigms is to demonstrate the historical conceptualization of human difference and the processes of normalization that is expected of those considered less developed and non-human. The fat body, just like the racialized, shares a similar experience of oppression as the disabled body, as they are constantly being characterized as failing to adhere to the corporeal standard. Although, it may not have a violent history as the disabled body, there has been a change in value labels and cultural messages associated with the fat body, creating it into an object that needs to be corrected in the context of the thin human template.

Power replicates itself at all levels, reproducing forms of marginalization spatially and temporally across both disability and race (Connor & Ferri 2013). Both racism and ableism, as unspoken continuums are reinforced and validated through the marginalization and the sequestering of variant bodies through discriminatory practices, whether that be inaccessibility or institutionalization for the removal of the pathology. DisCrit studies demonstrate how the human template is held in the highest position in the arrangement of bodies and has the most power. Similar to how racialized bodies are categorized by the attribution of skin colour, disabled bodies are also hierarchized in terms of variations in disability. The variations in the body act as genealogical markers for ordering socio-material realities (Campbell 2012). The hegemonic view as a mechanism is naturalized through the hierarchization and codification of the bodies. “Disability is an evolving concept” that “results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others” (Campbell 2012: 221). In regards to the fat body, DisCrit will locate the ways in which the standardized corporeality hinders my own expression of life as the South Asian fat female body.

Research Methodology

My methodology for this research project will consist of an autoethnography through which I will critically reflect on my own experiences as a fat South Asian female body, one that does not fit into the representation and temporality, through DisCrit and an ableist lens. The aim of this methodology is to provide a personal account that explores my own experience as an ethnographer in relation to theoretical material “is to give a personal account of the location of the observer, which is typically disavowed in traditional social science writing…. It does this by making the ethnographer the subject-object of observation, exploring experience from the inside of the ethnographer's life" (Cho 2008: 45). What appealed to me about performing an autoethnography is the combination of an autobiography and ethnography. It engages the researcher's own experience and subjectivity as a topic of investigation, while providing a glimpse into the lives of those who also share a similar cultural and social experience (Cutforth 2013). Thus, the self is a source of data which allows the exploration of one's own participation in the production of social accounts and moments as critical self-reflexivity, which is done with the help of methodological and theoretical tools (Denzin 2006; Ellis et al. 2011). Critical self-reflexivity will allow me to analyze not only my experience, but to come up with a rationale for those who have shared similar experiences with me.

There are many power relations that came to surface during the process of writing my major research paper. These are methodological through a critical self-reflexivity or within the analysis of humanism and different entities. I do not wish to come across as a navel-gazer as the goal is to unmask the power relations and deeply rooted issues that circulate within the concepts of humanism, disability, and the fat body. I am not appropriating the lived experience of the disabled community in the flow of this project. Just as DisCrit does, I am looking at my own experience as it intersects with the many pedagogies around the body. It is a form of a counter-narrative to the hegemonic view that privileges a homogeneity of bodies through ableism and/or in this case, sizeism (Overboe 2012: 113). It is my own way of contesting the hegemonic ways of seeing and representing difference and the 'Other' and bringing forward the idea of difference as a positive and affirming aspect. It is a move away from the idea that a disability or fat body is considered a defect that needs to be corrected under the notions of normalcy and the human template, a corporeality expected to be followed by its social members. I will be looking at how I have internalized the normalizing gaze in respect to my own embodiment of difference. I only wish to use and apply my own experiences as being outside the normative and celebrated human template, to better understand difference and how it informs the lived experience of those constantly being defined as deficit and/or abnormal.

The Fat Body and the Disabled Body

The fat body, like the disabled, is construed as being a body that transgresses the hegemonic notion of the human template, often times suggesting it is also a deficit. What is pertinent to understand is that it is a cultural construction that is produced and performed according to ideologies and rules on what a body should look like and do (Garland-Thomson in Stevens 2011). Contemporary society is a “normalizing society” which has the power “to qualify, measure, appraise, and hierarchize” difference (Lemke 2011: 39). Life is always being re-evaluated on the basis of normalcy’s criterion of the healthy body as the good and true life. With this normative criterion it is described as the good and true life as opposed to the body of a degenerate (Lemke 2011: 9). It becomes a process that dictates who and what is a normal and healthy body and/or subjected to examination. The cultural production and perpetuation of standards that hold the ideal human close to the term normal works to exclude social entities while validating and affirming others; these hierarchal value systems of embodiment and normalcy simply creates more social issues associated with the body (Stevens 2011). In the field of Fat Studies, Carla Rice (2004, 2007, 2015) illustrates the overlap that exists between the fat body and disability in regards to issues around the body and embodiment. However, one thing she does clarify is that not all women would want to identify themselves as having a disability (Rice et al. 2004). Being a fat body myself, I do not identify as having a disability, but what I do acknowledge is that there is an access to a shared space between these ‘Othered’ communities such as the disabled population. This mode of thinking allows me to look at the ways my own body as been pathologized and separated from the homogenous group, in this case the thin and fair women. The cultural messages that circulate between social institutions and actors create a negative perception and judgment of these differences initiating discrimination and ontic violence onto those considered to be different.

As mentioned in the previous chapter, the standardized body- the human template- presents itself as a guideline as a valued lived experience. The representation of the ideal citizen in addition to the characteristics of the human template, is a fit, muscular male body (Rice 2015: 390). This advanced version of the human template is what the fat body is in opposition with (Rice 2004, 2007, 2015). Such preconceived notions of normalcy establish a homogenous society which hierarchizes difference and maintains it, although normalcy itself is a myth (Lemke 2011). In the case of the fat body, it becomes excluded since it is not a muscular body that promotes outer image of good health (Rice 2015). Those disabled or part of a minority group, such as fatness, are often stigmatized and treated as 'not quite human' due to the fact that they have deviated from 'anticipated norms' (Nayar 2014). Both the disabled and fat body is constructed as being distasteful and lacking in body and self-control, as one that is located on the outskirts of normality (Chan & Gillick 2009: 233; Rice 2007: 158). Similar to the disabled body, the fat body is described as being a social condition that deviated and in need of repair under ableism's medical discourse. These ideologies are deeply rooted in not only social institutions that work to regulate the fat body, but also through the subject turned into an object of a freak show. The non-human exists in the binary of humanism and sizeism as obesity is conceptualized as a disease. The fat body comes to "represent[s] a bodily behaviour that gives rise to normative expectations and is open to measures of surveillance and discipline," as a result of the works of biopolitics and growing medical and scientific knowledge about the human body (Lemke 2011: 38, 35). These politically situated regimes of knowledge, thus establish a standard of living and being that comes under a mode of social control that involves surveillance and discipline, both internal and external to the subject (Murray 2008: 45).

As the antithesis of normalcy and the idealized version of beauty, both the disabled and fat body come across images and cultural tropes that constantly reify the notion of human. With the transfer of ideologies in interactions, the language of biopolitics take form as bodies are pushed to attain the idealized human template. The individual impairment/deficit model used in critical disability studies can also be used to explain the many ways the fat body is pathologized and marked as it is believed they are the cause to their fatness as a disability. What I think is important to consider though, is the ways the fat body is situated within society and the issues of space the come to arise due to fatphobia and anti-fat discrimination (Rice 2007). Beginning with medical discourse, the majority of the time doctors will get a patient to lose weight by changing their fat “lifestyle” (Herndon 2011: 251). Seeing fatness as a lifestyle that causes disability, puts the fat body under a lens in which it is an unaccepted form of bodily difference. Many men and women go through a similar situation where medical practitioners say that their fatness is the cause of whatever illness they have, although there are situations where it is. For example, in an online fat-positive social group I participate in, there are many narratives shared of a reoccurring experience with medical practitioners, where they are told to lose weight to restore their health back to normal, whether it be or a mere leg pain or infertility issues. Similarly, there were many instances where I was told that normal means being a thin female body, so I must stop being lazy and lose weight to move closer to the human template. Losing weight equates to a healthy lived life that is free of degeneracy and gives one access to space and privileges.

According to Rice (2007), this anxiety against an unacceptable fat “lifestyle” is intensified through dominant social discourses, specifically medical and scientific knowledges, to understand the causes and consequences of sizeism (Rice 2007: 159). This fatphobia is three-fold and functions in a similar way to ableism and disableism within society. First, the pathologization of the fat body leads to the constant expectation and coercive process to change the body to fit the ideal and improve oneself in the hopes of becoming the thin or muscular human register. Second, losing weight is thought of as the initial route to normalcy "even though mounting evidence shows weight loss as a false panacea" (Herndon 2011: 253). Lastly, just as the disabled body has history of being pictured and paraded as a freak, the fat body is also upheld as a public spectacle to be ridiculed and judged by their normative counterparts, as the fat body illicit the affects of disgust and fear in its audience (Herndon 2011; Hughes 2012). Power through humanism operates on disability, the racialized and the fat body only negatively by rejecting, prohibiting and blocking it due to the idea of it being a public health issue. Where weight becomes a mark of social identity in western societies, it is important to move away from the deficit/pathology model to a social model of 'fatness.' Fatness has been conceptualized as a "disease of the social and biological body shaped by gender, class, race and inequalities" by feminists and social theorists (Rice 2007: 158). Looking at fatness through a social model framework helps put into perspective the outcomes of existing barriers and how they force people to adopt harmful habits such as resorting to starvation or some other poor eating habit, to attain the impossible human register.

The binaries that come out of normalcy, ableism and sizeism is embedded in these naturalized homogenous ideals as difference is rejected as the "abject body within social interactions (Rice et al. 2004). The operates of the normalizing judgment creates a space and temporality of comparison and differentiation, where the principle norm of the human template must be followed, if not they are corrected. The comparison of bodies among one another introduces a "'value-giving measure,' the constraint of a conformity that must be achieved"

(Foucault 1995: 183). The second act of the normalizing gaze is the examination of abnormalcy as an apparatus. Examination through this idea of visibility allows a power to be held and used (Foucault 1995), one that objectifies and arranges bodies on the basis of difference on the continuum of normalcy. The normative model, according to Samantha Murray (2008), functions as a "diagnostic standard against which variations are measured" creating a marker of disease, as pathology is external to the normal (46). The pedagogy around the body brings forth the normative human template and its many campaigns and social politics that prevent fatness, while promoting the thin citizen (Rice 2015: 390).

Bodies through sizeism, experience their own form of examination, measurement and comparison with the implementation of the Body Mass Index (BMI). In the weight loss industry, BMI as a measure is a successful tool in optimizing the fat body into the preferred normate body (Levan 2014). Similar to the anthropometric system of ableism, it became a measurement used to design proportions that were aesthetically pleasing to the eye and enforced quite heavily within weight loss programs (Levan 2014). As a social apparatus the BMI becomes a tool to promote an environment of surveillance and self-discipline; meanwhile creating a hostile environment that stigmatizes the fat person, further marginalizing them (Levean 2014). The power of the norm through the BMI or any value-measure for that matter, is individualized as it moves from a regulatory aspect in terms of rates associated with health to a form of self-discipline where bodies begin to work towards fitting into the box of normalcy in their private sphere as well. When we look at the consumer market for women specifically, a model of normalcy is imposed which works to be quite powerful as it demeans and excludes certain groups of people deemed non-human, unless they rectify their abnormalcy in accordance to societal values.

The individual becomes responsible for their own well-being and is taught to self-surveil (Fiaccadori 2015), in order to reach this yardstick. For Foucault, the normative ideal brings forward a form of self-governing among fat bodies. This form of self-governing, or what Foucault calls ‘technologies of the self,’ has the individual consciously and subconsciously works towards repressing its own desires and way of life (Agamben 1998: 5). It also binds the self to a form of external power and social control (Agamben 1998: 19) through ‘the panopticon’ as the individual believes they are always being watched. In my personal experience, being in a weight loss group always made me feel like I was being watched, especially when I visited the center and interacted with the thin white supervisors of the program. I had to have my BMI measured, counted calories, and kept a food diary listing everything I ate. There were many times during my consultations where I felt a certain gaze, in particular the normalizing gaze of sizeism, which I ended up internalizing. I constituted myself as an object of confinement in the room of remediation from my fatness. A room where I felt like a grotesque monster being watched and contained by my superiors.

With the fat body, there is a politics of difference that continues to grow with the help of our external environment and internalized normalized gaze. Every action taken by the fat body, releases a sense of being judged by someone in accordance to a criterion of the thin body, turning the condemned body to a docile one. Both Disability Studies and Fat Studies establish that “bodies that transgress cultural norms of beauty and appearance become subject to the chastising stares of authority figures, healthcare providers, and strangers on the street” (Fink 2013: 134). This sense of failure and shame is felt upon the body due to an ableist and sizeist criteria as the fat body is tainted with immorality and anxiety (Rice 2007). The only way to release oneself from this shame is by correcting the signifiers of fatness in order to be considered the normate nondisabled thin body. In a culture of sameness, the goal is to reach the aesthetic objective of normalcy. All in all, in the case of the fat body as a disabled body, it is also “caught up in a system of constraints and privations, obligations and prohibitions” (Foucault 1995: 11), where disciplining abnormality is the only solution in Foucault’s ‘society of normalization.’

Living as the Racialized Fat Body

All around us, agents of socialization express notions of the normative body and what is considered to be the ideal body across all cultures (Greenberg 2010). The amplified presentation of the slim white body within the media and language used is heavily associated with the idea of normal; since it is a social stature that is made to be aspirational and one that holds all power. “While a certain cultural space is reserved for revering feminine beauty and desirability, in part that very cameo ideal renders most women drab, ugly, loathsome, or fearful bodies” (Young 1990: 123-124). Difference is defined by the audience and always put under this tyranny of expectation that can never be attained, due to the fact that it is an illusion. In the positioning of race, disability and the fat body, such marginalized groups are defined as having and being ugly bodies that should be avoided. “The cataloging of these differences based on ‘distinctive’ bodily traits” (Farrell 2011: 61), not only establishes and reproduces multifaceted hierarchies, it also unleashes social and cultural practices that are deeply rooted in daily actions and interactions. This oppressive mindset ends in a pretty evasive form of violence as it not only endangers the body physically, but also mentally as well such as the body image issues that come to arise with low self-esteem.

Throughout my lived experience, I have had conversations in which people have always asked me why I have not lost weight or lightened my skin as it does not fit the normative Eurocentric corporeality or South Asian corporeality. The abnormal in me is something that is repulsed and characterized by an anxiety exerted by my audience (Murray 2008), which creates an internal process of anxiety, shame and disgust. Within my South Asian family and contacts, my fat body is seen as the initial problem needing fixing, and my wheatish skin is secondary to this pedagogical hierarchy of perfection. The expressed disgust and felt shame operates through the mode of recognition, in which the audience categorizes my body as something disgusting and seeks to implement the shadows and politics of sizeism and its own version of the human register (Probyn 2000: 132). To my superiors, my body evokes disgust, shame and anxiety because of the assumed "lack of care for" my and other fat "bodies" (Probyn 2000: 132). What this does is characterize my body as a deficit as it is lacking the essential qualities required to be considered human enough. Every act of mine as a result then works to normalize myself to change the perception and received affects from my audience.

Like ableism, sizeism comes with its own set of expectations around the normal and the slim normate body that is put on a pedestal and internalized by members. This initiates a system in which people attempt to move up the hierarchy of the human template, in order to reach the highly regarded life form of the human template. 'Passing as normal' becomes something the individual is obligated to do, whether they are disabled, racialized and/or fat come to participate on a regular basis as a way to erase their difference in order to reach the goal of normalization (Overboe 2007a, 2007c, 2009; Ferri & Greg 1998; Wendell 1996). This practice is encouraged at all levels, beginning with the family to cultural messages within the media. Individuals are told to change themselves through actively participating in rehabilitation programs and acts of concealment in order to gain access to a space and position of superiority within society (Ferri & Greg 1998; Hughes 2012).

To better understand the act of passing as normal, it is prudent that we look at the concept of normative shadows. James Overboe's (2005, 2007a, 2007b, 2007c, 2012) normative brings to light a temporality that must be abided by, creating a division between the good and bad life. The fat body's desire and vivacity is disavowed as it is pictured as a non-normative body that does not conform to the reductionist view of humanism, which privileges a certain body type and embodiment. What is necessary to understand is that the pressures of the norm create an environment in which overcoming the difference for the sake of being a desirable and productive citizen is considered to be the appropriate act and goal. If as though, the fat body is able to overcome its impairment by shedding the weight that distinguishes their inferior position in society, they can obtain the same privileges as the normative thinner body, thus making them the wanted and privileged citizen.

My body, as the unfit body, is shaped by social practices that in turn shape bodies of size (Rice 2007: 163). Overcoming my own fatness through weight-loss programs such as Herbal Life or Weight Watchers, is thought to be a possible solution to erasing my unacceptable difference. I have had many encounters in which medical rhetoric is translated through body language, the transfer of affects disgust and shame, and narratives of normalization. I ended up internalizing such notions of the human template, willfully submitting to such process consciously and subconsciously. For instance, I have been asked to participate in weight-loss programs by complete strangers while at work, as they thought it was their right to share their anxiety and fear for my body. At one point I even considered surgical modification (ie. Bariatric surgery) as a form of rehabilitation from my fat body, because the shadows of sizeism instructed me to do so. Sizeism was internalized so much that I actually went to appointments to be more pro-active in transitioning from the abnormal deviant other to a normal valued citizen of society. This form of control and surveillance of the fat female bodies, in particular for young racialized women such as myself, to practice problematic eating behaviours, excessive working out or even more extreme methods such as cosmetic surgery, in order to remake their bodies to fit the Eurocentric personal register (Rice 2007: 169).

The body broadcasts and receives aural and visual images through a filtration of social schemas that dictate the normative body, while devaluing the disabled embodiment (Overboe 1999). The construction of the bodily self and embodiment is founded on the spoken and unspoken messages and schemas received from social actors and institutions, and the majority of these messages dictate an anti-disability, anti-fat attitude (Rice 2007: 159). Due to the construction of difference in these social schemas, the politics of difference discriminate against those who do not fit the description of the desirable and expected body. This allows an implicit and explicit form of violence to exist against those who stray from expected norms. A reductionist view of humanism works to privilege ableism, thinness and whiteness creating an in-group-out-group experience within society. This shared experience of normative ideals such as whiteness transpires on an affective register among racialized and disabled persons, as they attempt to perform particular acts that are highly prioritized and normalized by society.

In many ways I try to conform to the expectations of my familial, cultural and societal norms by performing normative shadows, as it is the only way to be regarded as a subject rather than an object of the normalizing gaze. My own affective register has been impacted by whiteness and colonial dialectics as I used to and sometimes still do continue to act white and practice in ways in which I can work towards a smaller and fairer body. However, this affective struggle always results in me being told I will never be good enough. My wheatish skin, no matter how much I attempt to conceal it through makeup or lighten with the help of skin lightening products, it will always be a shade darker. The same goes with my fatness, my fat body will always be critiqued as not good enough, since it does not fit the context of the thin white woman. Such anti-fat attitudes shared between my family and I are “intensified through dominant health discourse concerning the occurrence, causes and consequences” of my fatness (Rice 2007: 159). This idea of never reaching the yardstick of normalcy put an even greater pressure to regulate and discipline my body even more. Although normalcy is just a myth (Lemke 2011), one theme that continues to exist is a dichotomy of the privileged human body and the non-human who is not a designated body and has no value. My wheatish and fat body goes through a double hierarchy as no matter what part of my body I attempt to change, it will always be categorized as ‘not quite human,’ enabling harassment and Hollomotz’s continuum of violence to be a mundane part of my daily life and encounters.

Docile bodies have been produced through these fragmented histories of oppression, pushing life forms to be an object of politics instead of simply a member of the state. The complexities of these historical facts continue to exist in the most micro way possible within our bodies. The legacy of colonialism can be explicitly and implicitly illustrated generation after generation as bodies are locked into their difference and its dialogues and forms of politics. The discursive and material struggle has perpetuated this discourse of the ‘Other’ as form of violence that is located not only external to the body, but internally as well. Going back to Overboe’s (2007:275) argument that three sources oppress the disabled body, the medical community, social scientists and literaries, the same is done with the fat body. The medical doctrine pushes diet pills and bariatric surgery upon me, as a way of controlling my body, while demeaning me as being morally irresponsible. Social scientists establish this research under this obesity epidemic, where they use the constructed body mass index (BMI) as a measure of what it means to be human. Lastly, literary theorists use fat people as comics to personify excess and what fatness means, injecting this fat shame and stigma within society in the context of the beautiful fit human template.

As life becomes an object of politics I have always wondered how that has continued to impact my own embodiment as a racialized fat body.

I, for example, although did not experience colonial practices first hand, I know that there is a history of it that runs through me that still subconsciously plays a role in my life. Growing up I was always compared to my older cousins by family members for my wheatish skin and the ‘hefty’ pre-teen I was. My older cousins were labelled the normative body and I was always told that their body is one that I should aspire to as they fulfill the requirements of the human template and I did not fit that very definition of colourism and sizeism. The majority of the time family events consisted of conversations that dictate the many ways I could optimize my body and that my lived experience as a fat ‘wheatish’ woman was unacceptable as I did not fit the celebrated fair and thin South Asian corporeality. My body was not only attached to the disgust and shame exerted by my perceived audience, but it became something that I internalized myself as the thin fair body became a measure of hope and the promise of happiness. That mode of judgment held quite an operative role. The reflection in the mirror only signified a rejected body and that I could never be happy in my embodiment of the fat wheatish girl. It was a size and shade which consisted of a truth that was unacceptable and needed to be changed. This began my own trip down the lane of normative shadows as the preoccupation with the idea of normal was fed into my brain and initiated this imagined ugliness and abnormality that must be cured. The methods that became a responsibility for me and my life was all composed of control and forms of modification to repress my true self (Lemke 2011). With disciplinary technology such as calorie counting, suggested surgical modifications, and the use of specific makeup techniques became a way to supervise and control my body (Lemke 2011), initiating the technologies of the self.

In this mode of normalization, as mentioned in the previous chapter, the homogenization of bodies comes into effect through the act of discipline through processes of exclusion in the most indirect way possible. Foucault argues that "power in modern society operates indirectly through creating desire within people for conformity to a 'normal' body" (Foucault in Rice 2007: 169). The power of the norm is individualized as it moves from a regulatory aspect in terms of rates associated with health to a form of self-discipline, where bodies begin to work towards fitting into the box of normalcy. My own daily actions exemplified the various ways I examined, managed and regulated my body through compulsive needs just so I could feel somewhat normal or conduct a normative facsimile. I had internalized the notion of normalcy associated with my body. The first act of disciplining my docile body began at the age of eight. To think back, I always knew I was fine and just the same as everyone else, but the language used to describe me said otherwise.

As a child you are unaware of the many ways social discourses implicitly come to act and feed into the idea of your difference being a bad and punishable thing. The pathologization of my fat and discoloured body from medical professionals only resulted in techniques that worked towards disciplining every aspect of my lived experience. From skin bleaching to eating habits, it became a process of layering at each level, to create a mask which would keep me away from being screened for my difference. The techniques and products I used created short-term moments of happiness, as I believed the excessive disciplining of my body finally made me normal. The reaction was similar to the narratives Susan Bordo (2008) shares of young African women. The reaction post-product use was the following: "they weap and speak of miserable lives redeemed, of dreams of beauty realized, of nothing short of deformity corrected, salvation achieved" (Bordo 2008: 404). This status of straight hair instead of nappy hair in Bordo's project is just as important as the status and privilege of whiteness and thinness. Freeing myself of the wheatish colour off my skin, or working to shed pounds to achieve a thin body, made me think I would be equated to a higher status in comparison to my past colour and stature. The social meaning of my racialized fat body shifted as I lost the signifiers of my non-humanness.

Everything I know about beauty is programmed, from the media to the dialectics of normalcy and ableism shared amongst members of society. The ideal ableist human figure is rooted in the white Western preference; therefore, in this system, diverse bodies such as the fat racialized body is depicted as one that has strayed (Levan 2014). The knowledge that ran through my body was nullified because of my skin tone and the stretchmarks on my stomach. The disaffirmation of my life and difference only resulted in the increased tendency to repress my true self, while putting on a mask of normalcy. The shame that arose created a black hole from which there was no coming back unless I normalized myself and became just like the celebrated human register. I spent quite a bit of my early years going to see dermatologists due to the fixation with my skin and body as rhetoric's of colourism and sizeism taught me that there was something abnormal about the way I looked. I began to camouflage my skin by making it look paler with makeup and started to learn tricks of the makeup trade to make my face look slimmer by contouring and highlighting. Skin bleaching became a beauty regime as it was a popular method to reach this euro-centric ideal of the human body. In addition to skin lightening, I implemented eating habits which were not healthy. I started "fasting" in attempt to shed the pounds of shame away. It was my way of coming close to the beautiful actresses I saw in my favourite Bollywood films.

All these actions and value-laden historical, cultural, political and gendered meanings (Bordo 2008: 410) made me realize that whiteness and a thin body was privileged and the promise to happiness. All this was temporary though as happiness nor the normative body is something I can never attain. It is a mere illusion that is celebrated in a homogenous society. Going back to

Weiss (1999) from the previous chapter, affirming my body meant a move away from being looked at as a deficit in the society I lived in. It is inevitable that in sizeism just like ableism, my body will always be judged, since there is a potential to being the dark and fat body again. Coming to terms with the ideal of a healthy, fit, nondisabled body as only a temporary state of being, I will always return to the position of the 'Other.' It is just a matter of time of when fatness is going to be looked upon as an epidemic that can only be corrected by placing it in a state of exception similar to the disabled body. My body may not be as monstrous as of yet to experience such eugenic thinking, but it makes me question when is it going to my turn with difference being negated at every corner with the set of inequalities that exist under ableism, racism, sizeism, sexism, etc. If it is prevalent in some societies already, then when is it going to make its move over to the Global North? So why cling to this overreaching personal register and continue to subjugate my knowledge and body through coercive social practices? By asking myself this very question, I worked to find a new meaning of life; a life that is not built on the division of the good or bad life, one where the bad life is always oppressed. This new framework of affirmation came a way for me to simply exist as is.

A Move Towards Affirmation

Normative experiences are enforced through social structures and ideologies as the undesirable are constructed and understood as being a threat to the security of the state and its privileged citizens. Normativity and the access to rights and citizenship (Puar 2015: 45) allow ableism to create narratives and policies on the theology of difference among disabled persons, specifically construing them in opposition to the normate citizens. This "threat" to society allows such exclusionary and dehumanizing practices upon different bodies to take place, along with the deprivation of all rights by the state in order to expose them to terror tactics in the hopes to normalize them (Mignolo 2006; Mbembe 2003). Looking at the oppressive ontology, many historical movements such as the eugenics movement have taken place as they were underscored with humanist, racist and ableist rhetoric. In such social practices, apparatuses of normalization are exerted upon those labeled non-human, on not only a biological note, but also economic futurity within a neoliberal society. The human template, therefore, was established as the normative and correct life form, anyone who was in opposition to this idealized figure was considered outside this box of ableist version of normalcy. In the disaffirmation of life, such bodies that were located outside the normative were pushed towards modes of repair or elimination. What I think is important to ask is how can we move away from this disaffirmation of life to affirming life and its impairments?

Such politics of difference continue to work towards further marginalizing different bodies even through the dialectics of equality as it "leaves relations of domination unaltered and unchallenged" (Overboe 2001: 37). In the war on difference, whether it be ability or race, there is always an anticipated "notion of two nations" inside a society that will conceive of itself in binary terms (Stoler 1995: 74). A possible solution to this issue is the required non-linear temporality which does not function off of or preserve the normalized gaze and its mode of judgment. What is crucially needed is a transition from the constituted dichotomies that colonize and sequester bodies to different ontologies co-existing within society. That means, different epistemologies and bodies can co-exist and intra-relate as encounters within a social space without any mode of surveillance or judgment. As a sociopolitical construct created by an ableist society, disability is generally considered to be a static category that can be counted and measured, rather than the fluid, shifting and continuous process it is (Zola (1993) in Ferri & Greg 1998). This idea of fluidity allows the embracing of the aesthetic of disability instead of locking in its differences as the monstrous body.

A way to approach a more affirmative understanding of disability is by moving away from the disabled hero narratives of success “in spite of disability” (Campbell in Overboe 2012). As an alternative, the narratives of the ‘Other’ should be reframed to preach the many ways disability adds to the body as a positive factor. The success of the disabled person as a matter of fact is because of their disability rather than in spite of it (Campbell in Overboe 2012), thus creating a more positive image and narrative of the embodiment of difference. All in all, the aim is to reformulate the defining aspects of humanism to one that is much more inclusive; one that factors in difference, such that of disability as a positive contributing factor and one that informs one’s expressions of life.

Ontological change, according to Gilles Deleuze, is much needed due to the existing limitations imposed by the current negative ontologies and binaries (Overboe 2007b). Doing so provides a space for difference to exist and succeed in its own unique way since it introduces disability as a positive version of the human with the help of posthumanism and dishumanism. A new form of ontology proliferates beings as well as affirms different expressions of life, as they eschew the limitations of the ableist dichotomy that impose onto bodies (Overboe 2007b: 232). As James Overboe (2012) puts it, the personal register, that in actuality suppresses the expressions of life and vivacity of those considered to be different. Instead Overboe (2012) suggests the impersonal register which affirms disability and can in fact “lead to a fuller life expressed through the vitality of disability” (113). This provides an ontological shift from the negation and disaffirmation of disability by ableism and disableism to one that is celebratory and not part of the double bind of diversity and ableism. Impersonal singularities can allow life to be expressed outside of these existing binaries and associated privileged forms of embodied knowledge. The affirmation of difference through singularities helps diminish or limit the power of ableism and disableism over the lives of disabled persons through the forms of violence they are exposed to. Whether it is self-induced through normative shadows which inhibits singularities or inflicted upon by biopolitical measures to create a collective similarity of ableness, the impersonal allows difference to exist in its own way.

The impersonal enables difference and its embodiment to flourish through a non-linear conceptualization. Instead of aligning variant bodies against the required human register in the hierarchized temporality of the humanist and ableist trope; a Deleuzian diagonal approach helps look at difference as “neither valued or devalued,” while rejecting the human template as a standard (Overboe 1999: 24, 25). It is simply a body that exists and allows its expression of life to remain as it is, opening “up the possibility to live our lives beyond the normative temporality of ableism and disableism that restrict people” (Overboe 2012: 117, 120). In general, it allows the focus to shift on the disabled persons lived experience as interactive with the environment and others without focusing on the operates of normalization and distinguishing a temporality that must be followed by all members.

The identification of difference enables the division of life to carry forward as it sustains this hierarchy of humanness, while also creating sub-categories allowing the continuum of normalcy to circulate between institutions and social actors. What fails to initiate a disabled person’s vivacity, for example, is a continuum of disability. It is a hierarchy within a hierarchy that exists and continues to negate individuals because it “fails to see the vitality of assorted impairments” (Overboe 2012: 116). It continues to put different bodies in groups invested into multiple genealogies, where there is a “geopolitics of reception;” this is where difference becomes an inclusion/exclusionary matter, continuing to maintain a colonialist agenda (Puar 2012a: 53-54).

In the impersonal register, that very difference can be looked at as a positive factor or an asset, one that contributes to the lived experience.

As Deleuze (2005) states in *Pure Immanence, Essays on Life* "a life is everywhere, in all the moments that a given subject goes through…the singularities and the events that constitute a life…these singularities can be anything from a smile, gesture, a funny face…engaged in the process" (29-31; Overboe 2012: 119). Rather than thinking of disability as a static part of the disabled individual this is pathologized and needs to be fixed via medicine, the impersonal allows us to look at the fluidity within the body. Looking at the disabled body in terms of fluidity and not aligned with the myth of humanism and ableism the expression of life can be changed, one that is much more positively defined. For instance, for a body that spasms. Rather than looking at it as something that is abnormal, non-normative and a deficit, through a space of experiment we can look at it as informing a different expression or meaning of life (Overboe 2012). What can be understood is that their singularity of life is a part of their notion of becoming, where their disability is a part of their body as an expression of life, rather than a deficit that is resisted and concealed.

Taking it a step further, if we were to look at the impersonal register as a site of creativity we can expect a move from the negating division of life due to the set binaries, to an affirming experience. According to Overboe, the "impersonal singularities are the essence of life" (Overboe 2009: 248). As an expression of ones' true self, singularities allow difference to shine rather than continue to be labelled in a negative light through the pathologization of difference (Overboe 2009). Amit Rai foregrounds "the body as a creative site of indeterminacy promotes 'affective confusion' that allows for new affects, and thus new politics, to emerge" (Puar 2007: 208). Overboe (2009) also suggests that life itself and vitalism also facilitates creativity. Singularities allow different expressions of life to come together, bringing a more positive affect amongst bodies that have been labelled as different and/or abnormal. Furthermore, the generative source adds to the vitality of life (Overboe 2012; Overboe 2007b) and permits new forms and/or subaltern knowledges to arise rather than maintaining the dominant paradigms based on an exclusionary model of matter and knowledge. Also, the rise in positive affects such as joy and happiness through the embracing of the aesthetic and function of disability opens the impersonal life up to new possibilities as fluidity to the body, rather than sticking to the normative facsimile expected of them (Overboe 2009). Overall, thinking of notions of disability, capacity or Puar's debility through the impersonal register as an affirmative aspect allows for possibilities of life and affects beyond the restrictive grid of the humanist binary as a grotesque body that forms and sustains a politics of life and death and the association of negative affects to the grotesque body.

Affirming My Lived Experience

The negation of variance among bodies due to a homogenous ideal allows a hierarchical and system of comparison, which will remain in contemporary society, as I have come to show throughout this project. An approach of affirming difference provides "a move away from cultural practices of enforcing norms" and the attempts "to regulate bodily diversity" such as disability and fatness (Rice 2015: 392). I would like to look at how we can change this process of negation to one that is much more positive and allows an affirmative process in respect to the fat body through a DisCrit lens. The affirmation of difference allows the mentality that difference, so in this case disability or fatness, can actually be a positive factor to the lived experience and the way the body expresses, moving away from the dichotomy of human and non-human. For the fat racialized body such as myself, affirmative politics will allow the exploration of difference and different bodies, in addition to its many unique possibilities to emerge by incorporating that very difference into oneself (Rice 2015: 392). The affirmation of non-normative bodies and their difference allows the claiming of rights, a right to life, a right to the difference in a positive lens, a move that will allow different forms of bodies to exist and develop.

Affirmation according to Foucault (1990) can happen if individuals liberate themselves from the repressive power by recognizing, expressing and acting on their true selves (5-8), as regimes of ableism, disableism and racism are mere products of biopower. As a part of redefining and deconstructing the knowledge and power around the body, Foucault suggests the following in regards to freeing the self from the repressive social discourses that dictate normativity:

> Sexuality is a part of our behaviour. It's a part of our world freedom. Sexuality is something that we ourselves create- it is our own creation, and much more than the discovery of a secret side of our desire. We have to understand that with our desires, through our desires, go new forms of relationships, new forms of love, new forms of creation. Sex is not a fatality: it's a possibility for creative life (Foucault & Rainbow 2007: 163).

To "become" "something without limits" (163) is simply the recognition of the fluidity of our bodies. Uncovering the knowledge within us that has forever been stifled and using that to bring forth new forms of ideas and forces of creativity to do whatever we wish to. Just like sexuality, the affirmation of the fat racialized body can occur by working towards becoming and assembling ourselves without identifying to these checkpoints constructed by society.

Immersing myself in the aesthetics of humanism, colourism and sizeism only meant pathologizing parts of my body which disaffirmed my life. By removing myself from this idea of having specific attributes such as my race or size and seeing it as an assemblage allows there to be a sense of fluidity to my embodiment. I experience them as contact zones that allow difference to arise and multiply. Moreover, I began to discover different movements that shared the same sentiment as I did in relation to colourism and sizeism, where our multiple differences continue to place our bodies on sub-categories not just the one, human and non-human. In particular, the *Unfair and Lovely Campaign* movement has helped not only racialized bodies, but all bodies that are placed in opposition to the human template in the construction of knowledge and power. “The movement is ‘especially for the dark-skinned individuals who are further ‘Othered’ for reasons in addition to their complexion,’ says Jones, who calls out people of color who are ‘queer, trans, non-binary, poor, differently-abled, and fat’ among others. ‘We’re taught that it’s impossible to be all of these things and beautiful’ (Barnes 2016). The support, validation and affirmation that shines through such a movement allows difference to be brought to the forefront and celebrated. Whereas years ago, I participated in skin bleaching techniques because of the discourse of colourism that was deeply rooted in my family and the South Asian diaspora, I began to accept every follicle, skin cell, and ‘love handles’ opening the door to my affirmation. My process of accepting every aspect of my body, from my skin colour to the many ‘ugly’ squiggly lines on my body, has allowed me to celebrate the embodiment of my difference and the knowledge that has been passed down my ancestry, creating a new force of lightness within me.

The rejection of the notion of humanism, ableism and disableism and the compulsory need to conform, opens up a new approach to living life. The notion of “difference in itself” means rejecting and opening up to the many favourable differences through applying Deleuze’s diagonal rather than hierarchal approach (Overboe 1999: 24). The diagonal approach challenges the ableist temporality, where difference is neither valued or devalued, it simply exists as mentioned previously. Instead of affirming our lived experience in line with modes of comparison, we should look at life, movements and its expressions just as they are. Doing so enables us to live and experience our body past the social constructs of society or as Overboe puts it the normative shadows- ableism, racism and sizeism- that restrict our true selves from coming forward (Overboe 2012: 117). Overboe’s own project of affirmation has helped me conceptualize a path of affirmation for myself through the notion of the impersonal register, allowing me to move away from the binary of the Other in all aspects of my life. Instead of measuring myself to the idealized human template for which the white female body comes very close to, I have been learning to engage in a new form of politics in response to hegemonic social discourses by creating my own counter-narrative. Creating a change in narrative within my private and public sphere allows my difference to generate my own creative force instead of repressing it by using this diagonal approach. This approach was demonstrated by Overboe (1999) in "'Difference in Itself': Validating Disabled People's Lived Experience."

As I got older and my body changed, I learned to let go of the insecurity and shame that came with the fact that I was different due to me being a fat body, in addition to being a racialized woman. I was able to let go of the existing binaries, finally escaping the shadows of normalcy. Doing so gave me a sense of freedom, because I finally released myself from the normative beautiful Eurocentric body that I was in opposition to as the abnormal racialized fat body. With the help of many body positive movements such as "Beyond Body Size," "Plus is Equal," or "Pretty Period" that celebrate difference, I have been able to locate positivity as the "the affective opposite of shame and disgust, and as openness and public visibility instead of concealment" (Kyrôlâ 2014: 169). This 'coming out' as the fat body by being open has enabled me to renegotiate my situation and lived body in relation to myself. It has given me more than the hegemonic narratives, or the envisioned normative concept of the body (Kyrôlâ 2014) that manipulated and controlled me.

For the last three years, I have made it my goal to create a positive self-image that does not simply tolerate what and who I am and willfully engage in such technologies of discipline, but accept the difference for itself. The narrative associated with my flaws slowly transitioned from being excessively negative to tolerating and finally affirming, as I have learnt how my racialized fat body actually adds to my lived experience in a positive aspect. The escape from the trenches of oppressive discourses helped me open up to a new way of looking at myself and my own lived experience, one that was not measured against the BMI or idealized yardstick, as value labels no longer matter. As I became more mindful and in the present, I felt an exit from the dark matter that had sucked me in and transitioned to a life with a whole new outlook. My use and application of cosmetic products changed as it no longer hid my defects, but were used to bring out my features in my own style as a method of being. Just as Cassie does with her hair (Bordo 2008), affirmative politics brings upon a sense of pride with my racialized fat body as it no longer holds the value laden cultural meanings associated with my body as signifiers. It is a "politics of pride" that states "there is nothing to be ashamed of if your body is gay, black, disabled, fat or old" (Probyn 2000: 127). It simply is. The phrase I continue to stick by throughout the moments of negativity and anxiety is that: "beauty is an opinion and/or construction, not a fact. You are you.

Conclusion and What's Next?

In this major research paper (MRP), I looked at the theorization and politics of difference that came to function in past and contemporary society through Michel Foucault's concept of biopolitics. As the initial chapters demonstrated, the division of life has negated the disabled, racialized and fat body. This MRP makes a theoretical shift that argues for the affirmation of difference and its embodiment. The binaries that have come in succession of humanism, for the purpose of this project, ableism and disableism were analyzed, specifically in regards to how the disabled and fat body is constructed as being deviant and harmful to society. The normative way of being and living and correction of difference as the only possible way to attain that personal register only worked to unleash various forms of violence.

The focus of this MRP was to look at the constitution of disability in an ableist and disableist lens in relation to the Foucauldian concept of biopower and its notions that have carried over in Agamben's work on the political and bare life. From a macro-level, it can be understood that there is continuum of normalcy which functions to affirm life, as well as negate life, and this on a large scale exists through social institutions. On a micro-level, we can see the humanist and ableist concept being transferred between individuals in the dialogues used, social interactions and group dynamics. The concept of the human has been evolving as new forms of difference come to be socially constructed. Rosie Braidotti suggests in her work that the human is identified with specific attributes such as "male, white, heterosexual, Christian, property-owning, standard-language speaking citizens" (2010: 208) and this hegemonic mode of thinking is only expanding as society advances and works to maintain a homogeneity. The relationship between the human and non-human as a binary has many implications as exemplified and explained in this MRP. The categorization and use of bodies based on indifference introduces differentiation in the process of marking bodies as the 'Other' in the politics of life.

Such normative experiences are enforced through its social structures and ideologies, thus what prudently needs to be done is move away from this negating definition and disaffirmation of disability to one that is celebratory, yet not still part of the double bind of ableism. Due to a limitation of time and space, Deleuzian-inspired and critical disability theorist Overboe's project on affirmation for "the difference in itself" was primarily focused on to map out my own project of affirmation in the last chapter. With the help of Overboe's research, I was able to answer my own question in regards to a possible shift in ontology, one that no longer puts difference in a subordinate position to something. The affirmation of difference provides that very shift in ontology through a heterotopic imagination, where imperfect bodies are also "interesting, exciting, and vital" (Rice 2015: 393). This resignification of embodied difference transforms social scripts about the body, ability and normalcy, where difference "could function…as an embodied feeling of aliveness or vitality recognized as it is happening in the moment" (Rice 2015: 394).

In addition, another area that was initially going to be part of this MRP, however due to constraints it was left out as a future project, is on the communication and the concept of articulation. However, due to constraints it was left out as a future project. Throughout this project, the importance of autonomy, mind and body dualism in humanism, ableism and disableism was illustrated. With this mind and body dualism, articulation is positioned as a being a human attribute. The humanist assumption that is carried into ableism is that the human subject "is capable of fully representing himself or herself via the transparent medium of language" (Erevelles 2002: 19). In contrast to the fully capable human, those who cannot verbally articulate are considered to be non-human and subjected to biopolitical practices as exemplified in the preceding chapters. Sophia Wong (2002) poses a question to her readers: "is life with a disability so bad that it's not worth living at all?" (92). She expresses a two-part answer to the existing humanist idea of a life worth living: firstly, that a person takes pleasure in being alive, and secondly, the person can the person share their experiences with other people by using body language (93).

I also wanted to explore the literature of affect much more in depth, especially in relation to shame-humiliation and affective capacity. The literature on affect enables us to rethink the body in terms of affectivity and to look at corporeality with a different lens. In the process of becoming, affectivity "is what activates an embodied subject, empowering him or her to interact with others. This acceleration of one's existential speed, or increase of one's affective temperature, is the dynamic process of becoming" (Braidotti 2010: 210). If we look at affectivity with a Deleuzeguattarian sense, affectivity and assemblages illustrate the intra-relationship between human and non-human subjects and the interconnections between them spatially, temporally and as well as, through singularity (Braidotti 2010: 210). Conviviality, something Puar discusses in her current work on disability and debility, allows the affirmation of life through affect to exist as bodies associate with aliveness and its interplay with its environment. The animation of life in conviviality is about sensation and intensity in which there is always a potential becoming (Roelvink & Zolkos 2015: 2). Within an animation of space and time there comes this complexity and multiplicity of life, where we can look at the movement of different bodies and surrounding objects through a lens of fluidity rather than looking at as something static, as nondisable people have thought of the body.

Pedagogies around the body and embodiment can be understood by Deleuze's concept of assemblage and affect. With new knowledges rising forming a heterogeneous community composed of various structures, and affect literature aids in conceptualizing bodily relations and subjectivity. Deleuze suggests that "a body affects other bodies, or is affected by other bodies; it is this capacity for affecting and being affected that also defines a body in its individuality" (Deleuze in Probyn 2004: 37). The subjectivity in this case would be an assemblage which is being created as we experience new knowledge, affects and events. Human subjectivity as an assemblage, one that is co-evolving with not only other humans, but also non-humans such as animals, and inanimate objects such as machines (Nayar 2014: 8; Roelvink & Zolkos 2015: 1). Through this new materialist idea, the body can be understood as 'breaking barriers' through assemblage, sensations and intensities as undifferentiated fluid comes to be through a collection of multiplicities and moments of intensity. As Erin Manning states "we have several bodies…if my body is created through my movement toward you, there is no 'self' to refer back to, only a proliferation of vectors of intensity that emerge through contact" (Manning in Roelvink & Zolkos

2015: 7). This quote sums up really nicely how affect can come to work through intensities and sensation in a new materialist approach; where the co-evolving of bodies, whether it be parts of the individual that have been enhanced that are interacting with them, or other animate and non-animate subject and/or objects is quite permeable.

Future research on the transition from disaffirmation to affirmation, the notion of becoming and unbecoming, as well as new materialism can open up a new mode of thinking about the body through the works of Rosi Braidotti and Elizabeth Grosz. Elizabeth Grosz approaches the politics of life as a means to reconsider life and subjectivity “beyond the constraints of the paradigm of recognition” (Grosz 2010: 140). In the process of becoming, the body is always changing in a material way, opening the body in the present where it is always in the position of being. Braidotti’s work on the posthuman and new materialism as the practice of bodily materialism as *matter-ialism* (Braidotti 2010: 202) opens up a new mode of understanding with the many advances occurring in society, specifically technological and the power relations that are embedded in this public sphere. As a shift from anthropocentrism, that thrives off the biopolitical measures implemented, materialism as a postanthropocentric approach broadens the sense of community (Braidotti 2010: 206). Disability theorists and activists are using a similar approach to build a community that transitions from the hate-mongering system of difference and the constructed ‘Other,’ to one that allows difference be a generative force to their vitality and expressions of life. This is new materialism’s process of becoming and unbecoming as an affirmative aspect of life. By looking at difference with an affirming eye, becoming something different fits with new materialism as one is no longer shielding or concealing difference in order to conform to the normative ideologies, but transitioning into the accentuation of that very difference.

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