

# I. “DISORDERLY CONDUCT”: INTRODUCTION

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## Guest Editors

**Morgan Holmes**, Wilfrid Laurier University, specializes in social and cultural theories of embodiment and sexuality and has published widely on issues of knowledge production, community identity, and law as they relate to intersexuality. Morgan’s monograph, *Intersex: A Perilous Difference*, received honourable mention for the 2010 Canadian Women’s Studies Association Annual Book Award.

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The special topic cluster in this issue of *Atlantis* brings together scholars from a range of disciplines and career stages to explore and problematize the clinical deployment of the language of “disorder.” Since the publication of Michel Foucault’s *Birth of the Clinic*, researchers from across the humanities and social sciences have argued that medical practices and discourses belong not simply to the realm of health care, but also to the realm of governance. In a governance model, citizens/subjects are taken to be responsible not only for their own well-being, but also, and perhaps more crucially, for managing their bodies and their behaviours in ways that promote and maximize the civic health of the larger population. Bodies and behaviours are, therefore, measured, categorized, and subjected to a variety of quality assurance procedures employing diagnostic and other regulatory technologies. In simultaneous counter-stream with critiques of medicine’s social ordering function, however, clinicians are increasingly deploying the language of disorder to describe a variety of human conditions that challenge the idealized, civic body. Clinical language no longer speaks of “madness,” but instead of a variety of personality and relationship disorders: a whole host of diverse bodily functions is contained under the rubric of “metabolic disorders”; divergent and disparate modes of interaction are drawn together under the umbrellas of “autism spectrum disorder” and “pervasive development disorder”; and individuals previously apprehended as inter-sexed are now diagnosed with “disorders of sexual development.” The rhetoric of disorder not only conflates quite disparate conditions, but also serves to regulate the social body by stigmatizing the “disordered” body and thus defining and idealizing the “well-ordered” one.

In 2009, we developed and hosted “Disorderly Conduct,” an international conference jointly sponsored by Wilfrid Laurier University and the University of Waterloo, both in Waterloo, Ontario. The conference mandate was twofold in encouraging the exploration of the deployment of the language of disorder, especially in clinical contexts, but

also in allowing scholars from more normative fields, such as health studies, to engage in a dialogue across traditional and critical perspectives. To fulfill this mandate, we welcomed work from inter- and cross-disciplinary perspectives developed by internationally located scholars. Papers delivered over the three days of the conference came from across the humanities, social and health sciences, from disciplines including philosophy, literary and film studies, psychology, health studies and gerontology, critical disability studies, women's and gender studies, sociology, and cultural studies.

The conference opened with a keynote address by Steven Angelides (currently at Macquarie University, Australia), the author of *A History of Bisexuality* (2001). Two other keynote speakers who helped to frame the conference themes also brought international scope and perspective to the event. Robert McRuer, a distinguished disability studies scholar from George Washington University and author of *Crip Theory* (2006), delivered a vibrant paper on the place of disavowed bodies in the films of Pedro Almodóvar. Katrina Roen, noted queer theorist from Oslo University, Norway, who has published extensively on issues related to gender, sexuality, and embodiment, delivered the closing address, which drew our attention to expanded purviews for the medical management of transgendered youth in Norway. We are very pleased that Dr. Angelides was able to develop a version of his opening keynote to serve as the lead paper in this collection and are fortunate, indeed, that the same concepts that launched the thematic explorations of the three-day conference are available for readers of this issue of *Atlantis*.

After the conference, we invited the roughly two dozen participating scholars to submit their articles for consideration in this special issue of *Atlantis*. The submitted articles were blind-refereed by international scholars from an array of disciplines. The essays in this resulting special topic cluster all contribute to the development of a reassessed perspective that refuses the traditional disavowal of "disorder."

The theoretical underpinnings of the conference mandate—which expanded the main Foucaultian point outward—were derived

from the interdisciplinary field of critical disability studies, in which three key texts serve as critical departure points for the questioning of "disorder" as a neutral and objective statement of clinical or diagnostic fact. Rosemarie Garland-Thomson's *Extraordinary Bodies: Figuring Physical Disability in American Literature and Culture* (1997) has given to studies of embodiment (including disability, sexuality, and psychological concerns) the language of "the normate." Garland-Thomson argues that the normate fantasy of human being—the idealized, atomized, rationalized, and radically individualized body—devalues the frailty, disability and dependency that mark and characterize most human lives and relationships. Eric Parens's and Adrienne Asch's landmark collection *Prenatal Testing and Disability Rights* (2000) critically examines a variety of reproductive technologies, not as means through which would-be parents exercise more choice but as a set of ideologically linked technologies aimed at quality control of the "products of fertilization." The language of "disorder" in the prenatal testing context is clearly to be refused, but Parens and Asch and the disability studies scholars included in the collection ask us to consider what we lose (the full spectrum of human frailty) and what we promote (prejudice, fear, economic value of humans, discrimination, etc.) when we seek to do away with disorder. Finally, taking aim at contemporary psychiatric practice and capitalist investments in a compliant workforce, Carl Elliott's *Better Than Well: American Medicine Meets the American Dream* (2003) reflects critically on the assertion that a variety of mood "disorders" are purely biological and chemically manageable phenomena rather than valuable indicators of social conditions that produce suffering.

These texts are touchstones for a new generation of interdisciplinary scholars who work in the intellectual space where disability studies intersect with such diverse areas as queer theory, feminist theories of embodiment, post-structuralist ethics, and the burgeoning fields of trans and intersex studies. As must be the case in deciding to publish only a selection of papers from the conference rather than the full proceedings, the full range of questions and concerns covered by the papers presented cannot be made available

here; however, we are fortunate to have six papers that reflect a range of theoretical concerns related to embodied and mental states that have been problematized as “disordered,” and which speak back to that categorization to rethink the too easy presuppositions that order is the opposite of disorder, that disorder is necessarily an undesirable state, and that we ought to be seeking to cure all that is messy or unruly about the full range of human experiences within and of both body and mind.

### **Embodied Disorder**

The first two essays collected in this special topic cluster of *Atlantis*—those by Steven Angelides and Lisa Dias—speak specifically to embodied rather than cognitive “difference.” These papers break new ground in promoting a challenge to the “normate” dynamic: i.e., the fantasy of an idealized human being—atomized, rationalized, and radically individualized. As explained by Garland-Thomson, the idealized normate devalues the actual everyday experiences of most embodied subjects because most lives are marked by the frailty and inter-dependency of human relationships, and by disability that can be more or less permanent, appearing perhaps at birth, perhaps as a result of an accident, or perhaps as a consequence of aging. Angelides and Dias break with normative assumptions and rules governing the common presuppositions that guide traditional, modernist approaches; their essays thus move us toward egress points that also promise new intellectual and political congress for the development of coalitional and fluid understandings of bodies in relation both/simultaneously to particular and proliferating contexts, communities, and coalitions. Angelides and Dias each challenge the normate and its reified dualism of order/ health versus disorder/disease.

Each of these two essays builds on the ideas of resistance and cooperation to play on a more free(ing) sense of disorder: that of creating a ruckus, of forming a protestation to clear new space for recognition of the viability and utility of disorder. In making a ruckus—or engaging in a little disorderly conduct—to interrogate the biomedical assertion of disorders as problems, these essays engage the task of interrogating what Margaret Shildrick has

identified as the two main stumbling blocks of contemporary health care, particularly—though, for our purposes, not exclusively—in women’s health care: first, the binary division of illness and wellness, of bodies female and male, and of power vested in the physician and in the patient; second, the idea that each of us has/ is an autonomous self-owned body (Shildrick 2009, 294). These essays thus build on the argument developed by Tanya Titchkosky, who observes that, in the hegemonic systems of healthcare and education, atypical bodies must be made to function according to the “idealized normal body” (Titchkosky 2003, 96), that is, the body that is expected/demanded, rather than the multiplicity of bodies that exist.

Angelides’s paper begins by drawing our attention to the manner in which the concept of order—which literally organizes Western thought and behaviour—has been relatively uninterrogated, perhaps even ignored entirely. Angelides argues that, in a context in which disorder is so often taken as an obvious problem, this neglect of consideration regarding order is all the more troubling. As a fascinating point of departure, Angelides notes that complexity and heterogeneity are already implied within the concept of order, for if things were actually self-same and undifferentiated, there would be no need to give an order, pattern, or sequence to them. Indeed, he argues that it is only because difference is always already there that the act of ordering becomes necessary. So it is that Angelides first interrogates the all-too-common presupposition that order and disorder stand in opposition to each other, with order granted the privileged state of primacy—as though there were no concerted effort required to produce order. In short, rather than assessing order as a noun denoting a thing, Angelides directs us to consider order as a verb, that is, as a purposeful activity that perpetually repeats, and thus belies, the assertion that order “figure[s] as the foundation of all meaning.” The essays in this collection that take up specific questions of embodied experiences that have been cast in simple terms as “disordered” (in the ways that we think and/or perceive, as disabled in our movements and/or senses, as aged and/or suffering in particularly gendered modes) draw our

attention as readers to ordering as an imperative of power, but also to the idea of “disorder” as part and parcel of the way that any of us brings a sense of self into line with larger social patterns. In short, order and disorder function not truly at odds with each other, but in symbiotic fashion. As in the classically Derridean deconstructive sense laid out in the famous essay “Structure, Sign and Play,” binary structures are interdependent and each relies on its supposed opposite to provide the framework for its meaning.

Dias’s paper examines order and disorder as these concepts and activities relate to a culturally specific mode of understanding a particularly gendered experience of embodied emotion: *agonias*. In addition to providing a strong review of the literature regarding *agonias*, Dias’s paper draws our attention as readers to feminist and deconstructive refusals of the split of body and emotion, and provides a compelling account of the manner in which particular cultural meanings can resonate in and through the body. Moreover, Dias argues for an account of embodied emotion as a form of practice that not only articulates from the given but can also provide a means of resistance, for example, to problems in marriage and/or to experiences of domestic violence. In its consideration of the value of a culturally meaningful affect such as *agonias*, Dias’s work raises a specifically feminist caution that these kinds of attitudes/ behaviours—precisely because they make sense within a specific cultural context—are not only potential points of resistance, but are simultaneously reproducing the social structures of local(ized) suffering. This is a theme that re-emerges very strongly in two other contributions in this issue: those by Ross, and by Lovrod and Ross.

### **Psychic Disorder**

The remaining four articles in this cluster centre on issues within the context of psychology and psychiatry. It is no surprise that a number of papers presented at the Disorderly Conduct conference—these four among them—concerned particularly the psychological/psychiatric deployments of the concept of disorder. Critiques of the very notion of disorder first emerged in the mental

health context, partially owing to the radical work of such anti-psychiatry pioneers as Michel Foucault, Thomas Szasz, and R.D. Laing, and also because moderate clinicians, scholars, and the general public incline less toward realism and essentialism in the case of psychological diagnoses than in the case of physical ones. Put simply, there is less room for debate about whether a person really has a broken leg or cholera than about whether she has a psychological disorder. This is a function both of the hiddenness of the psyche and of the historically contingent character of psychiatric disorders. Thomas Szasz famously numbered hysteria and drapetomania—American slaves’ pathological tendency to try to escape from slavery—among the psychiatric disorders widely diagnosed in the nineteenth century but since then rejected as social constructions. In the century just past, psychiatry was likewise divided over such diagnoses as alcoholism, homosexuality, and attention deficit hyperactivity disorder (ADHD). And, of course, feminist scholars are well aware of the gender bias that lurks behind such typically female diagnoses as Borderline Personality Disorder. Still, the number of diagnosable psychiatric conditions has grown apace. In the forty years between the first and fourth editions of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, the number of mental disorders catalogued there swelled from 106 to 297.

Given all of this, it is perhaps no surprise that many clinicians incline less toward dogmatism and essentialism about psychiatric diagnoses than toward a deflationary and pragmatic understanding of the *DSM* as a “patchwork of scientific data, cultural values, political compromises, and material for making insurance claims” (Marecek and Hare-Mustin 2008, 78). This pragmatism opened the way for critiques of the very notion of disorder earlier in the mental health context than in medicine generally. However, it also made the relevant conceptual analysis a slippery business, indeed. The first *DSM* definition of “mental disorder” occurred in the *DSM-III* (1980), which characterized mental disorder as “a clinically significant behavioural or psychological syndrome or pattern that occurs in an

individual and that is typically associated with either a painful symptom (distress) or impairment in one or more important areas of functioning (disability). In addition, there is an inference that there is a behavioural, psychological, or biological dysfunction, and that the disturbance is not only in the relationship between the individual and society” (Spitzer 1980, 6) This definition, however, produced controversy, especially over the false positives that the definition failed to exclude and its pathologisation of socially unacceptable variations. Nonetheless, the *DSM-IV* retains the definition, even though the editors note that, in strictness, there is no operational definition of “mental disorder,” or indeed of “disorder” generally (*DSM-IV*, xxi).

One of the most fraught matters in the defining problem has been the tension between “disorder” as a normative sociopolitical term and as a (more or less) descriptive biomedical term. Perhaps unsurprisingly, the most influential candidate definition to date among psychiatrists, Wakefield’s “Harmful Dysfunction” (HD) account, offers a hybrid of these two positions, defining “disorder” as (roughly and readily) a biomedical dysfunction that does sociopolitical harm to the individual with the dysfunction (Bolton 2008; Wakefield 2001). With the *DSM-V* imminent, a revision to the definition of “mental disorder” is on the table. While the jury is still out on what the new definition will be, there is reason to expect that it will be a hybrid, like Wakefield’s HD. It is not at all clear, however, what the consequences will be of making explicit in the *DSM-V* the sociopolitical normalizing function of the very notion of disorder. On the one hand, foregrounding this aspect of disorder may open up a space in which clinicians, patients and others—citizens, families, scholars and activists, among them—can consider sociopolitical rather than clinical solutions to sociopolitical problems. However, by codifying the normalizing work that the concept of disorder does within the *DSM-V*, we risk valorizing that work—accepting it as a given, rather than as a force to be resisted. The third through sixth articles in this special issue are oriented around precisely these matters.

The first of these is Hilary Clark’s “Complicating Disorder: The Play of Inter-

pretation and Resistance in Melanie Klein’s *Narrative of a Child Analysis*.” Drawing on evidence from Melanie Klein’s account of her 1941 psychoanalysis of Richard, a ten-year-old boy, Clark problematizes the frequent accusation that Freudian analysis is normalizing. Clark concedes that the psychoanalyst’s goal is to “bring about a normalizing cure,” and that (contra the optimism of scholar/analysts such as Julia Kristeva and Luce Irigaray) psycho-analysis as a practice retains and reinforces the distinction between the “normal” and the “pathological.” However, in Clark’s view this is only part of the story. If psychoanalysis as a disciplinary practice retains normalizing boundaries, the emotional dynamics of actual analysis complicate these boundaries, and in so doing, complicate the order/disorder dichotomy. Clark traces this “complication” through psychoanalyst Mrs. K’s often fraught analysis of Richard and through Klein’s later authorial revisiting of the analysis. For Clark, Klein’s memoir reveals that, at its core, psychoanalysis is constituted by an endless play of resistance and counter-resistance, a play that can make each participant in the process—analyst, analysand, author, and reader—feel (in the words of Jacqueline Rose) like “a fool and a fantasm” (Rose 1993). In analysis and in reading about analysis, Clark concludes, “the meaning of disorder could not be more ambiguous.”

For Marie Lovrod and Lynda Ross, the language of disorder accompanies an emphasis upon individual treatment that effaces the real mechanisms behind psychiatric diagnoses. Against the background of the dramatic increase in recent years in therapeutic interventions of all types, Lovrod and Ross caution that treating social problems therapeutically can distract attention from the root social and material causes of these problems. Their article “Post Trauma: Medicalization and Damage to Social Reform” considers the diagnosis of posttraumatic stress disorder (PTSD) as a case in point, arguing that PTSD in its medicalized format neglects social ills that it cannot engage or resolve. Detailing the high correlation of PTSD with violence, poverty, and war, Lovrod and Ross warn that normative diagnostic practices may be implicated in the social operations of violence, rather than

disrupting them. Trauma may constitute a normal adaptation to violence. However, the very idea of a normal response to violence may reinforce violent behaviour as itself normal, and therefore as something to be accepted rather than prevented. Thus, whether viewed as a disorder or an adaptation, PTSD seems to reproduce the social order. According to Lovrod and Ross, this is a particular problem for women, who are systematically exposed to violence—especially in war-torn and developing countries. It is ending this violence, not psychiatric diagnosis and treatment, that would effect the greatest reduction in PTSD diagnoses among women. However, ending violence against women would also threaten larger systems of gender-based socio-economic power. Casting PTSD as a social problem requiring individual treatment rather than a wider social problem requiring broad social change obviates the need to challenge this socio-economic hegemony. Thus, argue Lovrod and Ross, the medicalized attitude towards trauma as an individual emotional problem obscures both the larger systems that create the possibility of trauma and the socio-political action necessary to prevent the vast majority of PTSD cases. Moreover, they argue, popular culture's uptake of terms like "trauma" and "PTSD" sanitize them, evacuating them of any reference to gender or the socio-economic-political conditions that make trauma possible. On the whole then, the authors conclude, the diagnosis of PTSD has globally produced "professionalization projects and political disengagements that may serve some individuals in the short term but cannot serve communities or broader collaborative interests in the longer term."

Ross further pursues these themes in her "Attachment 'Disorders': Capitalizing on Misfortune." Here, Ross turns her attention to Reactive Attachment Disorder (RAD) to ask what the implications are of treating as disordered conduct that is the direct result of the socio-economic-political environment in which people live. With RAD as with PTSD, in Ross's view, clinicians focusing on emotional deficits wrongly draws their attention away from the context in which the "disorder" exists. While Ross acknowledges that RAD can have devastating consequences for

children, she argues that engagements of RAD should focus more centrally on the socio-economic-political realities that serve to create relationship problems in the first place. For children exposed to violence or negligence, argues Ross, RAD could be adaptive. And, as she observes, the *DSM* is explicit that disorders constitute dysfunctions in individuals, not normal responses to events or contexts. However, in a society intolerant of difference, it is all too easy, Ross maintains, to misrepresent adaptive responses as pathological. The medicalization of attachment disorders, she concludes, "wipes away" the implications of poverty and intolerance, disordering individual behaviours rather than underwriting badly needed economic and social reform.

Our final psychiatrically oriented contribution in this issue is less concerned with psychiatrists and their diagnoses than it is with the advocacy that follows such diagnoses. In "Representing Autism: a Sociological Examination of Autism Advocacy," Anne McGuire offers a trenchant analysis of discursive practices surrounding autism advocacy through an examination of two recent high profile autism awareness campaigns—Autism Speaks' "Learn the Signs" campaign and the New York University Child Study Center's "Ransom Note" campaign. McGuire argues that a careful scrutiny of these campaigns helps to reveal some of the ways in which power relations structure contemporary autism advocacy. She begins by providing careful detail about the "Learn the Signs" campaign. McGuire argues that the understanding of autism discernible in the campaign is one that "works to discursively 'split' the autistic body in two, conceptually separating what autism is from who autism is"—separating autism as a disorder one has from the person who is autistic. According to McGuire, this way of delimiting the disorder of autism from the standard social order not only removes any possibility for conceiving of autism as a viable way of being in the world, but also brings with it an all-too-real risk of violence. Indeed, the "Ransom Note" campaign makes this risk explicit. The posters and billboards in the campaign literalize the bifurcation between autism and the autistic person that McGuire identifies, casting autism as a kidnapper who

has taken—or may yet take—one’s child. The campaign thus seems to encourage a violent reaction against autism by protective parents. McGuire sketches one tragic case in which a parent reacted to autism in just such a way: Dr. Karen McCaron’s 2006 murder of her autistic daughter. In her confession, McCaron explained that she was trying to kill autism and to save her daughter. McGuire argues that the reification of autism as a thing—as a disorder—is precisely what makes possible such an act. She concludes her article with a plea that we “begin to critically engage with advocacy work as a political project laden with complex and risky power relations.” It is only in so doing, argues McGuire, that we can begin to tell a different story about autism, one that regards autistic people as just that—people.

It is no exaggeration to say that everyone involved in the “Disorderly Conduct” conference is committed in just this way to telling new kinds of stories. We are delighted to share a few of these stories with you in this issue of *Atlantis*.

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