OVERCOMING THE OVERCOMING STORY:
CRITICAL DISABILITY INFORMED GENEALOGIES OF COMPULSORY HEROISM

by

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Abstract

The "overcomer"—the person who succeeds against all odds—has become a persistent cultural trope for persons with disability. Although it has been critiqued by the disability community for over twenty years, its employment in the media continues apace. This dissertation explores the changing and ongoing work of the overcoming narrative through a series of critical disability studies informed genealogies. Employing three analytical approaches (Genealogy as Analysis of Lines of Descent [GALD], Genealogy as Lines of Emergence [GALE], and Genealogy as Analysis of Counter-Memory [GACoM]) and three idiosyncratic styles of genealogy (Snapshot, Shifts in Historical Word Usage [SHWU], and Hotspot genealogies), I trace the course of overcoming narrative from its employment: as religious rhetoric in institutions for the blind and the deaf, as morality tales in the social reform of the Progressive Era, as propaganda in the reeducation of returning World War One soldiers, as success stories in the legitimization of rehabilitation as the third phase of medicine, and, in its most recent manifestation, as *compulsory heroism* in the context of the rise of the celebrity hero and large scale fundraising. I argue, extending Adrienne Rich's *compulsory heterosexuality* (1994) and Rob McRuer's *compulsory able-bodiedness* (2006), that, as an effect and strategy of normalization, *compulsory heroism* has become the only acceptable subject position made available to marginalized persons facing adversity of all kinds. Across genealogies, the wide reach of the overcoming narrative and the subject positions and subjectivities produced through three binaries become evident: the able-bodied/the-variously-other-classified, the helper/the needy, and the productive/the dependent citizen. Further, the work of overcoming narratives as tools of persuasion, devices of disavowal,

techniques of depoliticization, and instruments of homogenization becomes clearer. I maintain that overcoming stories are not uniquely or even fundamentally disability stories—they are redemption stories. As such, compulsory heroism has cultural purchase in the lives of all North Americans.

Preface

As per policy of UBC College of Graduate Studies, this preface gives a list of sections of this dissertation that have been published.

Sections of my thesis have been published in:
DeVolder, B. (2013). Overcoming the overcoming story: A case of "compulsory heroism". *Feminist Media Studies*, 13(4), 746-754. I wrote the manuscript.

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- The first three sentences on p. 1 are published as the introduction to my section in Moss et al., 2016.
- The first paragraph on p. 3 beginning with "I have to confess" is taken from DeVolder, 2013.
- I have merged pieces of both above articles in the section on Compulsory Heroism (p. 4- 9).
- "Three connections between the overcoming narrative and gender" (p. 84-85) is taken from DeVolder, 2013.
- A version of the paragraph on the homogenizing effects of compulsory heroism (p. 275) is in DeVolder, 2013.
- The concluding paragraph of my dissertation (p. 284) also concludes my section in Moss et al., 2016.

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To Mom, I miss you

Introduction

> We need new scripts. Scripts that break free from the tired old sentimentality—those stories of the tragic but brave victim of disability (Frazee, 2009).

> Material practices can be changed by legislation (such as laws requiring wheelchair accessibility and the availability of telecommunications devices for deaf people and blind people), but attitudinal barriers require the revision of cultural images and meanings (Klages, 1999, p. 3).

The "overcomer"—the person who succeeds against all odds—has become a persistent cultural trope for persons with disability. The media are full of its endless iterations: from the blind man who scales mountain tops, to the smiling young girl in a wheelchair who inspires with her never-say-never attitude. While some maintain that such stories portray disability in a positive light[1] (see, for example, Berger, 2008), in the overcoming narrative impairment is only ever portrayed as personal tragedy. This stands in contrast to the inner fortitude, courage, or perseverance of the individual who refuses to be vanquished and mounts a campaign to conquer the invading enemy. The story climaxes with "triumph over tragedy" as the individual graduates from victim to hero: a hero claiming "newfound wisdom in the face of adversity" (Blackman, 2007, p. 9). Clearly, the "overcomer" and the "tragic charity case" are flip sides of the same coin (Hevey, 1992). The message sent to the disabled Other is: "Respond. Respond well" (Titchkosky, 2007, p. 180).

It is interesting that while many able-bodied people find such stories to be inspirational, persons with disability often feel that they create prescriptive criteria for acceptance into society

[1] The first three sentences of this paragraph are published in Moss et al., 2016. See Preface.

that they cannot possibly meet (Morris, 1997; Wendell, 1996). Within disability circles, the star of the overcoming story is ironically referred to as the "Supercrip":

> Supercrips are those individuals whose inspirational stories of courage and dedication, and hard work prove that it can be done, that one can defy the odds and accomplish the impossible. The concern is that these stories of success will foster unrealistic expectations about what people with disabilities can achieve, what they *should* be able to achieve if only they tried hard enough. Society does not need to change. It is the myth of the self-made man (Berger, 2004, p. 798; as cited in Howe, 2011, p. 877).

Critique of the overcoming narrative centers around four main issues. First, people in the disability rights movement reject "the notion that people with disabilities should be courageous or heroic super-achievers, since most disabled people are trying simply to lead normal lives, not inspire anyone" (Shapiro, 1994, p. 16). Second, disability scholars contend that, similar to "credit-to-the-race" attributions, overcoming stories "reinforce the superiority" of the normal, in this case nondisabled, body. They "rely upon the perception that disability and achievement contradict each other and that any disabled person who overcomes this contradiction is heroic" (Ware, 2002, p. 144). Third, overcoming stories "elide, cover over, and silence other stories": the stories of the non-heroes, the stories of those "who are unable to affect their own self-transformation" (Blackman, 2007, pp. 9, 13). Fourth, they depoliticize disability by downshifting the responsibility to the individual, thereby leaving social barriers unchanged (Titchkosky, 2007).

The impetus behind my project grew out of the disconnect that I observed between the extensive literature critiquing the overcoming story for well over twenty years and the continued unabashed employment of the overcoming narrative in the media. I thought that in some way the critique must have been missing the mark, failing to reach key people, or been simply

disregarded. However, I began to realize that when a narrative is told and re-told, consumed and re-consumed, it is doing some kind of work, work that serves a variety of interests. My central research question, therefore, asks what work the overcoming story accomplishes.

I have to confess I did not see my own investment in the whole project of overcoming when I entitled my thesis "Overcoming the Overcoming Story." My first response to the overcoming narrative was to try to *overcome* it! Colleagues have joked that my next paper should be called, "Overcoming the Overcoming of the Overcoming Story." However, I have kept my original title, in a somewhat tongue-in-cheek fashion, but also to emphasize the continuing pull of the call to overcome[2].

A contemporary site, The Courage to Come Back Awards held by Coast Mental Health, Vancouver, British Columbia, piqued my interest for several reasons. First of all, they enact well-known, current, best-of-the-best overcoming stories replete with the ambiguities regarding their impact on individuals. (For instance, it is an honour to be nominated.) Second, the Courage to Come Back website, and the documents linked to it, provides a wealth of contextual information, history, winner narratives, photographs, related media stories, and reader comments. Third, the Courage to Come Back Awards are thought-provoking because through them the overcoming narrative is projected onto a wide range of social and economic issues: poverty, homelessness, unemployment, addiction, health; as well as all kinds of trauma, discrimination, violence, and abuse. Applying a similar logic across issues, these diverse stories are collapsed into a single narrative arc—one of adversity as a personal challenge to be overcome. In this, they avoid confronting issues of systemic discrimination and injustice (for example, issues such as

[2] This paragraph is published in DeVolder, 2013. See Preface.

race, gender, hetero-normativity, or class). Such elision calls for interrogation and points to the ways that the overcoming narrative has cultural purchase in all our lives not just in the lives of persons with disability.

In the pages to follow, I trace the course of overcoming narrative from its employment: as religious rhetoric in institutions for the blind and the deaf, as morality tales in the social reform of the Progressive Era, as propaganda in the reeducation of returning World War One soldiers, as success stories in the legitimization of rehabilitation as the third phase of medicine, and, in its present form, as compulsory heroism in the context of the rise of the celebrity hero and large scale fundraising.

Compulsory Heroism[3]

My argument, extending Adrienne Rich's *compulsory heterosexuality* (1994) and Rob McRuer's *compulsory able-bodiedness* (2006), is that the imperative to overcome can be viewed in our contemporary context as an effect and strategy of normalization—something I am calling *compulsory heroism.* I maintain that compulsory heroism is a recent arrival (the late 1980s) in the evolution of overcoming story and has become the principal acceptable subject position available for persons with disability as well as for other marginalized individuals facing "adversity" of all kinds. To flesh out what I mean by compulsory heroism, I suggest that the heroism bestowed by the overcoming narrative can be understood as compulsory in five ways: It cannot be refused, it resists critique, it performs and polices "the normal," it displaces other stories, and there is, I venture, a certain *compulsion* to its iteration.

[3] This section on Compulsory Heroism has pieces that have been published in DeVolder (2013) and Moss et al., (2016). See Preface.

The first point that I would like to make concerning *compulsory heroism* is that the heroic mantle cannot be refused; heroism is bestowed regardless of protests to the contrary. Most people elevated to hero status for overcoming adversity do not see themselves as heroes. They say they simply do what they have to do. While this is repeatedly acknowledged in the narration of overcoming stories, it is either discounted or taken as evidence of further heroism ("See how humble she is?"). Joseph Shapiro writes, "Even disabled achievers who do not seek such veneration often have it thrust upon them by an adoring public and press" (1994, p. 17). My favourite illustration comes from the cheeky disabled humorist David Roche (in Klein, 2007). He says, "It's hopeless because people are inspired no matter what you do. I could go out and take a dump, you know? And people will say, 'Oh, you're so courageous.'"

In the context of the Courage to Come Back Awards, refusing "heroization" becomes even more complex (Franco, Blau, & Zimbardo, 2011). It is an honour even to be nominated for an award, and there are undoubtedly personal benefits that accrue: a certain celebrity, career enhancement, and the promotion of awareness for various causes. Even more, when family, friends or colleagues are the nominators, the social pressure is undeniable. Also, the implication is that people are watching and are *called* to do this. Surveillance, in this way, becomes widespread in its coverage but up-close and personal in its scope.

However, by the term "compulsory," I am not suggesting that compulsory heroism is uncontested. "Supercrip" critiques of the overcoming narrative indicate that disabled persons are very aware of what I am calling compulsory heroism. A large part of the (identity, body, and interpersonal) work of disability involves managing and negotiating its ongoing expectations. Moreover, individual responses to compulsory heroism are neither static (Peers, 2009;

Tollestrup, 2009) nor homogeneous (Berger, 2008; Hardin & Hardin, 2004); individuals navigate its imposition in various changing, ambiguous, and conflicting ways (Chrisman, 2011; Silva & Howe, 2012).

What is more, it is not simply a matter of grappling with discursive constructions circulating in the media; persons with disability are tasked with managing compulsory heroism in everyday encounters where heroic effort is expected and the badge of heroism is liberally bestowed. Tessa Goupil, editor of the disability rights magazine, *We Are the People*, offers a poignant example. She describes an incident when, while out with friends in a bar, a total stranger asked to shake her hand and launched into what she calls "the standard I-really-admire-you-people speech":

> My first reactions to the man's comments were embarrassment and anger. Embarrassment because he singled me out in a public place to congratulate me for doing something that would be ordinary if someone else did it. But since I have a disability I must be "strong and brave." Then came the anger because he just didn't get it. He was saying, "What a shame," as if physical perfection is the only thing worth a damn. Finally, after my initial rush of feelings, I felt sorry for the man. To him I really was a hero. He imagined that if he were in my situation, he just wouldn't be able to go on (1997).

Second, heroism is compulsory in that it inherently resists critique. There is a "halo effect" allied with discourses of hope, heroism, and inspiration; as deeply valued and noble sentiments, they are so naturalized and assumed to be for the greater good that opportunity for critique is effectively foreclosed. To call them into question is tantamount to suggesting that the emperor has no clothes.

Audiences, individuals, and organizations are emotionally invested in the overcoming narrative. As disability scholar Eli Clare observes, "People get stuck at the point of inspiration. People can usually give pity up, but it's inspiration that people just get stuck on. They get

hooked and they just cannot get themselves unhooked" (as cited in Peers, 2015, p. 4). Overcoming stories are positioned as antidotes to bad news stories. Audiences and donors feel "nobly uplifted even ethically superior for 'supporting' a cause" (Riley, 2005, p. 71). They speak of individuals finding meaning and purpose in life. As fundraising tools in the volunteer sector, they foster a sense of community and civic engagement. They also raise a lot of money for organizations that could not maintain their services without charitable dollars. In other words, they do socially productive work. The question raised in response to critique of the overcoming narrative is this (Peers, 2015): Can something that does so much good and feels so worthwhile really be so bad?

Rehabilitation professionals are also heavily invested in the overcoming story. This will become clear in Chapter Nine of this dissertation; the production of overcoming individuals lies at the very heart of the whole rehabilitation complex and has since its inception. Moreover, rehabilitation was advanced and legitimized through the use of overcoming narratives.

For these reasons, critique of the overcoming narrative is largely dismissed. Nonetheless, there are effects of compulsory heroism that are not so benign. These also need to be acknowledged and addressed; that is one aim of this project. Following Samantha King, I hope to demonstrate that compulsory heroism relies upon, "the erasure of power relations that undergird charitable works" and, thus, "confront the deeply class-structured, racialized, and gendered deployment" of the overcoming story (King, 2006, p. xxx).

Third, heroism is compulsory because it is an effect and strategy of normalization. While at first this may seem contradictory (Aren't heroes supposed to be *extra*ordinary?), it reveals the contradiction inherent in positioning individuals as "everyday" "heroes." In essence, a person is

deemed heroic "by virtue of his or her ability to perform feats normally not considered possible for people [like them] or by virtue of the person living a 'regular' life in spite of [their disability, gender, class, race] (Silva & Howe, 2012, p. 175; substitutions mine).

Heroism is *compulsory* in the sense that there is only an illusion of choice:

> Nearly everyone, it seems, wants to be normal. And who can blame them, if the alternative is being abnormal, or deviant, or not being one of the rest of us? Put in those terms, there doesn't seem to be a choice at all (Warner, 1999, p. 53; as cited in McRuer, 2006, p. 7).

Compulsory heroism, then, like compulsory heterosexism and compulsory able-bodiedness, is intimately related to the construction of the "normal." However, emphasis on the *compulsory* nature of normalization shifts attention away from individuals who depart from the norm (the "abnormal") and on to the normative violence of enforced sameness. Disability advocates and scholars have long understood the normalizing effects of the overcoming story:

> The more energy and time we spend on over-achieving and compensatory activity that imitates as closely as possible 'normal' standards, the more people are reassured that 'normal' equals right. If we succumb to their temptations, they will reward us with their admiration and praise. At first sight this will seem preferable to their pity or being written off as an invalid. But all we will achieve is the status of a performing sea-lion and not (re)admittance to their ranks (as cited in Morris, 1997, p. 28).

I understand compulsory heroism as the main social role available not only to persons with disability, but also to anyone facing "adversity." As such, it serves as a standard, a dividing practice that determines who has the courage to come "back" and who, by extension, remains outside. This has implications for us all.

Fourth, compulsory heroism as the climax of the overcoming narrative displaces other stories. Leigh Gilmore's comments regarding neoconfessional memoires are germane here:

> Embedded within the neoconfessional form is an inegalitarian if dynamic relation of judgment that limits redemption to specific storylines, and thereby powerfully norms the voices that currently crowd the public sphere despite the appearance of diversity and multiplicity (2010, p. 660).

I want to underline that I understand discourse as a site of struggle (Mills, 1997) and norms as ever-contested ground (Butler, 1993). Yet, there are two issues that remain in tension: one concerns the effects of homogenization (when stories are squeezed to fit the form and the norm) and the other addresses points of eruption (when individual stories in their complexity simply cannot be contained and overflow the normative narrative template). I want to stress that, *despite* the pressure to keep to form, instances of contestation, complexity, and diversity seep out. While homogenization is at work, it is not always or completely successful. The effects of homogenization will be discussed in Chapter Eleven.

Fifth, there is a sense in which compulsory heroism can be considered *compulsive* heroism—we need to tell the story over and over again. Since the norm is always in danger of being disrupted, it has to be continually established, performed, and policed (Butler, 1993; McRuer, 2006). Complexity, lack of closure, and fear of the unknown evoke crisis and personal and/or cultural anxiety (Blackman, 2010; Hughes, 2009; Shildrick, 2005). The compulsive repetition of the overcoming narrative props up the beleaguered norm and relieves the social anxiety stirred up by threats to its operation.

Genealogy, a history of the present, offers a way to interrupt and disrupt the call of compulsory heroism. Through the retrieval of forgotten struggles, genealogy can counter the halo effect by revealing its underside. By denaturalizing the taken-for-granted, genealogy reveals the conditions of possibility under which certain employments of the overcoming narrative "came

into being, how they come to seem coherent and rational, and how they change" (Walters, 2012, pp. 131, 118). Moreover, genealogy illuminates the web of knowledge/power relationships surrounding the narration of overcoming stories; it shows up the kinds of knowledge and practices, subjects and subject positions, and social and material realties produced and maintained by them.

Additionally, disability scholars call for textually based analyses to counter the over-use of disabled subjects in research practice:

> One of the primary tasks of disability studies is to cultivate media and textual critics, in the therapies as well as the humanities, who can intervene in the cultural images of disability that influence our responses and ways of imagining human difference (Mitchell & Snyder, 1997, p. 202).

Shelley Tremain contends, "Theorists and researchers in disability studies should adopt [a] genealogical approach to their work" (2006, p. 33). My dissertation is a response to these calls. I take up critical disability studies informed genealogy to explore the work of the overcoming narrative. I hope to open up space for an influx of stories, knowledges, and ways of being that we have only begun to imagine.

Chapter Overview

In Part One of my thesis (Chapters One and Two), I present my theoretical framework. Chapter One outlines the contributions of critical disability studies to my project. I position critical disability studies within the disability studies literature and explore how the concepts of ableism, disavowal, and social embodiment can inform an understanding of the work of the overcoming narrative. I then review the ways critical disability scholars have taken up Foucauldian theory and genealogy.

In Chapter Two, I turn to Foucauldian theory as a lens through which I can interrogate overcoming narrative. There are three overlapping discussions that I take up instrumentally, these concern: games of truth, relations of power, and forms of relations to the self and other. Concerning games of truth, I adapt Foucault's reasoning for my project and argue that in acquiring knowledge about disability amidst a web of power relations, we (people in Western societies) have come to know illness-deformity-disability while constituting ourselves as *able-bodied subjects*. The ways the overcoming narrative has been caught up in the production of knowledge about disability and the constitution of "normate" (Garland-Thomson, 1997) subjects and subjectivity is a central theme of this thesis. In discussing relations of power, I review the Foucauldian concepts of disciplinary power and bio-power and underline Foucault's emphasis on the productive nature of power, that is, the *effects* it produces. The work of disciplinary power, such as hierarchical observation–surveillance, normalization, and the examination, and bio-power, such as objectification through classification, dividing processes, processes of subjectification, and normalization, (Foucault, 1977) are narrative threads that run throughout my dissertation. Further, I maintain the body that is called to heroic overcoming is necessarily a "docile" body, one that can be continually "subjected, used, transformed, and improved" (Foucault, 1977, p. 136). In this way, the overcoming narrative functions as a technique or "micro-mechanism" of power. Finally, concerning relations to the self and other, I explore the way compulsive heroism can be considered a technology of the self, that is, as an internalized micro-mechanism of power that "responsibilizes" the individual (Lemke, 2001). Throughout the discussion, I address the particular concerns Foucauldian theory raises for feminist and critical

disability theorists, in particular: its pessimism towards social change and the concern that the knowledge and experience of disabled persons might be de-legitimized.

In Part Two (Chapter Three), I present a descriptive account of how I took up Foucauldian genealogy. I begin by highlighting four characteristics of genealogy that are important to understand, namely, that genealogy is experimental, incomplete, disruptive, and multiple. I then describe my strategy for data collection (following rabbit trails) and three helpful analytical approaches to genealogy (Genealogy As Analysis of Lines of Descent [GALD], Genealogy As Analysis of Lines of Emergence [GALE], and Genealogy As Analysis of Counter-Memory [GACoM]). I conclude the chapter by outlining the three styles of genealogy that I came to employ, these include: Snapshot genealogy, Genealogy of Shifts in Historical Word Usage (SHWU), and Hotspot genealogy.

Part Three of my thesis (Genealogies) contains eight empirical chapters (Chapters Four-Eleven). In Chapter Four, I present a Snapshot genealogy of the Courage to Come Back Awards (CTCB). I position the CTCB Awards in the context of other inspirational-award-type fundraisers that have emerged in Canada since the early 1990s. I provide thick description of the awards and then explore three interrelated tensions or contradictions that illuminate the work of compulsory heroism: (a) The stories are publicly presented as transparent, first person narratives (for example, "Lori's story") but are, in fact, heavily mediated accounts; (b) the narratives recount and rely upon a series of decidedly negative life events at the same time that they demand their central characters to remain positive (mandatory optimism); and (c) the narratives are characterized by an ambiguous relationship to medical authority and expertise (the fighting spirit proves them wrong).

Chapter Five offers a look at the shifts in historical word usage of both components of the expression "overcoming" + "handicap." I chart four shifts in word usage. In the Progressive Era, there is, first, a shift away from Protestant religious connotations of redemption in the word *overcoming* and, second, a shift towards the recovery of health meaning of *overcoming*. Third, moving through the twentieth century, there is increasing use of the active construction of overcoming and decreasing use of its passive construction. Fourth, with the growth of rehabilitation post World War Two, the term handicap shifts away from an emphasis on an equal playing field towards handicap being equated with disadvantage. These four shifts point towards sites for further exploration. In addition, they suggest connotations (or traces of past meanings) that continue to haunt the expression.

In Chapter Six, my first Hotspot genealogy, I employ the concepts of classification–differentiation and normalization–reeducation to explore how overcoming rhetoric is taken up differentially in the institutional literature for the blind, the deaf, and the feebleminded. Capitalizing on the conceptual inventiveness characteristic of GALD, I employ fabricated labels (the *abled blind*, the *ignoble deaf*, and the *educable idiot*) to characterize the way that the educators in the literature I surveyed position their respective students. Further, in this positioning, I observe that the appeal to overcoming is not ubiquitous: It is plentiful for the blind, sparse and conflicted for the deaf, and non-existent for the feebleminded. Throughout the discussion, I examine the tensions and contradictions evident in the literature, specifically: the tensions involved in simultaneously portraying disabled students as pitiable *and* capable and as not us (a separate class) *and yet* (like) us. I suggest that the overcoming stories found in the newspapers at the turn of the twentieth century highlight the potential of the *abled blind*,

emphasize the success of hearing educators of the *ignoble deaf*, and that, regarding the *educable idiot*, they remain silent.

Chapter Seven explores the two-fold significance of overcoming for Progressive Era reform: the foundational belief that social problems could and would be overcome and the central metaphor under which all social problems began to be framed—one of pathology and cure (the recovery from illness meaning of the verb *to overcome*). I argue that the medicalization of poverty allowed for a wide range of marginalized individuals to be classified (and targeted for reform) under one broad umbrella: the "defective, dependent, and delinquent" classes. In this, disability served as both a focus of reform and as a metaphor for the social and economic problems of the industrial poor. I examine two Progressive Era movements that depended upon classification of disability for their persuasive power: scientific philanthropy and eugenics. I trace how the medicalization of poverty and assumptions about disability (social disqualification) worked together to enable reformers to move from a focus on cure, to prevention, and finally to elimination. I then turn to a discussion of the contradiction between sympathy and loathing or between compassion and fear at the very heart of Progressive Era reform. I maintain that the overcoming stories featuring persons with disability that appear in the newspapers during the Progressive Era are explicit morality tales aimed at disciplining the industrial poor and depoliticizing social reform. I close the chapter with three poignant examples.

In Chapter Eight, I discuss the importance of overcoming rhetoric and narratives in the massive propaganda campaign brought to bear on "the problem" of returning World War One soldiers. I argue that the scope and sheer volume of propaganda reflects the level of anxiety that existed among government and military officials about whether or not these veterans would be

able to reintegrate peaceably and productively into society. I contend, therefore, that overcoming stories were widely published in the American reconstruction literature in order to encourage compliance with the reconstruction agenda. Overcoming the "handicap of disability" was envisioned as the both motivation for and the triumphant ends of reeducation. Overcoming was lifted up as the rehabilitative ideal and was described in terms of useful, worthy, and manly citizenship. Without the aid of reeducation, the fate of these soldiers was starkly imagined; they were or would become "dependent" "burdens" in the social "waste pile." This effectively positioned veterans (in their un-rehabilitated state) as social burdens. However, reformers boasted that "handicap of disability" could be overcome, "discounted," or "neutralized" by reeducation. By way of the buoyant language of overcoming such as this, I argue that the human and economic costs of war could be seemingly erased. As counter-history, I contrast the optimistic rhetoric of overcoming in the propaganda with the ultimate and enormous failure of the reconstruction program. I look, in particular, at the collective and individual resistance of World War One veterans and the League of the Physically Handicapped. I, then, forward that two kinds of overcoming narratives emerged in post World War One America: "cheer up" stories directed at motivating wounded soldiers and "cover up" stories directed at reassuring an anxious American public. Last, I contrast the Canadian reconstruction literature with the American to illustrate the uneven uptake of the overcoming narrative, the particular traction overcoming exerted in the American imagination, and the specific role it played in covering up the human and economic costs of an unpopular war.

In Chapter Nine, I argue that the overcoming narrative was central to establishing the legitimacy of rehabilitation in medical practice in post World War Two America. I begin the

chapter with a discussion of three matters (the passing of the G.I. Bill of Rights, intense public interest in the returning soldiers, and the employment of disabled citizens during the war), three men (Dr. Frank Krusen, Dr. Henry Kessler, and Dr. Howard A. Rusk), and three social arenas (war, politics, and philanthropy) (Verville, 2009) that set the stage for rehabilitation science to flourish following the second World War. I then turn the discussion towards the man of most interest to my project and most instrumental in promoting rehabilitation as the third phase of medicine—Dr. Howard Rusk. I forward that rehabilitation advocates, such as Rusk, relied upon three ideas to advance their cause: a new concept of disability (a focus on ability), a new theory of rehabilitation (the whole man theory), and their application to a much broader population of potential patients. I argue that overcoming stories, presented as rehabilitation's success stories, supported all three ideas: They demonstrated the abilities of persons with disability; they highlighted the importance of psychological factors (particularly will and motivation) to successful rehabilitation; and, with the inspiring possibilities they presented, they helped to create a demand for rehabilitation as an essential component of medical care. Next, I examine the long-standing tension in the literature between understandings of disability that consider the problem of disability (and its solutions) as located either within the individual (rehabilitation) or within society (legislation and attitude change). I contend that this tension increased amidst the growing civil unrest and the civil rights movements of the 1950s and 1960s. In those years, the overcoming narrative extended its scope to cover the *handicaps* of poverty and race and became overtly linked to the American Story. *Social Rehabilitation*, the application of techniques of rehabilitation to "social, educational, cultural and economic" *handicaps,* as part of Lyndon Johnson's "war on poverty," was promoted as peaceable means to restore civil order (Switzer,

1968). I maintain that overcoming rhetoric and narratives were employed to depoliticize social issues by reframing them as problems of the individual. I close the chapter with a discussion of the expanding uptake of overcoming stories in the American media and argue that overcoming narratives in post World War Two America begin to differ from their predecessors in five significant ways: They become increasing naturalized, they appeal to science for legitimacy, they extend heroic status to their main characters, their characters reach out to help others, and their characters begin to be lifted up as symbols of hope and inspiration.

In Chapter Ten, I complete my genealogical inquiry. My question here concerns the conditions of possibility that allowed for compulsory heroism to gain force at the end of the twentieth century. I argue that, although there is neither a single event (time or place) that one can point to as the beginning of compulsory heroism, nor a complete accounting for its emergence that is possible, we can pull out strands from a tangle of social forces, practices, and events that can inform our understanding. The focus of this chapter is the overcoming narrative as it became employed in the developing philanthropy of the everyday citizen, that is, as a peoples' philanthropy of mass giving. First, I frame my argument with a discussion of disability as spectacle: its history, work, and relationship to the rise of the celebrity hero. Second, I trace the philanthropy of mass giving through its emergence, growing professionalization, and employment in the March of Dimes, an organization that would change the face of charity in North America. The innovation of March of Dimes fundraisers, the army of volunteers (both everyday and famous) it recruited, and the apparatus for ground-breaking medical research it established would not only become the model other health-related organizations would emulate but would also cultivate a lasting symbiosis between charity–philanthropy and the state. Third, I

examine two related streams of resistance that rose up against the pity produced through charitable fundraising and its medical model assumptions (Jerry's Orphans and survivor movements) and I discuss Terry Fox, one cancer activist who would become Canada's star "overcomer" and "Greatest Hero." Fourth, I take a closer look at the relationship between charity and the state as it came to be understood by economists as the nonprofit sector. More specifically, I consider the challenges the nonprofit sector faces in Canada as a result of government retrenchment. Fifth, I consider one kind of event that grew out this tangle of social forces and practices, an event where compulsory heroism displays itself and where overcoming stories become the main attraction—the inspiration-award-type gala fundraiser.

In Chapter Eleven, I return to the key concepts from critical disability studies and Foucauldian theory that inform my project and direct my analysis across genealogies. All my observations in Chapter Eleven concern the knowledge/power effects of the overcoming narrative whose reach runs deep and has spread wide. I argue that, across genealogies, it becomes clear that the overcoming narrative maintains three binaries: the able-bodied versus the dis-labeled bodied, the helper versus the needy and the productive versus the dependent citizen. I then present the work of overcoming narratives as tools of persuasion, devices of disavowal, techniques of depoliticization, and instruments of homogenization.

Part One: Conceptual and Theoretical Framework

Chapter One: Critical Disability Theory

> We need a theory of disability for the liberation of both disabled and able-bodied people since the theory of disability is also the theory of the oppression of the body by a society and its culture (Wendell, 1996, p. 78).

I don't like defining disability. It reifies disability, thing-afies disability, makes disability seem, you know, well-defined. Well-definable. Tanya Titchkosky (2007) tries to avoid objectifying disability by broadly defining it as "a process of meaning-making that is done somewhere by someone" (p. 12). While this definition is too vague for me, I appreciate what Titchkosky is trying to get at: that the meaning of disability is in ongoing negotiation and is enacted in different ways in different places by different people. Margrit Shildrick agrees, "On the simplest level, what counts as disabling anomaly varies greatly according to the socio-historical context and, even were the inquiry limited to a westernized location in our own time, the category remains slippery, fluid, heterogeneous, and deeply intersectional" (2007, p. 223).

Further, defining disability is not a simple matter because as soon as you attempt to clarify your terms you find yourself in the midst of a theoretical debate (Abberley, 1998) or, from a discourse theory point of view, in the arena of competing discourses. In large part, the definition of disability depends on who is defining it and for what purposes. For instance, Statistics Canada's census surveys consider participation and activity limitations as indicators of disability (2010), while social assistance (HRSDC, 2009) defines disability in terms of employability. In the 1970s, disability activists began to claim for themselves the right to define disability. Mike Oliver, one of the early disability scholars, states, "How disability is defined is

critical to persons with disability as it directly affects how they are treated" (1990). Eli Clare (1999) says it powerfully,

> These forces are taking freakdom back, declaring that disabled people will be at the center of defining disability, defining their lives, defining who we are and who we want to be. We are declaring that doctors and their pathology, rubes and their money, anthropologists and their theories, gawkers and their so-called innocuous intentions, bullies and their violence, showmen and their hype, Jerry Lewis and his telethon, government bureaucrats and their rules will no longer define us (p. 106).

Thus, the politics of knowledge is deeply implicated in disability studies. In the genealogical analysis of this paper, it will become evident that the power to categorize, define, and legitimize knowledge about disability has had profound social, material, and psychological effects on persons with disability as well as other marginalized individuals.

For my purposes, I will define disability descriptively and loosely as the signifier that is necessary to in order to define its binary other—ability. This is a tautological definition. That is my point. It is central to my discussion of ableism below.

In the last thirty years, disability studies has grown into an interdisciplinary and international field of study. It is informed by scholarship from the humanities and the social sciences and has begun to affect the research agendas in such diverse disciplines as: history, sociology, psychology, education, literature, political science, law, policy studies, cultural studies, anthropology, human geography, philosophy, queer studies, women's studies, health studies, social work, communications and media studies, and the arts. While still largely framed by the global north, more recently, disability scholars (C. Barker, 2014; Goodley, 2011; Meekosha & Shuttleworth, 2009) have turned towards the issues, concerns, and scholarship voiced from the global south or majority world. Disability studies has grown into an academic

discipline in its own right, comparable to gender studies, critical queer studies, black (white) studies, or indigenous studies (Meekosha & Shuttleworth, 2009).

The burgeoning of disability studies has resulted in a profusion of models of disability including: the social model, the minority group model, the cultural model, the economic model, the affirmation model, the biopsychosocial model, the relational model, and the axiological model[4]. The main point of broad consensus in disability studies is the contestation of the hegemony of what disability scholars have dubbed the "medical model." Other terms used interchangeably with "medical model" are "such descriptors as: traditional, individualist, impairment, rehabilitation, biomedical, personal tragedy, and personal deficit approaches to disability" (DeVolder, 2009). The medical model approaches disability as an intrinsic problem of the individual; its main concern is the "detection, avoidance, elimination, treatment and classification of impairment" (Thomas, 2002, p. 40; as cited in DeVolder, 2009).

Two models of disability, the British social model and the North American minority group model[5], have grown out of "the experiences of persons with disability and their frustration

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[4] The economic model is employed by social welfare agencies such as Human Resources and Skills Development Canada (HRSDC, 2009) and defines disability in terms of employability. Universal models, such as the affirmation model (Swain & French, 2000) and the World Health Organization (WHO) biopsychosocial model, stress that "disablement is an intrinsic feature of the human condition, not a difference that essentially marks one subpopulation off from another" (Bickenbach, Chatterji, Badley, & Üstün, 1999, p. 1184). The ICF biopsychosocial model of disability is an attempt to bring together the medical and social models. Thus, "A person's functioning and disability is conceived as a dynamic interaction between health conditions (diseases, disorders, injuries, traumas etc.) and contextual factors (personal and environmental factors)" ("International Classification of Functioning, Disability and Health (ICF)," 2001, p. 8). Similarly, the Nordic relational model holds that disability is created from "mismatch" between an individual's body/mind (biological need) and the environment (Goodley, 2011). The axiological lens also sees a "disjuncture" between the person and their environment but, in addition, employs explanatory legitimacy theory (DePoy & Gilson, 2012).

[5] The major difference between them is that the British social model distinguishes between *impairment* and *disability*. Impairment refers to the functional limitation(s) caused by the biomedical condition of the person; while disability is defined as the social barriers and discrimination faced by disabled persons resulting from a non-inclusive society (Morris, 2003; Oliver, 1990). Harlan Hahn describes the minority group position, "The problems faced by disabled citizens are essentially similar to the difficulties encountered by other minorities. The basic issues are prejudice and discrimination evoked by visible or labeled human differences" (Hahn, 2002, p. 171).

with what they saw as the pathologizing, objectifying, deterministic, and marginalizing nature of the medical model" (DeVolder, 2009). Both models emerged from disability activism, view disability as social discrimination, and, instead of focusing "on 'fixing' people with disabilities, direct attention to the disabling effects of a normalizing society" (DeVolder, 2009). Inclusion, human rights, accessibility, accommodation, and barrier removal are key themes for social and political change (Morris, 2003).

It is interesting to note how the trajectory of disability studies, in many ways, parallels that of other civil rights or minority group discourses (L. J. Davis, 2006). American anthropologists in the mid 1900s rejected the biological determinism inherent in the medical approach and proposed a radical theoretical distinction between "race" and "culture." In the battle for civil rights, "Culture became important in anthropology as a conceptual means of avoiding or denying the relevance of biologically defined 'race' in the explanation of human behaviour" (Turner, 2007, p. 22). Feminists argued along similar lines when they articulated the contrast between "sex" (as biological) and "gender" (as the social construction of masculinity and femininity) (K. Davis, 2007; Witz, 2000). Then, in the 1980s, disability theorists followed suit with social model of disability that set apart "impairment" (the medical condition) and "disability" (the barriers, discrimination, and social oppression that *disable* persons with impairment) (Thomas, 2007). What is interesting is that all three actively promoted social justice by rejecting the belief that "biology is destiny," that a person's life and identity are determined by his–her biology (distinctions of nature) (Hughes, 2002). Further, in each case, the theoretical focus turned away from the corporeal body towards the study of the social and socio-political. While the biology versus culture based dichotomies above had practical and political value for

furthering the rights of minority groups, the distinctions drawn began to be criticized for relying on an essentialist and dualistic approach, for reproducing the structures that they attempted to challenge, for leaving the biology side of the dualism untheorized, and for defining collective identity so narrowly that it neglected and excluded difference within the group (Corker, 1999; K. Davis, 2007; Thomas, 2007; Tremain, 2006).

In recent years, critical disability studies has emerged in response to these concerns. Critical disability theory engages with critical theory[6], assumes a post structuralist de-centered subject position, and argues for more complex understandings of disability oppression. Meekosha and Shuttleworth (2009) explain, "The terms of engagement in disability studies have changed . . . the struggle for social justice and diversity continues on another plane of development—one that is not simply social, economic and political, but also psychological, cultural, discursive and carnal" (p. 50). Further, critical disability theory recognizes the complexity of social embodiment, the inextricable tangle of discursive-material bodies. In a disability context, Raewyn Connell describes social embodiment as:

> The collective, reflexive process that embroils bodies in social dynamics, and social dynamics in bodies. . . . Social embodiment is not just a reflection, not just a reproduction, not just a citation. It is a process that generates, at every moment, new historical realities: new embodied possibilities, experiences, limitations and vulnerabilities for the people involved. So we need to understand disability as emerging through time. Disabled people are indeed, involved in a political process of rediscovering their own histories (2011, pp. 1370, 1371).

[6] I use the term broadly to "refer to a whole range of theories which take a critical view of society and the human sciences or which seek to explain the emergence of their objects of knowledge" (Macey, 2000, p. 74).

There are four contributions of critical disability theory that I draw upon for this dissertation, ideas concerning: ableism, disavowal, Foucauldian theory as taken up by disability theorists, and categories of difference (intersectionality) from a genealogical point of view.

Ableism

An important contribution of critical disability theory for my project is that it changes the focus of investigation from the disabled body to its constitutive other—the able body. Fiona Campbell (2008) argues that instead of continuing to interrogate disability, our inquiry should refocus on the non-disabled identity, the "normality-which-is-to-be-assumed," or what she calls "The Ableist Project." This move is similar to considering the unacknowledged and naturalized place of "whiteness" in the question of race (Bell, 2006). In the past 30 years, disability studies has raised awareness of the *disableism* in society. Disableism can be defined as "a set of assumptions (conscious or unconscious) and practices that promote the differential or unequal treatment of people because of actual or presumed disabilities" (Campbell, 2008, p. 1). However, Campbell argues that a focus on disableism "reinscribes an able-bodied voice–lens towards disability" where disability "continues to be examined and taught from the perspective of the Other" (p. 1).

Shifting the spotlight to *ableism*, however, underlines the normative and compulsory preference for the "ideal" body and, therefore, the devaluation of bodies that do not match this ideal (McRuer, 2006). Rosemarie Garland-Thompson created the neologism "normate" to describe this idealized body (1997): a body that is out of the reach of every *body* and for that reason needs to be continually repeated, performed, and reestablished. Rob McRuer explains, "Everyone is virtually disabled, both in the sense that able-bodied norms are intrinsically

impossible to embody fully and in the sense that able-bodied status is always temporary, disability being the one identity category that all people will embody if they live long enough" (2006, pp. 95-96).

Further, critical disability theorists argue that ableism functions to inaugurate the norm:

> Ableism sets up a binary dynamic which is not simply comparative but rather co-relationally constitutive. This formulation of ableism not only problematizes the signifier disability but points to the fact that the essential core of ableism is the formation of a naturalized understanding of being fully human" (Campbell, 2008, p. 2).

The disabled body, then, is not mis-placed or dis-placed matter: "The disabled body has a place, a place in liminality to secure the performative enactment of the normal" (Campbell, 2008, p. 5). Or following Tanya Titchkosky, "The notion of disability functions as a discursive mechanism in service of normal society" (2007, p. 151).

Adrienne Rich coined the phrase "white solipsism" to describe the way persons located in the unmarked category of "whiteness" can think, imagine, and speak "as if whiteness described the world" (as cited in West & Fenstermaker, 1995, p. 10). I submit that "able-bodied solipsism" operates in a similar way, projecting an able-bodied only worldview. As Fiona Campbell remarks, "Ableist normativity results in compulsive passing, wherein there is a failure to ask about difference, to imagine human being-ness differently" (2008, p. 1). I argue that the overcoming narrative reflects, reiterates, and reinforces able-bodied solipsism.

Erving Goffman, in his influential work *Stigma: Notes of the Management of Spoiled Identity* (1963) observes, "Norms breed deviations as well as conformance" (1963, p. 129). This is the weakness of the norm. Judith Butler argues that the very site of possible resistance can be found here, amidst the requisite repetition and reproduction of social norms (Butler, 1993). The

compulsive reiteration of the overcoming narrative, therefore, is one such site where we can exploit "the iterability of discursive norms in order to unveil them for the politically loaded dynamics that they are," so that, "new identities, new subjectivities will become possible" (Cahill & Hansen, 2004, p. 26).

Disavowal

A second contribution of critical disability theory to my project is the aspect of psychoanalytic theory it brings back into the discussion, in particular, the concept of disavowal (Goodley, 2010; Hughes, 2009; Shildrick, 2005). I do not take up disavowal as part of a universalizing "grand theory," but rather, following post structuralist feminist scholars, such as Margrit Shildrick (2005), as an heuristic device to complicate the boundaries of normative subjectivity and its illusions of control and invulnerability. Tom Shakespeare defines disavowal as "an operation whereby qualities, feelings, wishes, or even objects, which the subject refuses to recognize or rejects in himself, are expelled from the self and located in another person or thing" (1994, p. 283). There are two aspects of disavowal: "Othering" (separating the self from the marginalized Other) and denial (disowning threatening items by projecting them onto the Other). As "the tear in our being," disability hides in our subconscious mind as the unthinkable, the uncontrollable, and the inevitable (Stiker, 1999, p. 10). Bill Hughes writes,

> Ironically, the ontological insecurity of non-disabled identity is the original sin that pushes disabled people to the margins of the human community. Disability is not an outcome of the infraction of social norms about 'normalcy' but a product of the failure of carnal normalcy to take proper account of itself, to indulge in 'bad faith' and delude itself into thinking that it is exempt from the slings and arrows of outrageous fortune. The problem rests with the normative body that does not want to be reminded of its own vulnerability or to admit that abjection and death is its fate (2007, p. 681).

The vulnerable, disabled body "exposes the illusion of autonomy, self-government, and self-determination that underpins the fantasy of absolute able-bodiedness" (Garland-Thomson, 1997, p. 45). Hevey explains even more directly,

> What is happening is that non-disabled people are getting rid of their fear about their mortality, their fear about the loss of labour power and other elements in narcissism. The point I am making is that disabled people are the dustbin for that disavowal (Hevey, 1992, p. 34).

However, a point I would like to stress is what the disability theorists above do not state, that is, that persons with disability are not exempt from disavowal. In order to illustrate this, I will discuss the concept of "Othering" in more detail.

I am not sure who first described the process of "Othering"; names such as Hegel, Husserl, Sartre, De Beauvoir, Levinas, Lacan, Derrida, Kristeva, and Said often get mentioned (Pickering, 2001). While he does not use the expression, Erving Goffman (1963) describes it in distressing detail. "Othering" is invoked at three levels that are entangled: as a mainstay of identity formation, as a way of ordering or categorizing our social world, and as the out working of social hierarchies. Bob Mullaly asserts, "The creation of [the] binary opposite (that "alien" to the normal) by privileged groups is known as Othering" (Mullaly, 2010, p. 295).

An interesting thing about Othering is that no matter where people find themselves in this social ranking, they seem to be able to find another "Other"—the real "Other"—against which to position themselves. Like Chinese nesting dolls, we find hierarchies within hierarchies. One example is what has been called the "poor man's snobbery," for instance, when the working poor denigrate the non-working poor (Mullaly, 2010, p. 39). In the news a few years ago, in the state of Florida, 98% of welfare applicants passed mandatory drug testing (Desmond-Harris, 2011). (Of course, an important issue is that of surveillance.) Nevertheless, it was emphatically asserted

(my emphasis), "You see! We're not *drug addicts*." This is disavowal: "Thank god, I'm not like *them*!" In this unconscious process, persons with disability are also complicit. This will become clearer at different points in my analysis. It highlights for me the importance of understanding our own positioning within relationships of power so that we can "struggle for social justice and diversity" (Meekosha & Shuttleworth, 2009) in more collaborative ways.

For my project, the concept of disavowal also allows me to bring the possible unconscious work of compulsory heroism into the discussion.

Critical Disability Theory Meets Foucault

Critical disability theorists have begun to explore the contributions that Foucauldian analyses can bring to disability studies. In this respect, Shelley Tremain's (2005) edited volume, *Foucault and the Government of Disability*, has been hugely influential. Foucault's ideas concerning bio-power, normalization, the docile body, and the carceral network have been taken up to discuss the ways that individuals are constituted as "disabled subjects" in contexts such: as rehabilitation centers (Sullivan, 2005); care services (Drinkwater, 2005; Levinson, 2005; Yates, 2005); law (Campbell, 2005); special education (Allan, 1996, 2005; Simons & Masschelein, 2005); and a wide range of institutions, for instance, institutions for the deaf and blind (Snyder & Mitchell, 2006), mentally handicapped (Carlson, 2001, 2005; Corker, 2002), and mentally ill (Parr, 1999).

Furthermore, there is a growing number of genealogies of disability (both explicit and those drawing upon genealogical analysis) tracing, for example, histories of: disability as a category in social policy (Stone, 1986); mental retardation (Trent Jr, 1994); the statistical norm (L. J. Davis, 1995); literary representations of disability (Garland-Thomson, 1997); Western

"mentalités" towards disability (Stiker, 1999); the classification of impairment (Corker, 2002; Tremain, 2002); the disabled identity (Galvin, 2004); the "irreducible différence of the disabled body" (Shildrick, 2005); research practices involving persons with disability (Snyder & Mitchell, 2006); disability and immigration (Galusca, 2009); rehabilitation (Kumar, 2011); "inspirational, physically fit, disabled subjectivity" (Peers, 2015), and "the production of traumatized soldiers as ill" (Moss & Prince, 2014). The contributions of Foucauldian genealogy as a methodology for my project will be discussed in greater detail in the chapter to follow.

Genealogy and Categories of Difference

As I began to analyze the CTCB Awards, the winner narratives, and historical sources, I was continually struck by the complex interweaving of issues concerning social inequality that all became lumped together (at different times) and narrated as problems to be overcome. While, my interest in the CTCB Awards grew of out of the disability studies literature, I began to see that the overcoming story is not just a disability story.

Social inequality is a central concern in both disability studies and intersectional-type theorizing. The assumption is that poverty, unequal opportunities, exclusionary practices, disparate living conditions, inequitable access to services, and differential treatment are social problems that need to be ameliorated (Mullaly, 2010). However, if we look at this assumption with a genealogical lens, following Foucault (1988a), it becomes "curious" and a different set of question come to the fore. How is it that, in its naissance, social science took up a view of society as something that could be improved, perfected, and perhaps even engineered? How is it that certain people became experts who could define the "social problems" as well as generate solutions for them? Against these questions what comes into relief is the progress narrative of

Enlightenment rationality: a belief in the objectivity and efficacy of science, a view of social development as linear with Western civilization at the highest point, and an epistemology that tightly bound what counted as knowledge. Critical race, post colonial, and feminist post structural theories have taken Enlightenment rationality and subjectivity as the focus of their critique (Hekman, 2013; L. T. Smith, 1999; Strega, 2005; Thobani, 2007). The genealogy of compulsive heroism I trace is fundamentally entangled with these questions.

Moreover, the genealogical roots of categories of difference are also entwined with Enlightenment rationality (Strega, 2005; I. M. Young, 1990). Bob Mullaly writes, "Whatever genealogical account of oppression is presented, there is agreement in the anti-oppression literature, especially among feminist writers, that oppression today was most influenced by post Renaissance 'man,' his science, and his theories" (Mullaly, 2010, p. 49). The "categorical, dichotomous, hierarchical logic" of the Enlightenment is deeply implicated in modern, Western conceptualizations of difference (Lugones, 2010, p. 742). Susan Strega asserts, "Enlightenment epistemology inscribes a hierarchical dualism that inevitably positions women and other marginalized peoples as inferior. The ascription of inferiority lies at the core of the justification of racial subjugation, violence, and structural inequalities" (2005, p. 210).

It became very clear to me throughout my analysis that the production of categories of difference is deeply implicated in the production of the overcoming narrative. With a Foucauldian and post structural feminist bent, I have begun to understand the production of categories of difference in terms of social embodiment, that is, in terms of material-discursive bodies embroiled in relationships of power in a complex tangle (or "mangle") (Hekman, 2013). Therefore, where the production of categories of difference is evident in the sources that I

examined, I try to highlight them with the understanding that these efforts may contribute to other genealogical projects and intersectional-type[7] analyses.

Summary

Critical disability studies, then, provides a lens though which I can interrogate the overcoming story. Social embodiment, ableism, and disavowal are key concepts that frame my understanding of the mutual constitution of discourse and embodiment, social practices and subjectivities, and macro and micro processes. Further, critical disability studies points towards a productive methodology for research. In the next chapter, I will discuss how I take up Foucauldian genealogy in order to explore the work of the overcoming narrative.

[7] Since there is a great deal of discussion on how to envision the entangling of categories of difference (e.g. intersections, interlocking oppressions, interference etc.) and each is problematic, I use the expression "intersectional-type" theory as a broad term to acknowledge both the contributions and challenges of various approaches.

Chapter Two: Foucault and Genealogy

> Genealogy uses historical knowledge to reveal that who and what we are is not fixed . . . but a series of contingent becomings. Dis-inevitable-izing ourselves: an ugly term but perhaps it captures the kind of politics which genealogy shows up (Walters, 2012).

Foucault is challenging for a number of reasons. He does not offer, in fact he resists, presenting a unified theory (Foucault, 2000, pp. 223-224). He purposefully defies disciplinary, theoretical, and political classification. Moreover, his works are diverse and presented in various forms (books, lectures, essays, interviews) and his ideas evolve over the course of his career. Therefore, as Margo Huxley observes, "There are multiple 'Foucaults' present in these polymorphous works, and their geographical and disciplinary dispersal, coupled with the uneven rate of publication and translation, makes coherent summary difficult" (2009, p. 3). Foucault's emphasis is neither on "grand theory" nor theoretical purity, but rather, on experimentation, play or inversion (Walters, 2012). Any synopsis of his work that attempts to tightly pin him down, therefore, does him a great disservice.

Foucault emphasizes that he views his theory as a kind of "toolkit" (Foucault, 1980, p. 145). The implications of this metaphor, according to Jana Sawicki (2005, p. 380), are twofold. First of all, Sawicki argues that Foucault intends his ideas to be taken up "insofar as they seem helpful to the critical task at hand." Second, Sawicki asserts that it is important to recognize Foucault's "meta-theoretical impulse," that is, his concern lies "in problematizing theories rather than in producing them." Foucault states that a toolkit view of theory is one that does not approach theory as a formal "system" per se, but rather, as an *instrument* and an *investigation*. Concerning theory as an instrument, what is critical for Foucault is the "*logic* of the specificity of

power relations and the struggles around them" (1980, p. 145). Concerning theory as an investigation, Foucault emphasizes intensive, context specific, historical reflection. This chapter will explore Foucauldian theory as an instrument for inquiry. The next chapter will discuss Foucauldian theory in terms of investigation as inquiry.

In keeping with Foucault's own "toolkit" approach research, I want to reiterate that I approach Foucault instrumentally. I take up genealogy, as a tool, because I expect it to be a fruitful and useful methodology to answer my research questions, a different way to dig at a long-standing issue. Further, in the process, I take up those Foucauldian concepts that I find helpful to the task at hand. These revolve around a triad of overlapping discussions or domains of genealogy: games of truth, relations of power, and forms of relations to self and other.

Games of Truth

Foucault asserts, "Truth itself has a history" (Foucault, 2000, p. 118). Foucault moves to shake the "false self-evidence" of truth, to demonstrate its "precariousness," and to illustrate that what we come to understand as "truth" is the result of complex and multiple historical events and processes (2000, p. 225). Foucault proposes that what we have come to believe is the truth about ourselves, what we take as the self-evident truth about human beings, what he calls the "constituent subject" also has a history. Genealogy, writes Foucault, is "a form of history that can account for the constitution of knowledges, discourses, domains of objects, and so on," and "can account for the constitution of the subject within a historical framework" (2000, p. 118). In a 1978 interview with D. Trombadori, Foucault explains,

> Everything I've been concerned with up to now has to do basically with the way men in Western societies have produced these experiences—fundamental ones, no doubt—which consist in engagement in a process of acquiring knowledge of a

> domain of objects while at the same time they are constituting themselves as subjects with a fixed and determinate status. For example, knowing madness while constituting oneself as a rational subject; *knowing illness while constituting oneself as living subject*; or the economy, while constituting oneself as a laboring subject. So there is always this involvement with oneself within one's savoir (emphasis mine; Foucault, 2000, p. 257).

With respect to my project, to paraphrase Foucault loosely, my argument is this: In acquiring knowledge about disability amidst a web of power relations, we (people in Western societies) have come to know illness-deformity-disability while constituting ourselves as an *able-bodied subject*. The ways the overcoming narrative has been caught up in the production of knowledge about disability and the constitution of able-bodied subjects and subjectivity is a central theme of my project.

Further, Foucault says that he came to consider discourse not simply as a matter of linguistics or semiotics, but rather as a game of truth involving strategies "of action and reaction, question and answer, domination and evasion, as well as struggle" (Foucault, 2000, p. 2). In short, he began to think about discourse in terms of "truth" and "power." The following extended passage from the *History of Sexuality* raises a number of points that I would like to highlight:

> It is in discourse that power and knowledge are joined together. And for this very reason, we must conceive discourse as a series of discontinuous segments whose tactical function is neither uniform nor stable. To be more precise, we must not imagine a world of discourse divided between accepted discourse and excluded discourse, or between the dominant discourse and the dominated one; but as a multiplicity of discursive elements that can come into play in various strategies. It is this distribution that we must reconstruct, with the things said and those concealed, the enunciations required and those forbidden, that it comprises; with the variants and different effects—according to who is speaking, his position of power, the institutional context in which he happens to be situated—that it implies; and with the shifts and reutilizations of identical formulas for contrary objectives that it also includes. Discourses are not once and for all subservient to power or raised up against it, any more than silences are. We must make allowance for the complex and unstable process whereby discourse can be both an instrument and an effect of power, but also a hindrance, a stumbling-block, a

> point of resistance and a starting point for an opposing strategy. Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it (Foucault, 1990, pp. 100-101).

My first point here is that discourse, as Foucault comes to define it, involves both knowledge and power. It is something of a tightly bound knot. Foucault writes, "There can be no possible exercise of power without a certain economy of discourses of truth . . . We are subjected to the production of truth through power and we cannot exercise power except through the production of truth" (Foucault, 1980, p. 93). Thus, with respect to the focus of genealogy, "It is really against the *effects* of the power of a discourse that is considered to be [true] scientific that the genealogy must wage its struggle" (emphasis mine; Foucault, 1980, p. 84).

Second, I would like to emphasize that discourses are discontinuous, segmented, heterogeneous, and unstable. They involve multiple elements and multiple strategies. They are competing, contestable, and contingent. In "The Order of Discourse" Foucault states, "As history constantly teaches us, discourse is not simply that which translates struggles or systems of domination, but is the thing for which and by which there is struggle, discourse is the power which is to be seized" (1981, pp. 52-53). Discourse, in other words, is a site of multiple ongoing struggles. Excavating these struggles is a large part of the task of genealogy. The struggles themselves point to the work that the discourse is accomplishing.

Third, I would like to emphasize that for Foucault discourse is a two-edged sword. It cuts both ways. It is both an instrument and an effect of power *and* an instrument and an effect of resistance. Moreover, Foucault sees this relationship between power versus resistance as inherent in the very nature of power. He states, "In relations of power, there is necessarily a possibility of resistance, because if there were no possibility of resistance—of a violent resistance, of flight, of

ruse, of strategies that invert the situation, there would be no power relations at all" (Dits et ecrits, p. 720; as cited in Racevskis, 2005, p. 91).

One of the most widespread critiques of Foucault is his pessimism (some even say nihilistic determinism) with respect to possibilities for social change (Said, 1983). Certainly, Foucault is reluctant to set an overall agenda. However, Foucault states that he is "astounded" by such criticism because his intentions are exactly the opposite, that is, to show the contingency of relations of power: "These power relations are mobile relations, that is, they may become modified, they are not given once and for all' (Dits et ecrits, p. 693, 720; Racevskis, 2005, p. 91).

Nevertheless, reading Foucault is unsettling and, in large part, that was his goal. He disrupts taken-for-granted assumptions about knowledge, power, and self that are embedded in historical materialist emancipatory projects such as the Disabled Persons Movement. This necessitates more complex understandings of social reform. Foucault offers,

> But, it seems to me that "what is to be done" ought not to be determined from above by reformers, be they prophetic or legislative, but by a long work of comings and goings, of exchanges, reflections, trials, different analyses.
>
> Critique doesn't have to be the premise of a deduction that concludes, "This, then, is what needs to be done." It should be an instrument for those who fight, those who resist and refuse what is. Its use should be in processes of conflict and confrontation, essays in refusal. It doesn't have to lay down the law for the law. It isn't a stage in a programming. It is a challenge directed to what is.
>
> If prisons and punitive mechanisms are transformed, it won't be because a plan of reform has found its way into the heads of the social workers, it will be when those who have a stake in that reality, all those people, have come into collision with each other and with themselves, run into dead ends, problems, and impossibilities, been through conflicts and confrontations—when critique has been played out in the real, not when reformers have realized their ideas (Foucault, 2000, pp. 235-236).

I love the story Foucault tells in his 1978 interview with D. Trombadori (Foucault, 2000, p. 245). Trombadori describes the responses of different readers, such as correctional officers and social workers, to *Discipline and Punish*; they said that even if the book contained some correct observations, that it was anaesthetizing and prevented them from carrying on with their jobs. Foucault's reply is:

> This very reaction proves that the work was successful, that it functioned just as I intended. It shows that people read it as an experience that changed them, that prevented them from always being the same or from having the same relation with things, with others, that they had before reading it.

In another interview Foucault is even more explicit about his intentions:

> But my project is precisely to bring it about that they "no longer know what to do," so that the acts, gestures, discourses that up until then had seemed to go without saying become problematic, difficult, dangerous. This effect is intentional (1991, p. 235).

Foucault's intention is to bring about "a transformation of the relationship we have with ourselves and with the world . . . in short, a transformation of the relationship we have with our knowledge" (2000, p. 244). Walters (2012) calls such transformational moments "critical encounters" and others call it "the Foucault effect" (Foucault, 1991). My goal, similarly, in undertaking a Foucauldian genealogical analysis of the overcoming narrative is to "interrogate an existing discourse and practice, aiming to open up a space to think and act differently" (Reed & Saukko, 2010, p. 17). In other words, as Foucault offers, "The work of the intellectual is to show that what is does not have to be what is" (1989, p. 359).

Relations of Power

> The longer I continue, the more it seems to me that the formation of discourses and the genealogy of knowledge needs to be analyzed, not in terms of types of consciousness, modes of perception and forms of ideology, but in terms of tactics and strategies of power (Foucault, 1980, p. 77).

A significant contribution of Foucault to my project can be found in his evolving conceptualization of power or, more aptly, power/knowledge relations. Foucault's premise is that "between techniques of knowledge and strategies of power, there is no exteriority" (1981, p. 351). Foucault argues that towards the end of the seventeenth century two problems came to the fore: the problem of the accumulation of men and the problem of extracting the maximum capacity possible from each member of the population. Thus, a form of political power emerged whose target was life itself and whose function was to administer, optimize, and increase the health, strength, survival, and well-being of the population. This "power over life" or "bio-power," Foucault maintains, developed along two poles: disciplinary power over the bodies of individuals ("an anatomo-politics of the human body") and regulatory power over the population ("a bio-politics of the population") (1990, p. 139).

In *Discipline and Punish*, Foucault traces disciplinary power as it emerged through institutions such as armies, barracks, universities, schools, workshops, manufacturing spaces, and prisons. The target of disciplinary power is "the body as machine: its disciplining, the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic controls" (1977, p. 139). The goal of disciplinary power, Foucault argues, is the formation of the useful *and* intelligible body, the manipulable *and* analyzable body, or, in his words, the "docile" body: one "that may be subjected, used, transformed, and improved" (1977, p. 136). Consequently, "a whole set of

techniques, a whole corpus of methods and knowledge, descriptions, plans, and data" developed as means for "the control and use of men" (1977, p. 141). The three main instruments of disciplinary power Foucault outlines are: hierarchical observation (surveillance), normalization, and the examination (the formal combination of observation and normalizing judgment that produces a written record or "a case") (1977, p. 170). The work of disciplinary power is an analytical strand that runs throughout this paper. I will describe its work in institutions for the blind and deaf, in the development of poverty knowledge in the Progressive Era, in reeducation propaganda, in rehabilitation discourse, and in fundraising efforts for health-related charities. Moreover, the overcoming body can be considered a "docile" body—it is a body that is "subjected, used, transformed, and improved."

The second pole of bio-power concerns the regulatory control and administration of populations. Bio-politics, the "calculated management of life" (Foucault, 1977, p. 140), emerged with the rise of statistics and demography and originally took up such issues as: fertility, birth and mortality rates, life expectancy, and migration. In a brief synopsis of the growth of bio-politics, Foucault states that in the early twentieth century, out of various strands of charity and philanthropy, "people appear who make it their business to involve themselves in other people's lives, health, nutrition, housing; then, out of this confused set of functions there emerge certain personages, institutions, forms of knowledge: public hygiene, inspectors, social workers, psychologists" (1980, p. 62). The main instruments of bio-political power Foucault discusses are: objectification (through, for example, classification, dividing processes, and processes of subjectification) and normalization (2000, p. 326). The way the overcoming narrative is

implicated in the emergence and maintenance of bio-politics in North America is another analytical strand in this thesis.

Taken together, the two poles of bio-power have far-reaching implications for my project. As Shelley Tremain emphasizes,

> The importance of critical work on bio-power (bio-politics) to analyses of disability cannot be overstated. For during the past two centuries, in particular, a vast apparatus, erected to secure the well being of the general population, has caused the contemporary disabled subject to emerge into discourse and social existence. Among the items that have comprised the expansive apparatus are asylums, income support programs, quality of life assessments, worker's compensation benefits, special education programs, regimes of rehabilitation, parallel transit systems, prostheses, home care services, telethons, sheltered workshops, poster child campaigns, and prenatal diagnosis. These (and a host of other) practices, procedures and policies have created, classified, codified, managed, and controlled social anomalies through which some people have been divided from others and *objectivized* as (for instance) physically impaired, insane, handicapped, mentally ill, retarded and deaf (2005, p. 6).

It is also significant to my present study to note that the principal instrument of bio-power (operating in both disciplinary and bio-political power) is normalization. Foucault writes,

> But a power whose task is to take charge of life needs continuous regulatory and corrective mechanisms. It is no longer a matter of bringing death into play in the field of sovereignty, but of distributing the living in the domain of value and utility. Such a power has to qualify, measure, appraise, and hierarchize, rather than display itself in its murderous splendor; it does not have to draw the line that separates the enemies of the sovereign from his obedient subjects; it affects distributions around the norm . . . A normalizing society is the historical outcome of a technology of power centered on life (1977, p. 144).

For Foucault, the normalizing elements of the "human sciences" (sociology, anthropology, psychology, psychoanalysis, psychiatry, criminology, education, social work, public health etc.,) are all forms of knowledge that emerged entangled with "the problems and practices of power, social government and the management of individuals" (Gordon, 1994, p. xvi). I want to emphasize that at issue, for Foucault, is not whether this knowledge is true or

false, right or wrong, or even good or bad. His point is "that everything is dangerous" (Foucault, 1984a, p. 343). He is drawing our attention to the *effects* of power/knowledge relations. He is reminding us that these *are always* power relationships; that institutions, practices and policies exercise real power over real people; that, as a result, the *effects*, of even well intentioned practices, are not always benign. I believe this is becoming increasingly clear as more and more "survivors" of many different institutional and bureaucratic systems begin to speak out.

Returning to the question of power, more generally, Foucault presents a view of power as an inescapable web woven into the very fabric of social life. Throughout his writings, Foucault sketches out his ideas concerning power by contrasting them with what he believes power is *not* and he frames these as methodological precautions. For instance, in contrast to repressive power (power "as a force that says no"), Foucault emphasizes the productive nature of power. Foucault maintains that power produces things: pleasure, knowledge, discourses, practices, technologies, subjects, and subjectivities (2000, p. 120). Methodologically, Foucault wants to move analyses of power away from those that view power in terms of obedience to a sovereign power (legal questions of legitimacy, right, abuses of power, relationships of contract or oppression) towards a schema that considers power in terms of techniques of subjugation and dominance enacted in practices, materialized in institutions, and embodied by human subjects (1980, pp. 90-97). At issue for Foucault are not questions regarding who has the power and what their conscious intentions are but, rather, questions concerning where power "installs itself and produces its real effects." He writes,

> Let us not, therefore, ask why certain people want to dominate, what they seek, what is their overall strategy. Let us ask instead, how things work at the level of on-going subjugation, at the level of those continuous and uninterrupted processes which subject our bodies, govern our gestures, dictate our behaviours etc. (1980, p. 97).

In contrast to a top down view of power that involves one class exercising power over another (questions of who has power and who does not), Foucault suggests that we think about power as a capillary network of human relationships in which we are all implicated "simultaneously undergoing and exercising power" (1980, p. 98). Analysis of power, then, Foucault argues, need not always proceed from the top down (descending) but also can proceed from bottom up (ascending), starting from its micro-mechanisms: "that is, from its infinitesimal mechanisms, which each have their own history, their own trajectory, their own techniques and tactics" (1980, p. 99). In my genealogical project, I argue that the overcoming narrative functions as such a technique or "micro-mechanism" of power.

What emerges throughout Foucault's work, then, is a view of power as a diffuse network bound up with the production of knowledge that produces micro effects (in the everyday life and bodies of individuals) and macro effects (for example, in the state, discourse and institutions). The effects of power are both *discursive* (evident, for instance, in rationalities such as neoliberalism, organizational structures, discourses of the human sciences, and so on) and *material* (for example, evident in practices, architecture, spatial organization, and the comportment of human bodies). It is significant that Foucault reformulated his earlier work on discourse in order to emphasize the *material* effects of power (1980, pp. 97-98). Broadly speaking, historically, sovereign power gives way to bio-power (although it is not completely replaced by it). This disciplinary and regulatory power employs an even more general power—

that of the norm (1989, p. 197). This is "the point where power reaches into the very grain of individuals, touches their bodies and inserts itself into their actions and attitudes, their discourses, learning processes and everyday lives" (1980, p. 139). This is the point where power reaches into our relationships with ourselves and with others.

Forms of Relations to Oneself and Others

> I think that if one wants to analyze the genealogy of the subject in Western societies, one has to take into account not only techniques of domination but also techniques of the self. Let's say one has to take into account the interaction of these two types of techniques (Foucault, 1980; as cited in Barry, Osborne, & Rose, 1996, p. 20).

The first two discussions above concern games of truth and the connections between the production of knowledge and power relations. This final issue follows from and logically extends the first two.

Foucault asks the question: How can subjects tell the truth about themselves? He began to answer it in *The History of Sexuality: Volumes 1-3* and continued his explorations in a public seminar entitled "Technologies of the Self" (Foucault, 1988b). Foucault answers his question in this way: "The subject was able to tell the truth about his insanity [for example], because the structures of the Other allowed him to" (1989, p. 360). Power/knowledge relations and bio-power in this instance, then, create the very conditions for self-recognition.

> This form of power that applies itself to immediate everyday life categorizes the individual, marks him by his own individuality, attaches him to his own identity, imposes a law of truth on him that he must recognize and others have to recognize in him. It is a form of power that makes individuals subjects. There are two meanings of the word "subject": subject to someone else by control and dependence, and tied to his own identity by a conscience of self-knowledge. Both meanings suggest a form of power that subjugates and makes subject to (Foucault, 2000, p. 331).

Shelley Tremain puts in this way: "The 'great complex of normality' has become the means through which to identify subjects and to make them identify themselves in order to make them governable" (Rajchman, 1991; as cited in Tremain, 2005, p. 6).

However, with respect to relationship to the self, we arrive at what Foucault describes as "a kind of problematization." There is an inherent tension that exists between regulation and freedom, between control and autonomy, between power and resistance (Foucault, 1989, p. 420). The problem, as summarized by Nikolas Rose, is: "How free individuals can be governed such that they enact their freedom appropriately" (N. Rose, 1996, p. 138). This is where Foucault brings the question of technologies of the self into the discussion. Some examples Foucault offers are: care of the self and techniques for developing self-knowledge, such as writing, examination of conscience, confession, penance, and self-renunciation (Foucault et al., 1988b). There is a large and growing body of scholarship that examines contemporary examples of technologies of the self, such as the self-esteem discourse (Cruikshank, 1999), narratives of and on the body (Tamboukou, 2008), and the multiple discourses and practices that govern the female body (Reed & Saukko, 2010). These are variously tied to the responsibilization demanded from neo-liberal rationality. Thomas Lemke explains,

> The strategy of rendering individual subjects 'responsible' (and also collectives, such as families, associations, etc.) entails shifting the responsibility for social risks such as illness, unemployment, poverty, etc., and for life in society into the domain for which the individual is responsible and transforming it into a problem of 'self-care' (2001, p. 201).

In this way, compulsory heroism can also be understood as a technology of the self, that is, as an internalized micro-mechanism of power that shifts responsibility onto the individual.

Implications for Critical Disability Studies

According to Foucault, subjects can tell the truth about themselves largely because there are mechanisms in place that allow them to make sense of themselves and to be recognized by others. Games of truth, relations of power, and technologies of the self regulate what "truth" we are able to speak about ourselves. This means that only certain "truths" spoken from certain individuals can or will be heard or brought into discussion. It also means that our own self-understanding is influenced by these games of truth. We run up against two sides of an ongoing debate and both are important for critical disability studies. The one side validates subjugated knowledges and the other complicates the question of lived experience.

Foucault discusses subjugated knowledges in Lecture One of *Two Lectures* presented in January 1976 (Foucault, 1980). He is reflecting upon the intellectual climate of the previous 15-20 years and identifies an emerging characteristic of critical thought: what he describes as "an insurrection of subjugated knowledges" (1980, p. 81). By this, Foucault means two things: "the historical contents that have been buried and disguised in a functionalist coherence or formal systemization" and "a whole set of knowledges that have been disqualified" (1980, pp. 81-82); in other words, erudite knowledges that were glossed over and local, popular knowledges that were discounted. The examples Foucault offers of the latter "low-ranking knowledges" include: "that of the psychiatric patient, the ill person, of the nurse, of the doctor . . . of the delinquent etc.," (1980, p. 82). It is upon these kinds of subjugated knowledges that Foucault bases one definition of genealogy:

> Let us give the term *genealogy* to the union of erudite knowledge and local memories which allows us to establish a historical knowledge of struggles and to make use of this knowledge tactically today (1980, p. 83).

Similar to standpoint feminists, within disability studies, there is a strong emphasis on the importance of acknowledging the subjective aspects of oppression, of understanding what it is that people with disability experience as disabling, and of recognizing disability "as a site of embodied revelation" (Hughes, 2007; Snyder & Mitchell, 2006, p. 10; Titchkosky, 2007). Foucault's concept of subjugated knowledges validates the strategic role that knowledge from the disabled body can play in pointing out the places of struggle and in revealing the sites and effects of power relations. For instance, Foucault explains the benefits of his early scholarship in phenomenological psychiatry. He says that "superb descriptions of madness as unique and incomparable fundamental experiences were important" and that "existential analysis helped us get a grasp on what was heavy and oppressive in the gaze and the knowledge apparatus of academic psychiatry" (2000, pp. 257-258).

Nevertheless, Foucault's project complicates subjectivity. He asks how it is that we come to understand and govern ourselves in certain ways. For Foucault, our knowledge about our experience and ourselves is contingent and relies upon socially constructed norms, institutions, and a whole web of social practices. Foucault's point is that "because they [knowledge/power relations] are made, they can be unmade—of course, assuming we know how they were made" (Foucault, 1989, p. 359). The goal of his critique ("the art of not being governed quite so much") is "de-subjugation" (Foucault, 1997, p. 45). Foucault project is toward opening up a space to be different as a very practice of freedom. As Martin Saar writes,

> Genealogies in general can be thought of as drastic narratives of the emergence and transformations of forms of subjectivity related to power, told with the intention to induce doubt and self-reflection in exactly those readers whose (collective) history is narrated (Saar, 2002, p. 295).

Drawing on feminist critique of experience as site of embodied knowledge, such as that of Joan Scott (1991), Lisa Diedrich notes that experience, for the most part, has been inadequately problematized within disability studies (2005). At issue here, for example, is concern that accounts of the experience of disability, such as memoirs or autobiographies, reproduce games of truth, relations of power, and techniques for governing the self and other. An important ethical dilemma arises; disability scholars caution us that problematizing experience could result in de-legitimizing the knowledge and experience of persons with disability (Hughes, 2005). For me, understanding that we are all situated in this web of power relations, underscores how interconnected we are. It reminds me that *all* of our theorizing produces real power effects and that the disability movement has not been immune to these (see, for example, Bell, 2006; Corker, 2002). These need to be carefully considered. Building on Foucault, Judith Butler sees our irreducible relationality as part and parcel of the "social conditions of embodiment," as a state of "primary vulnerability," of being exposed, of being "given over from the start to the world of others" (Butler, 2004). For me, this is an important foundation for ethics.

With respect to articulating the work the overcoming narrative accomplishes, I am very aware that critique of the overcoming narrative can be read as criticism of those individuals who are inspired by it or who narrate their own experience though it; this would perform an unmistakable violence to those individuals. However, it also must be recognized that the overcoming narrative, itself, does violence. We are all caught in this inescapable web. We are all implicated. We are in it together.

Summary

In taking up Foucauldian theory as an instrument for inquiry, I turn to three overlapping domains of genealogy, Foucault's knowledge-power-subject triad. Regarding games of truth, as an extension of Foucault's argument, I submit that we have come to know illness-deformity-disability while constituting ourselves as *able-bodied subjects*. Concerning relations of power, I take up the concepts of disciplinary and biopower and Foucault's view of power as a web of relationships that produces micro, macro, discursive, and material *effects*. I argue that the overcoming narrative operates as a micro technology of power producing a "docile" body. Finally, concerning relations to the self and other, I maintain that the overcoming narrative and compulsive heroism can be considered a technology of the self, that is, as an internalized micro-mechanism of power.

In the next chapter, I turn to consider Foucauldian theory in terms of *investigation* as inquiry.

Part Two: Methodologies, Analytic Approaches, and Styles of Genealogy

Chapter Three: How I Took Up Foucauldian Genealogy

In the previous chapter, following Foucault's toolkit view of theory, I discussed Foucauldian theory as an *instrument*. I examined the kinds of questions Foucault explored in three interconnected domains of genealogy: games of truth, relations of power, and forms of relations to oneself and others. Together, this knowledge/power/subject triad provides a theoretical lens with which to approach genealogy. In this chapter, I turn to the second aspect of Foucault's toolkit metaphor: theory as an *investigation*. Concerning theory as an investigation, what Foucault emphasizes is intensive, context specific, historical reflection. Foucault proposes, "What emerges out of this is something one might call a genealogy, or rather a multiplicity of genealogical researches, a painstaking rediscovery of struggles together with the rude memory of their conflicts" (1980, p. 83). The aim of the present chapter is to describe in detail how I took up genealogy. It is not a prescriptive endeavor, but merely a descriptive one to make my process as transparent as possible, to lay bare the limitations of the present study, and to serve as an aid to future researchers.

I begin this chapter with a discussion of four challenges of genealogical research that cannot be under emphasized, specifically, that genealogical research is experimental, incomplete, self-disrupting, and multiple. I then present my approach to data collection (following rabbit trails), outline three analytical *approaches* to genealogy (Genealogy as Analysis of Lines of Descent [GALD], Genealogy as Analysis of Lines of Emergence [GALE], and Genealogy as

Analysis of Counter-Memory [GACoM]), and three *styles* of genealogy that I employ using these approaches (Snapshot genealogy, SHWU genealogy, and Hotspot genealogies).

Four Challenges of Genealogical Research

The first characteristic of genealogy that is important to understand is that it is exploratory. Foucault viewed his genealogies as a collection of experiments with the dusty grey details found in the historical archive (Tamboukou, 2008). He states, "My work takes place between unfinished abutments and anticipatory strings of dots. I like to open up a space of research, try it out, and then if it doesn't work, try again somewhere else (Foucault, 2000, p. 223). Martin Saar stresses that genealogical studies are "by their very nature experimental" (Saar, 2008, p. 308). William Walters describes genealogical research as "promiscuous" and exhibiting "a certain creative latitude" (Walters, 2012, p. 123). Research and analysis in genealogy is an iterative process—that is, "a dynamic process of interpretation and reinterpretation" (Carabine, 2001, p. 285). It is an ongoing visiting and revisiting of data, analysis, and theory. I view my genealogical research, both the exploration of the historical archive and analyses, as a series of experiments, as a series of attempts at "uncovering layers" (Tamboukou, 2008) of understanding of the conditions of possibility that allowed the overcoming narrative to be employed in various ways at various sites and with various effects.

That I consider this project to be an experimental series of kicks-at-the-genealogical-can (so to speak) may lead the reader to question whether or not I knew what I was doing! What I discovered about genealogical research is that talking about it (understanding what it is and what it does) and actually doing it are two very different things. Like learning how to swim, it is impossible to learn how to do it by reading books; you have get out there and jump right in. In

this paper, then, I share not only what I learned about the changing and ongoing work of the overcoming narrative, but also what I learned about genealogical research. I believe that this is an important methodological contribution that I can make.

Second, genealogies are never completed projects; they always remain unfinished. Maria Tamboukou describes them as "archaeological journeys with no final destinations" (Tamboukou, 2008). This clearly raises questions regarding the scope of any genealogical project. Foucault refers to each of his studies as "fragments" and readily acknowledges that the "corpus of source data" he analyzes is impossible to define exactly (1980, pp. 79, 38). For this reason, Foucault's critics accuse him of arbitrarily selecting "odd and incomplete" sources and playing "fast and loose" with historical evidence (Poster, 1984 & Megill, 1979; as cited in Allan, 1996, p. 229). While "cherry picking" is a valid concern (Carabine, 2001), it is important to note that, for Foucault, the purposes of genealogy are very different from those of history. Rather than a search for origins, Foucault emphasizes,

> It [genealogy] must record the singularity of events outside of any monotonous finality; it must seek them in the most unpromising places, in what we tend to feel is without history—in sentiments, love, conscience, instincts; it must be sensitive to their recurrence, not in order to trace the gradual curve of their evolution but to isolate the different scenes where they engaged in different roles. Finally, genealogy must define even those instances when they are absent, the moment when they remained unrealized (Foucault, 1984b, p. 76).

Given the vast scope and wide variety of sources that genealogical research requires, genealogies can only ever be partial and incomplete, small pieces of a very large puzzle.

A further difficulty with genealogy, as Margrit Shildrick reminds us, "is not simply that the past can only be known selectively, dependent on what is recorded and preserved, but that we read it through our own representations, our own beliefs and value systems" (2005, p. 758). In

challenging the taken-for-granted, genealogy bites back; it shakes up some of the researcher's own foundations. It is the difficulty researchers face in attempting to analyze discourses while they are fully immersed in them. The "Foucault Effect" (where we no longer know what to do) is unsettling. Critical reflexivity and the value of solid support system cannot be underemphasized.

Fourth, extending the first two points, there is no single, simple way to take up genealogy. Saar asserts,

> For Foucault himself, it seems, genealogy comprises several conceptual elements, and it includes various theoretical and practical gestures, and he seemed not to be embarrassed about this fact. So, whatever genealogy turns out to "really" be, it seems to be a multiple or differentiated concept or a multi-layered conceptual practice (Saar, 2002, pp. 231-232).

When it comes down to the actual doing of genealogy, there are no hard-and-fast rules (Carabine, 2001); Foucauldian genealogy is more of a methodological lens than it is a method per se. Indeed, William Walters warns of "the perils of applicationism," that is, approaching genealogy "as a fixed set of concepts and tools that one simply applies to empirical projects" (Walters, 2012, pp. 110-111). Nevertheless, given the multiple ways genealogy is taken up by researchers, often with little detail of how analysis actually proceeded (possibly to avoid such "applicationism"), as a first-time genealogist, I have found it helpful to categorize my analysis according to the analytical approaches and style of genealogy I employed. One danger I run lays in oversimplifying genealogical analysis. It must be kept in mind that the analytical approaches and styles I describe are only metaphors to help conceptualize and guide analysis. However, the opposite danger lays in leaving analysis in genealogy so messy that it is hard to make your way through it. A balance needs to be walked between these two poles. Before I discuss these

metaphors, I would like to provide an overview of my strategy for exploring the historical archive.

Exploring The Historical Archive or Data Collection

> Genealogy as a Nietzschean concept redeployed in Foucault's work is, put very simply, the art of archival research, the patience to work meticulously with grey dusty documents, looking for insignificant details, bringing into light unthought-of contours of various ways, discourses and practices that human beings have used to make sense of themselves and the world (Tamboukou, 2010, p. 5).

Not an historiographical analysis.

From the outset, I want to underline that, methodologically, for the most part, I treat North America as a unit of analysis because much of the same academic and/or intellectual discourses inform the professional practices of both countries at the specific sites I consider, namely: institutions for education of the deaf and the blind, social work, vocational rehabilitation, medical rehabilitation and charity. My choices of sites reflect the dominance of particular professional discourses/practices at certain times, and I chose examples that I felt best illustrated these discourses/practices.

More specifically, at these historical sites, it should be noted that Canadian professional literatures relied extensively on American literatures. In Canadian histories of the emerging social sciences, such as education, social work, vocational rehabilitation, and medical rehabilitation, as well as Canadian histories of charity and philanthropy, American ideas and personalities figure prominently. While the borders between Canada and the United States resulted in different political and social climates, physical borders were not a barrier to the exchange of intellectual and academic ideas. Canadian reformers and emerging professionals drew heavily from American (and British) initiatives. In other instances, as I will demonstrate,

Americans drew upon Canadian initiatives. Marianna Valverde writes, "It is very difficult if not impossible to make any general statements about the specificity of Canadian social reform movements; all that can be said is that the well-educated urban English Canadians who led these movements were definitely learning from English and, increasingly, American sources" (Valverde, 2008, p. 16). Canadian histories, like those mentioned above, took me directly to their American counter-parts.

American historical newspapers provided an initial entry point for investigation because those were the newspapers that were available through the ProQuest database when I began my project six years ago. Methodologically, I was exploring. However, while I began with American newspapers, I did not end there. American newspapers were a launching point. I also explored the Canadian historical newspaper archive, notably: *The Toronto Star* (TS) and *The Globe and Mail* (*GAM*). What I was able to get a glimpse of by examining Canadian newspapers along side the American archive is something of the uneven uptake of the overcoming narrative in North America, more specifically: some of those places where it is absent, those scenes where the overcoming narrative is engaged in different roles, and the conditions of possibility that allowed overcoming stories to emerge in different roles at different sites. I use this comparative example to nuance my analysis and also to illustrate the limitations involved in approaching North America as whole.

Therefore, I want to emphasize that I do not attempt an historiographical analysis of the Canadian experience. My research question is not historiographical. Its central concern is not about the differences between Canada and the United States, in the same way that it cannot speak to regional differences within these countries (all newspapers I survey are from major, urban,

English-speaking cities). It also cannot say anything about the overcoming narrative in other parts of the world. This is a clear limitation of the present study. Future research will be necessary to make any historiographical claims. My emphasis is on the changing and ongoing work of the overcoming narrative. Methodologically, in taking up genealogy, my focus is on demonstrating that the overcoming narrative has a history, and that it has been employed in various ways at different times for various ends with differing effects.

Following rabbit trails.

The strategy I adopted to explore the historical archive I call "following rabbit trails[8]." Other researchers, such as Danielle Peers, describe the strategy more eloquently as "following archival leads" (2015). However, I like the Foucault inspired metaphor. Foucault comments, "Still I could claim that after all, these were only *trails* to be followed, it mattered little where they led; indeed it was important that they did not have a predetermined starting point and destination" (Foucault, 1980, p. 79, emphasis mine). The metaphor points towards the experimental nature as well as the challenges of this approach, as I shall discuss shortly.

The scope of my historical survey runs from the mid 1800s to the present. An historian would note that this is hardly a narrow purview. However, my research is exploratory. Therefore, I decided to cast a very wide net. The exploratory nature of my inquiry speaks to one limitation of my study; I approached it like a mining company that takes "samples" of ore in various places in order to decide where to dig deeper. This certainly affects the kinds of claims that I can make and the degree of confidence with which I can make them. My observations are "suggestions," possibilities that will need further research to confirm, refine or refute.

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[8] I use this metaphor to emphasize the multiple *trails* I follow with uncertain ends.

I initiated my genealogical inquiry into the overcoming story with ProQuest's Historical Newspapers online database. I began with historical newspapers for three reasons. First, I reasoned that newspapers would provide a record of events that were considered important (newsworthy) at the time. As a non-historian, I needed a place to start that might also point me in potentially fruitful directions. Second, present-day media has a fondness for the overcoming narrative. I wondered if I might be able to find out something about how and when that attachment developed by exploring early media—newspapers. Third, in terms of the scope of my study, the newspaper archive provides documents that span the entire range of my project.

The newspapers included in the ProQuest database at the time were *The New York Times* (*NYT*), *The Washington Post* (WP), and *The Christian Science Monitor* (CSM). I employed the following search words to initiate my explorations:

"overcom*", "overcom* AND handicap" and "overcom* AND disabilit*"

I looked, specifically, for two things: overcoming rhetoric and overcoming narratives. I reasoned that overcoming rhetoric necessarily explicitly uses the language of "overcoming." Furthermore, while there are undoubtedly redemption stories that do not use the exact expression "overcoming," I wanted to find stories that unambiguously made use of overcoming rhetoric. While all overcoming stories are redemption stories, not all redemption stories take up the rhetoric of overcoming. Another limitation of my study, then, is that it describes overcoming stories as they expressly take up the term "overcoming." This strategy certainly leaves historical gaps and may miss important absences or silences in the historical record.

Using the results gained from my initial explorations, I extended my inquiry in multiple promising directions. Foucault maintains that genealogy "depends on a vast accumulation of source material" (1984b, p. 76). In describing discourse analysis, Gillian Rose (2007) underlines the importance of widening the "range of archives and sites" after examining preliminary sources. Rose notes a "seeming eclecticism" in the selection of sources, but argues, "This eclecticism is demanded by the intertextuality of discourse" (p. 149). Therefore, as my research progressed, my sources expanded. From items found searching the historical newspapers with the above search words, I followed other leads on the Internet. Those led to new leads and so on. I searched for further information about various prominent people, institutions, organizations, and events. In particular, I looked for original sources (historical documents) and academic references (histories). In these, I continued to search for overcoming rhetoric and overcoming narratives. I stress again, my process was experimental and iterative. I noticed different things on different sweeps through the various sources. I followed hunches, back-tracked to look for answers to questions that arose, and chased the archival trails left by other historians. I recorded references to newspaper items and the trails I followed in word documents as well as in six research journals.

Problems with rabbit trails.

There are two major problems with the "following rabbit trails" strategy. The first is that rabbit trails often do not lead anywhere. The second lies in knowing when to stop. Regarding the former, while some of my explorations undoubtedly led me off on various tangents, I believe that they served a purpose—they helped fill in details of historical context. However, knowing when to stop proved a more difficult problem particularly in an interdisciplinary and exploratory

project. Catching a "scent" or sense of a possible lead, curiosity, and the excitement of discovery kept those rabbit trails ever-calling. Moreover, as emphasized earlier, genealogies are never finished projects. William Walters describes them as proceeding with "progressive, but incomplete saturation" (2012, p. 123). Given the parameters of a Ph.D. project, I feel both that I carried out way too much research and, ironically, not enough. After a great deal of wrestling with the matter, I have settled for a breadth of scope, perhaps at the detriment of a deeper or more nuanced analysis. Such is the nature of genealogy; Walters likens it to pointillism in art (2012). I reiterate, future research taken together with many other existing genealogies will be necessary to fill in and/or refine the picture. Moreover, the subjective aspect of following rabbit trails cannot be denied. I followed items that intrigued, confused and seemed promising to me; these cannot help but reflect my own interests and theoretical orientations.

Following the recommendation of Ingólfur Jóhannesson (2010), to aid future researchers, and to unabashedly display the extent and limit of my explorations, at the end of each of my empirical chapters, I will provide a detailed reference list of the historical source material that I drew upon for that chapter. In order to do this, after written correspondence with APA style experts and in consultation with my supervisors, I am adopting an unorthodox mixed reference style. I will use footnotes, for example **[1]**, to indicate references to *data* (primary) sources and parentheses, for example (So-and-so, 2000), to indicate references to *academic* studies and all other sources.

Three Analytical Approaches to Genealogy

In analyzing the historical documents I found, I employed three analytical approaches to genealogy borrowed from William Walters (2012). In trying to clarify what it is we do when we

are doing genealogy, Walters (2012) forwards three complementary "styles" of genealogy, what he calls: GI-Family Tree, Lines of Descent; GII-Counter Memory and Reserialization; and GIII-Retrieval of Forgotten Struggles and Subjugated Knowledges, Lines of Emergence. While fully acknowledging the multiplicity and promiscuity of genealogical research, Walters is attempting to provide a fluid framework for guiding genealogical inquiry.

I have found what Walters calls "styles" of genealogy to be helpful as overall "approaches" for conceptualizing genealogical research and analysis. Therefore, I want to re-name them as such, as analytical "approaches." Although I do not want to draw too bold a line here, I will use the term "styles" of genealogy to indicate, in more concrete terms, the particular ways that I experimented with genealogy (Snapshot, SHWU and Hotspot genealogies). I will explain these in more detail shortly. Within these "styles" of genealogy, I employ Walters' analytical "approaches" to one degree or another.

In order to better understand Walters' approaches, I turn to the sources that undergird his study. Walters draws his ideas concerning GI-Family Tree, Lines of Descent and GIII-Retrieval of Forgotten Struggles and Subjugated Knowledges, Lines of Emergence from Foucault's essay, "Nietzsche, Genealogy, History" (1984b). Chauncey Colwell's (1997) article, "Deleuze and Foucault: Series, Event, Genealogy," informs Walters' understanding of GII-Counter Memory and Reserialization. As much as I found Walters' framework to be helpful, I found the serial category names, GI, GII and GIII, to be cumbersome. I kept mixing them up and having to go back to review which approach was which. Further, the numerical category names suggest that there is a particular order in which genealogical analysis should proceed. This is not the case. Therefore, I simplify the category names, give them acronyms as a memory aid, and re-order

them for discussion to: Genealogy as Analysis of Lines of Descent (GALD), Genealogy as Analysis of Lines of Emergence (GALE), and Genealogy as Analysis of Counter-Memory (GACoM).

Genealogy as analysis of lines of descent (GALD).

In Foucault's essay, "Nietzsche, Genealogy, History" (1984b), he differentiates two approaches to genealogy (*Herkunft*–descent and *Entstehung*–emergence) in order to clarify "the true objective of genealogy" (p. 80). *Herkunft* expresses the idea of genetic descent (as in lineage, or breeding stock) and, therefore, has been translated in English as "family tree." As an approach to genealogy, Foucault describes *Herkunft* (descent) as comparable to the search for, identification of, and sorting out of various "traits," along with their "accidents," "minute deviations," and "complete reversals" (p. 81). Therefore, I have come to understand Foucault's metaphor to be more like DNA analysis than it is like a family tree; "It seeks the subtle, singular and subindividual marks that might possibly intersect in them to form a network that is difficult to unravel" (Foucault, 1984b, p. 81). Running with the DNA metaphor, genealogy "as an analysis of lines of descent" searches out and indentifies those genes (traits or components) that are not necessarily apparent, traces them to their progenitors, and shows up where they missed a generation, mutated and/or re-emerged in different ways at different times. Concerning genealogy conceptualized as lines of descent, Foucault stresses two points: descent opposes "the erecting of foundations" and "descent attaches itself to the body" (p. 82).

Foucault's first point draws attention to the role of genealogy as a tool of critique. Rather than envisioning knowledge, practice, or subjectivity as being built-up into a solid foundation, genealogy is an attempt to break up, to shake up, or to challenge those very foundations.

Foucault writes, "It disturbs what was previously considered immobile, it fragments what was thought unified; it shows the heterogeneity of what was imagined consistent with itself" (p. 82). Todd May interprets the aim of *Herkunft* (descent) without the genetic metaphor as "seeking the separate, dispersed events that have come together in a contingent way to form a particular practice" (2006, p. 66). Rather than consolidating a body of knowledge, a practice, or identity, genealogy as an analysis of lines of descent "denaturalizes what is given to us by analytically decomposing it and exploring through careful descriptive accounts the little lines" that pass through it (Walters, 2012, p. 125).

Foucault's second point, again holding to the genetic metaphor, is that genealogy as lines of descent reveals itself and is materialized in the body. Foucault affirms,

> The body—and everything that touches it: diet, climate and soil—is the domain of the *Herkunft* . . . The body is the inscribed surface of events (traced by language and dissolved by ideas) . . . Genealogy, as an analysis of descent, is thus situated within the articulation of the body and history. Its task is to expose a body totally imprinted by history (1984b, p. 83).

An analysis using GALD, then, investigates the *effects* of knowledge/power practices on human bodies.

Genealogy as analysis of lines of emergence (GALE).

Foucault defines *Entstehung* (emergence) in contrast to *Herfkunft* (descent). I interpret Foucault as suggesting, in a play of words, that if we conceptualize *Herfkunft* (descent) directionally as downward lines ⇓⇓⇓, we can understand *Entstehung* (emergence) as "moments of arising" ⇑⇑⇑. The key characteristic of *Entstehung* (emergence) that Foucault highlights is that these "moments of arising" are places of struggle. Likened to the emergence of a new species, as well as to a collective "uprising," *Entstehung* (emergence) involves "the entry of

forces," "the play of dominations," and places of confrontation. Genealogy as analysis of lines of emergence, then, identifies points of struggle, tension, contradiction, and resistance. It makes discontinuities visible. As Walters (2012) maintains, it is the retrieval of forgotten struggles and subjugated knowledges.

It is noteworthy that Foucault applies genealogy as analysis of lines of emergence to certain sites in particular: to morals, ideals, and metaphysical concepts like "liberty." Foucault insists that such absolutes "must be made to appear as events on the stage of historical process" (1984b, p. 86). Walters explains, "Whereas metaphysics might insist on the intrinsic virtue (or evil) of the identity, practice or value in question, genealogy as struggle always looks to the underside of these things that appear to us as worthy, valuable and dignified" (p. 133). Walters furthers, "If practices appear to fulfill social functions we should not search for some overarching social logic for explanation, but ask what struggles, what play of domination might have led to such an outcome" (p. 139). This is Genealogy as Analysis of Lines of Emergence (GALE).

Genealogy as analysis of counter-memory (GACoM).

In "Nietzsche, Genealogy, History" (1984b), Foucault compares *Herkunft*–descent and *Entstehung*–emergence in order to explain how genealogy has very different objectives than history. Similarly, in "Deleuze and Foucault: Series, Event, Genealogy," Colwell (1997) tries to clarify what genealogy does by contrasting it with the effects of history. Following Said, Colwell argues that memory (and, therefore, history) is political because it determines "what is actively remembered" and "what is effaced or forgotten." Colwell maintains that history, by repeating "the Same" (that which is purposefully remembered), displaces and covers up other events,

knowledges, and perspectives (that which is forcefully forgotten); in doing this, history can be said to solidify power relations. Colwell summarizes this view:

> History, as opposed to genealogy, is the ordering of events in a single series that repeats those events within narrowly defined limits; it is for all intents and purposes the repetition of the Same. History is a narrative that reduces the problematic nature of the events it addresses to problems that have solutions; solutions that are also repetitions of the Same; solutions that re-impose or attempt to re-impose the values imbedded in a long history of errors. History is the reproduction of a social memory that reproduces the tradition and imbeds it in our psyches, our social relations and our institutions. History actualizes, materializes that tradition (1997, para. 23).

In contrast to history, genealogy pays particular attention to that which is *not* usually remembered. It looks for that which is forcefully forgotten: the overlooked, discarded or hidden details. Recall that Foucault's describes subjugated knowledges in much the same way as "the historical contents that have been buried and disguised in a functionalist coherence or formal systemization" and "a whole set of knowledges that have been disqualified" (pp. 81-82). Colwell argues, "If history is the collective memory of a particular social group then genealogy is a counter-memory" (Colwell, 1997, par 2). Genealogy as an analytical strategy of counter-memory can be described as:

> The attempt to counter-actualize the event, to return, in one form or another, to the virtual structure of the event in order to re-problematize the event. The goal is not to find a new solution, to 'fix' history, to offer a better or truer history or account of the past. The goal is to make the problem problematic, to make it a real problem once again, a problem we no longer know the answer to but for which we are compelled to find solutions (1997; par 24).

There is a sense in which all genealogies can be considered strategies of counter-memory. As Walters emphasizes, these three analytic approaches are neither discrete nor systematic. Rather, they are complementary and, in practice, often overlap. They are simply ways of

conceptualizing genealogical research and analysis. The following summarizes how I have come to understand and differentiate the three approaches and to employ them in my project.

GALD, GALE and GACoM: Summary and application.

All three analytical approaches attempt to denaturalize taken for granted knowledge and practice, subjects and subjectivities.

Genealogy as an Analysis of Lines of Descent (GALD) does this by tracing the multiple, separate elements that contingently come together to make up "the given." In this way, that which was thought unified is analytically decomposed. GALD pays particular attention to the effects of assumptions, ideals, and practices on the comportment, discipline, and improvement of human bodies. GALD analysis results in the identification of multiple lines of inquiry (strands, filaments, or fragments) that can be explored further. Each strand can continue to be unwound revealing other strands. The first level of strands I tease out, I explore through my experiments with three *styles* of genealogy: Snapshot, SHWU and Hotspot genealogies. I will describe these *styles* in more detail below, but for now I will outline what they are.

First, in the Courage To Come Back Awards, I explore a contemporary manifestation of the overcoming story that I am calling compulsory heroism (Snapshot genealogy). I start in the present in order to develop a detailed picture of the "beast" that has emerged as compulsory heroism. To use the genetic metaphor of GALD, compulsory heroism is the animal whose DNA I am attempting to unravel.

Second, at the level of the words themselves ("overcoming" and "handicap"), I consider how their usage has changed over time. Identifying Shifts in Historical Word Usage (SHWU genealogy) allows me to paint broad brushstrokes that point towards the changing work of

overcoming rhetoric and the overcoming narrative. SHWU also reveals traces of past usages (connotations) that continue to exert an influence on their use in the present.

Third, in the newspaper archives, I found clusters of overcoming rhetoric and narratives around certain events, initiatives towards, and characterizations of disability. For lack of a better word, I call these *Hotspot* genealogies because the number of search results found at each site signaled to me that these were hotspots for further investigation. I consider each hotspot to be another strand in a GALD genealogy. The strands I identify are: early educational institutions for the blind and the deaf, scientific philanthropy in the Progressive Era, reeducation for the returning World War One soldiers, rehabilitation for the returning World War Two soldiers, and large scale fund raising and the rise of the celebrity hero.

Genealogy as Analysis of Lines of Emergence (GALE) challenges the taken for granted by revealing that "the given" was not always "given." It historicizes knowledge, practice, and subjects by illustrating how they emerged in the very midst of contestation. GALE looks for sites of struggle, tension, contradiction, and resistance. I use the headings "Contradictions or Tensions" and "Resistance" to highlight GALE throughout the analysis in my empirical chapters.

Genealogy as an Analysis of Counter-Memory (GACoM) endeavors to make problems problematic again "by connecting [them] to historical fields that exist outside a particular regime of collective historical memory" (Colwell, 1997). GACoM complements GALE by unearthing subjugated knowledges. However, the main characteristic of GACom is that its focus lies in looking for those sites where problems were made to appear as problems. GACoM is, perhaps, best understood as the overall strategy of my genealogical research. All of my Hotspot genealogies explore social problems as they came to be defined as social problems as well as the

knowledge, institutions, and technologies of power that were created in order to address those problems. Chapter Six examines early (pre-1900) institutions for the education of the "afflicted classes"; Chapter Seven looks at Progressive Era reforms for the "defective, dependent and delinquent classes"; Chapter Eight investigates the reeducation of "war cripples"; Chapter Nine considers rehabilitation for "the handicapped"; and Chapter Ten explores the philanthropy of mass giving as it emerged in response to the problems of the previous chapters and culminated in the figure of the overcoming hero (compulsory heroism). In each strand, I look at the changing and ongoing work of overcoming rhetoric and the overcoming narrative in defining and addressing these problems.

I will now discuss the *styles* of genealogy that I employed in greater detail.

Three Styles of Genealogy

GALD, GALE and GACoM, as detailed above, are approaches that help me to conceptualize genealogical analysis. They provide a very fluid analytical framework. The *styles* I outline here are the names that I give my genealogical experiments. They reflect my own "style" and, perhaps even, the idiosyncrasy of this work. Each can be considered as a separate line of inquiry (a strand using the GALD metaphor) and each puts a name to the mental pictures that I worked from. The three *styles* of genealogy I employ are: Snapshot, SHWU and Hotspot genealogies.

Snapshot genealogy: The Courage to Come Back Awards.

I borrow the idea of "Snapshot" genealogy from Jean Carabine (2001). She states that she takes up Foucauldian genealogical analyses on two levels: "tracing the history" of a discourse and as a "snapshot of a particular moment" (Carabine, 2001, p. 280). The first level,

Carabine acknowledges, "is nearer to Foucault's original intentions for genealogy"; that is, it traces struggles, strategies, tactics, power/knowledge relationships, continuities, or discontinuities over a certain period of time. At issue is not a search for origins, but rather, questions about *how* certain concepts or subjects come to be constituted in various ways and with various effects. The second level, Snapshot genealogy, asks the same questions but concerning a specific issue at a particular time and location. Then, broadening the inquiry, historical research is used along side the Snapshot approach. Carabine notes that Snapshot genealogies can serve as stand alone projects and/or they can inform historical genealogies that are much broader in scope. Carabine employs "Snapshot" genealogies to examine the British Parliament's 1884 New Poor Law and, in a more contemporary context, the "constructions of teenage pregnancy" in the British government's 1999 "Social Exclusion Report on Teenage Pregnancy" (Carabine, 2001, p. 280).

When I began this project, I considered the Courage to Come Back Awards, the contemporary site that had sparked my interest in examining the work of the overcoming narrative, to be my primary research site. I set out to undertake a Snapshot genealogy of the awards and I understood historical research as mainly providing context for analysis for the contemporary "Snapshot" site. However, my historical explorations quickly led me to de-centre the contemporary site. Instead of seeing the Courage to Come Back Awards as the focus of my project, I began to understand the overcoming narratives generated by the Courage to Come Back Awards as more recent manifestations of the overcoming narrative amidst a very long line of incarnations. In essence, I experienced the Foucault Effect, that monumental shift when the present is bumped into genealogical perspective.

Returning to the metaphor of Snapshot genealogy, I found the visual image of a camera taking a photograph to be helpful. Departing slightly from Carabine, I employ the snapshot metaphor to suggest the capturing of a more contemporary picture using more current source material. Snapshot genealogy allows me to present a detailed picture of a present-day manifestation of the overcoming narrative (compulsory heroism) at a particular site (inspiration-based fund raisers) within a particular historical context. Although Snapshot genealogy begins with thick description, it continues analysis posing the same questions and using the same analytical approaches used in genealogies with a much wider scope. Snapshot genealogy builds up a picture of a particular location at a particular time (in this case, the most current site among Foucault's "anticipatory string of dots"). As a point of comparison, this detailed picture can be used to identify traits passed on in lines of descent; to search for struggles, contradiction, or tension that point to lines of emergence; and to re-problematize problems in order to generate counter-memory. Again, analysis is iterative. Some of the "traits" only become clear after analysis of other sites, that is, in looking across the "anticipatory string of dots." I will pick up some of these strands for discussion in Chapter Eleven.

Nevertheless, GALE and GACoM analysis within this Snapshot genealogy led me to identify three central tensions or contradictions that illustrate the work of compulsory heroism. First, personal stories are made public and presented as transparent, first person narratives (for example, "Lori's story) but, are, in fact, heavily mediated accounts. The presentation of narratives as transparent accounts obscures their work as fund raising tools, essentially, as a manipulative means to get people to open up their checkbooks. At this very practical level, the problem the overcoming narrative ameliorates is a shortage of operating funds.

Second, the narratives recount and rely upon a series of decidedly negative life events at the same time that they demand their central characters to remain positive ("mandatory optimism"). From this perspective, the problem overcoming stories address is that of social disadvantage and inequity. The mandatory optimism central to compulsory heroism keeps the onus for social change on the individual. This depoliticizes the issues and operates as a micro technology of power disciplining individuals and normalizing difference.

Third, the narratives are characterized by an ambiguous relationship to medical authority and expertise. From this angle, the problem the overcoming narrative relieves is more of an existential one. As a dividing practice, the overcoming narrative separates "us" from "them." This process of disavowal allows "us" to reaffirm "our" able-bodied status and cast the specter of human vulnerability onto the "Other."

SHWU genealogy: Shifts in historic word usage.

If snapshot genealogy helps to create a detailed picture of a contemporary site (the most recent in a string of dots), SHWU genealogy can be understood as painting broad brushstrokes that help sketch out or "anticipate" other dots in the string.

I drew the idea of SHWU genealogy from Nancy Fraser and Linda Gordon's (1994) genealogy of dependency. They state their rationale in this way: "By charting some major historical shifts in the usage of this term, we will excavate some of the tacit assumptions and connotations that it still carries today but that usually go without saying" (p. 310). As a mnemonic device, I give this style of genealogy the acronym SHWU (Shifts in Historic Word Usage). "By contrasting present meanings [of dependency] with past meanings," Fraser and

Gordon aimed "to defamiliarize taken-for-granted beliefs in order to render them susceptible to critique and to illuminate present-day conflicts" (pp. 310-311).

For me, SHWU genealogy served as a preliminary line of inquiry at the level of the words themselves. The *Oxford English Dictionary* (OED) is a historical dictionary devoted to cataloguing examples of the changing meanings and uses of word over time. Using the OED as a point of reference and examining the search results for the keywords "overcoming handicap" or "overcoming disability" in the historical archive, I was able to chart four key shifts in word usage of the expression "overcoming handicap."

First, the term "overcoming" moved away from its entanglement with Protestant Christianity and connotations of being in need of redemption. Second, the usage of "overcoming" to mean recovery of health has largely been lost today, but was significant in the early 1900s. Third, over the years, there is decreasing usage of "overcoming" as a passive construction (to be overcome *by* or *with* something) and increasing usage of "overcoming" as an active construction (to overcome something). Fourth, usage of the term "handicap" has made a dramatic shift away from the idea of creating an even playing field toward that of handicap being equated with disadvantage.

Shifts in word usage may reflect larger shifts in the social and intellectual fabric of society. They may suggest places of struggle, or highlight problems that are coming to the fore. SHWU genealogy seeks to identify major shifts in word usage and then asks if these shifts point towards something deeper. Indeed, the literature of early institutions for the blind, in particular, can be characterized by their usage of the term "overcoming" entangled with the religious reasoning of Protestant Christianity. In the Progressive Era, however, the religious meanings

largely fade and are replaced with the recovery of health meaning of "overcoming." This shift mirrors the move, in the Progressive Era, away from charity and towards scientific philanthropy. Recognizing this shift, early in my analysis, helped me to narrow in on the Progressive Era as a site for further inquiry. Similarly, the shift in the usage of the term handicap at the very time that rehabilitation was emerging drew my attention towards rehabilitation. The shift towards the more active use of "overcoming" suggested to me, that "overcoming" was becoming more and more not only an achievable goal, but also an active duty or expectation. This shift became more apparent as rehabilitation gained status prompting me to ask what different kinds of work overcoming rhetoric and narratives were doing in the rehabilitation literature.

I turn now to a discussion of hotspot genealogy.

Hotspot genealogy.

While Snapshot genealogy helps capture a detailed picture of a contemporary site and SHWU genealogy suggests possible sites for further inquiry, Hotspot genealogy, perhaps the most idiosyncratic of the three, describes a way to identify genealogical strands for further exploration (see *Figure 1*). "Hotspots" are how I describe the clusters of search results that I found in the historical newspaper archive around certain events and initiatives towards and characterizations of disability. Each cluster pointed toward a "hotspot" for exploration. To reiterate these hotspots, they are: pre-1900 (educational institutions for the blind and the deaf, "the afflicted"), the Progressive Era (scientific philanthropy, "the defective, dependent and delinquent classes"), the returning World War One soldiers ("reeducation," the war and industrial "cripples"), the returning World War Two soldiers (rehabilitation, "the handicapped") and, more recently, the rise of the celebrity hero (large scale fund raising, "the overcomer").

For each of these hotspots, I launched into a more directed exploration of the historical archive. One result of genealogical research covering a span of over 150 years is that my analysis is far from even. I followed uneven archival trails from many sources (historical newspapers, academic histories, and internet sources: archival and contemporary), and I chose those items that most puzzled and intrigued me. I explored. I looked for overcoming rhetoric and overcoming narratives. I asked what were the conditions of possibility that allowed these stories to emerge in different roles at different times. By comparing various sites and sources, I looked for absences and silences. I looked for the work the overcoming narrative accomplished by way of its implicit and explicit tensions and contradictions. I looked for resistance and struggle. I asked what kinds of problems, what kinds of knowledge and practices, subjects and subjectivies, and/or social and material conditions were being produced. I did not find answers for all of these for every chapter. Many times I discovered things that I did not anticipate. For instance, I was surprised by certain absences of overcoming rhetoric as well as abundances, by connections that I had not considered before, and by conflicts and struggles that I had not realized had such long histories.

Before, I conclude this chapter, I want to emphasize, as Margrit Shildrick warns, that the division between these events, initiative towards and characterizations of disability are not "clear-cut and unambiguous":

> It is, rather, as Foucault might have put it, a history of mentalities, in which there have been multiple shifts and reversals in how disability is defined and perceived. But where Foucault has been read as over determining the discontinuities between paradigms, it is important to acknowledge that successive trends do not simply supersede what has gone before. Although significant developments and transformations occur in the dominant discourse itself, there is never a single discourse at work, but, as Foucault recognized, a complex mix of interwoven ideas and beliefs that belies the notion of periodization (2005, pp. 757-758).

Indeed much of the tension and conflict I examine arises because ideas and beliefs from previous paradigms continue even though a different set of ideas and beliefs are propagated.

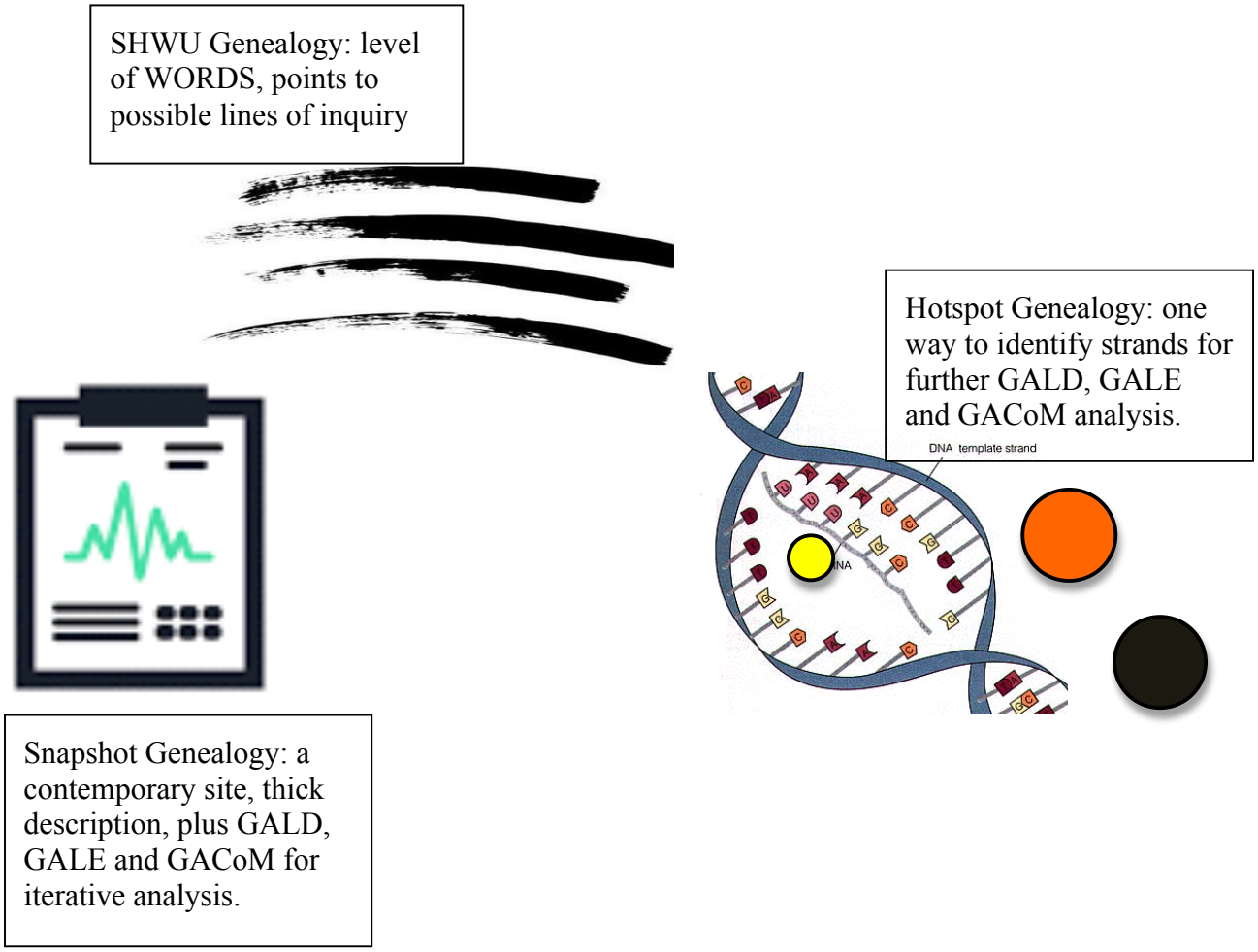

Figure 1. Styles of Genealogy

Eight empirical chapters make up the next section of my thesis. In Chapters Four and Five, I present Snapshot and SHWU genealogies respectively. In Chapters Six through Ten, my Hotspot genealogies, I explore how institutions for persons with disability, Progressive Era reformers, emerging rehabilitation professionals and fund raising collectives have come to employ overcoming in different ways: as religious rhetoric, as morality tales, as tools of persuasion, as success stories and, finally, in its present form as *compulsory heroism*. In Chapter Eleven, I return to the concepts that inform my project in critical disability studies and Foucauldian theory to direct my analysis across genealogies.

Part Three: Genealogies

Chapter Four: A Snapshot Genealogy of the Courage To Come Back Awards

Snapshot genealogy is the name I give my examination of the Courage to Come Back Awards—a contemporary manifestation of the overcoming narrative. To provide context for analysis of the contemporary site, this chapter begins with a brief overview of awards presented to persons with disability for *overcoming* in the historical newspaper archive. I then consider the range of gala inspirational awards fundraising events that have emerged in Canada over the last twenty years. I contrast the Coast Mental Health Foundation's Courage to Come Back Awards (Vancouver) with their progenitor, the Centre for Addictions and Mental Health's Courage to Come Back Awards (Toronto). I provide thick description of mediations of the CTCB Awards and identify three central tensions or contradictions that the Courage to Come Back stories mobilize. I discuss these tensions and explore how they illuminate the work of compulsory heroism.

Historical Context

The first reference I found in the historical newspaper archive to an award given to a person with disability for *overcoming* is in a 1931 *New York Times* article (April 16, 1931, p. 16)**[1]**. The piece offers a brief history of the American Red Cross Institute for the Crippled and Disabled (an organization that I will discuss again in Chapter Eight) and reports on the institute's annual graduation exercises. The tone for the day was set by one Dr. Wilbur in his address to graduating students: "Dr. Wilbur praised the students because '[they had] learned to work instead of whine,' and said that educators had found that more and more the 'spirit back of the whole

thing is what counts.'" Among the awards presented, the Henry Pomeroy Davison Memorial Prize, for "the pupil who has shown unusual courage and persistence in *overcoming* his *handicap*," was awarded to John McTigue "in recognition of his manly efforts to *overcome* the effects of early neglect." For more than twenty-five years thereafter, awards presented by the Red Cross Institute would continue to be reported in *The New York Times*. Future awards (all named after men) would include: the John H. Finley Memorial Prize, "for courage and perseverance displayed in *overcoming* the *handicap* of severe motor disability and learning to walk"; the John Magee Ellsworth Memorial Prize, "for courage and carry-on spirit in *overcoming handicaps* and difficulties"; the Louis Morris Starr Memorial Prize, for an individual "who has *overcome severe handicaps,* physical and otherwise, and has thus opened the pathway toward self-support and a broader life" (*NYT*, April 29, 1944, p. 16)**[2]**; and the Col. Howard A. Rusk Prize, "for courage and perseverance displayed by a veteran of World War II in *overcoming* the *handicap* of severe motor disability" (*NYT*, May 28, 1947, p. 10)**[3]**. The Men's League in Aid of Crippled Children followed the Red Cross Institute's example in 1941 creating the Alfred E. Smith Scholarship designed to "encourage all crippled persons to greater achievement" (*NYT*, June 10, 1942, p. 23)**[4]**. As I will demonstrate in later chapters, awards such as these articulated the rehabilitative ideal, encouraged and rewarded compliance, shaped behaviour, and imbued certain traits above others (courage and perseverance) with particular value. The publication of award ceremonies in newspapers reinforced these ideals in the broader public.

The President's Committee on Employment of the Handicapped (PCEH) established a noteworthy award in 1951: The President's Trophy. Since then, in conjunction with the PCEH

annual meeting, the trophy is presented to the "Handicapped American of the Year." *The New York Times* reports that Vice President Humphrey "bestowed" the award in 1966. Humphrey lauds "handicapped Americans for *overcoming* obstacles" (Apr 29, p. 26)**[5]**.

The first inspirational-awards-type benefit dinner that I found in *The New York Times* was held in 1981: the first annual Tikvah Award Benefit for the Tikvah Institute for Childhood Learning Disabilities (July 22, 1981, B20)**[6]**. "Tikvah" means hope in Hebrew. The Overcomer Award was presented to track and field star Bruce Jenner who "displayed the same determined effort in *overcoming* his reading problems as he had in honing his athletic prowess." Organizers of the benefit hoped that Jenner would "serve as an inspiration to adult philanthropists as well as to children with learning problems." The article reports that the event was being held to raise enough funds for the small school to stay afloat.

In my research journal, I had noted that the overcoming narrative might have resonances with Horatio Alger's rags-to-riches juvenile fiction books that were widely popular towards the end of the nineteenth century. I was intrigued, then, to find reference to the Alger Awards sponsored by the Horatio Alger Association of Distinguished Americans (*NYT*, Jan 16, 1992, B7)**[7]**. The by-line reads: "Honoring Dr. King's memory by Celebrating Excellence. Alger Awards will Recognize 10 People Who Have Realized the American Dream." The awards were established "to motivate young people to strive against adversity." The article continues, "This year's winners have *overcome* tremendous adversity, providing living proof that our free-enterprise system still offers opportunity to all." The article fascinates me: "Overcoming adversity" is expressly tied to the free market and the American Dream, and it employs the same logical fallacy (faulty generalization) that I discuss with respect to the success stories post World

War Two. Further, the association of "overcoming adversity" with Martin Luther King Junior's fight against racial injustice, casts systemic racism as adversity to be overcome by the individual. Clearly, the Alger Awards support a neoliberal view of the economy and depoliticize the struggle against racism.

The Horatio Alger Association of Canada (affiliated with the American Association) was founded in 2009 and is "dedicated to the belief that hard work, honesty, and determination can conquer all obstacles" (Horatio Alger Association Canada, 2016). The association awards $650,000 in scholarships annually. Notable members include: Wayne Gretzky, the Right Honorable Brian Mulroney, and Jim Pattison, the richest man in Canada. The Horatio Alger Jim Pattison British Columbia Scholarship Program began in 2013 and annually awards twenty $5,000 scholarships to graduating high school students who "demonstrate financial need, have *overcome* adversity, and are involved in their communities."

The first inspirational-awards-type gala fundraiser that I found reference to in Canada is the Transforming Lives Awards: one of three fundraising events held bi-annually by the Centre for Addiction and Mental Health (CAMH) Foundation in Toronto, Ontario. At their inception in 1993, these awards were originally also called the Courage to Come Back Awards. The name was changed in 2008 to the Transforming Lives Awards as part of an ambitious campaign to raise $100 million for a new Queen Street mental health facility. Three years later, a CAMH Transforming Lives campaign report celebrates the extraordinary achievement of that goal **[8]**. CAMH Foundation chair and president enthuse, "the Transforming Lives Campaign remains, to the best of our knowledge, the largest hospital fundraising campaign for mental illness and addiction in the world." The financial success of the original Courage to Come Back Awards in a

climate of deep cuts in government funding inspired other Canadian mental health related organizations to launch similar campaigns including: the Courage to Come Back Awards (Coast Mental Health Foundation in 1999)**[9]**; the Inspiration Awards (Royal Ottawa Foundation for Mental Health in 2004)**[10]**; and the Hero, Hope and Heart Inspiration Awards (Mood Disorders Association of Ontario in 2006)**[11]**.

In the last twenty years, across Canada, many other organizations have established their own inspirational awards fundraising galas. Some examples include: the Indspire Awards celebrating aboriginal achievement (1993)**[12]**; the AccolAIDS Awards celebrating heroes in the BC HIV or AIDS movement (2002)**[13]**; the LGBTQ community of Toronto's Inspire Awards (2011)**[14]**; Albert Human Services' Inspiration Awards "celebrating remarkable Albertans who have dedicated their time and energy to ending family violence, sexual violence, child sexual abuse and bullying" (2012)**[15]**; and FamilySOS Halifax' Courage to Give Back Awards (2014)**[16]**.

There are two notable differences between the Transforming Lives Awards and the Coast Mental Health Foundation Courage to Come Back Awards (CTCB). First, the Transforming Lives Awards have kept their focus on mental health; they are presented to people with mental illness and addiction, or to individuals who have made significant contributions to the cause in research, in volunteer activity, or in the political arena. However, the Coast Mental Health Foundation CTCB Awards include the following categories: Mental Health, Addiction, Medical, Physical Rehabilitation, Social Adversity, and Youth. In part, this reflects a major goal of the CTCB campaign: "to increase understanding that mental illness is just that, an illness, and that those who suffer from it should be treated with no less respect than people who suffer an

accident or a more obvious disease" (*On the Coast*, Summer, 2004, p.1)**[17]**.

In this regard, it is noteworthy that the CTCB award categories are neither discrete nor mutually exclusive. Mental Health, Addiction and Social Adversity related issues can often be concurrent or overlapping and mental health concerns are relevant in any category. Those classified in the Medical category may need physical rehabilitation and those placed in the Physical Rehabilitation category undoubtedly require medical care. Individuals in the Youth category could be placed in any of the above if they were under the age of 22.

Nevertheless, I consider two categories particularly problematic: Youth and Social Adversity. I believe both of these categories point towards the social and political work of the CTCB Awards. The 2012 nomination brochure describes them this way **[18]**:

> **Youth:** A young person, under the age of 22 years as of December 31, 2012, who has demonstrated inspirational achievements *overcoming* illness, injury, addiction, or social adversity, and who has given back to his or her community.
>
> **Social Adversity:** A person who has demonstrated inspirational achievements in the face of discrimination, abuse, poverty, or other significant adversity, and who has given back to his or her community. (In the case of new British Columbians, it may be the result of political upheaval or war experienced before settling here.)

The Youth category was an afterthought added for the second CTCB Awards in 2000. It is not a stretch to assume that the rationale was to stimulate donations; the use of children has proved to be a reliable fund raising strategy. Although the category includes youth up to 22, only two (2007 and 2012) out of all of the winners in the Youth category had reached the age of majority in British Columbia at the time they received the awards. The youngest winners were still in public school (2006 and 2010).

The Social Adversity category began as "Economic Adversity" in 1999, was changed to "Social and Economic Adversity" in 2002, and became "Social Adversity" in 2006. In terms of

descriptive statistics, 67% of award winners overall are women. However, the Economic or Social Adversity category features a disproportionate number of women (92%). From 1999-2012, there are twelve award winners in this category, only one of which is male. A closer look at award winners in the Social Adversity category reveals an even more troubling picture. In the twelve award winner narratives, all of them describe physical and/or sexual abuse. Eight individuals are identified by race (five aboriginal, two East Asian and one as 'migrant'); and six have experienced some kind of institutionalization (Woodlands, Alberta Institute for Girls, Residential School or prison). Six are described as having drug or alcohol addiction, three as having a medical condition, and one as a person with an intellectual disability ("labeled a low moron"). Nine are characterized as having grown up in "poverty" or "extreme poverty" and eight raised their children as single mothers. These are narratives of abuse, institutionalization, addiction, disability, and poverty. Clearly, the category "social adversity" glosses over very complex social issues. There are times that even the words choices seem glib. Consider for example, this regarding the 2003 winner (emphasis mine): "As for the whole residential school *thing*, it's made her who she is, and she's proud of who she is."

The second way the Transforming Lives Awards differ from the Coast Mental Health Foundation CTCB Awards is that the language used to describe the Transforming Lives Awards changes over the years to reflect an awareness of the politics of language and the concerns of mental health consumers. Not only has the problematic name of the awards been changed[9], but consider the ongoing refinement in statements describing the awards (my emphases):

[9] "The expression "come back" is problematic in a number of ways. It implies that someone has *left*. This positions geographies of rehabilitation "outside" of "normal life" (much like prisons do). Moreover, one can never go "back"; there is only forward. Nostalgia for an earlier time in life can hinder the process of carrying on in new ways." (DeVolder, 2013)

2008 *Inspiring Canadians* honoured *for overcoming* mental illness or addiction and using their experiences to *help others* **[19]**.

2010 Honoured five *remarkable individuals* who are *courageously living with* mental illness and/or addiction, and who now serve as *models of hope and inspiration to others* **[20]**.

2011 Highlight *the achievements* of *extraordinary people living with* mental illness or addictions who now serve as models of hope and inspiration to others. [Honouring] . . . *individuals* for their *courage and strength in overcoming serious* mental health *challenges* **[21]**.

2012 Honours *extraordinary people* who *have overcome or are overcoming the challenges* of living with mental illness and/or addiction and now serve as *models of hope and inspiration to others* **[22]**.

2014 Honoured *extraordinary individuals*, who *face their personal* mental illness and addiction *challenges* with dignity and perseverance. By sharing their stories—their own remarkable personal breakthroughs—with the community, award winners and nominees alike help *break down the stigma* that surrounds mental illness and addiction. By celebrating their courage, *we join them in this effort* **[23]**.

2016 Celebrated five *extraordinary people* who *face* mental illness and addiction with dignity and perseverance. We heard personal stories of triumph and were motivated to become agents of social change **[24]**.

Although the distinctions may seem small between honouring or celebrating "Canadians," "individuals," "people," or "the achievements of people" (a shift from collective national identity, to the atomistic individual, to an emphasis on personhood, to the accomplishments of that person) who are inspiring and who "have overcome," "courageously live with," "are overcoming," or "face" (a shift from a completed state, to an ongoing internal process, to an ongoing process somewhat removed from the person) mental illness and/or its "challenges" (a shift that hints, perhaps, that there may be elements of mental illness that are not negative or challenging), they indicate that the organization is wrestling with the politics of language and its effects upon the people they serve. Overall, there is a shift from the language of inspiration to

one of motivation for social change. Moreover, the CAMH has attempted to move away from overcoming rhetoric. For instance, in the 2016 Transforming Lives Award stories, overcoming rhetoric is largely absent. In contrast, over the years Coast Mental Health has redesigned the look of the CTCB website, but its language has remained the same. Their 2016 website states that each year Coast Mental Health:

> Hosts this coveted awards gala, an inspirational evening to recognize six truly remarkable British Columbians—their courage to *overcome* serious adversity, change their lives for the better, and move forward to help others do the same.

The Courage to Come Back Awards

The Courage to Come Back Awards is one of two yearly events held by the Coast Mental Health Foundation—a registered charity and the fund raising arm of Coast Mental Health situated in the greater Vancouver region of British Columbia. While planning for the first Courage to Come Back Awards event began in 1997 and the first awards dinner was held in 1999, "aggressive fundraising efforts" by Coast Mental Health did not begin until 2000 (Annual Report, 2000, p. 8)**[26]**. The crisis of "inadequate government funding" led the Board of Directors to seek outside expertise and to employ the services of Compton International Fundraising. The CTCB Awards gala was forwarded as one of four "Courage"-themed fundraising initiatives including: the Circle of Courage (Annual Fund Campaign), the Legacy of Courage (Endowment Fund Campaign), the Foundation of Courage (Capital Campaign for the Mental Health Resource Centre), and the Courage To Come Back Awards dinner. Other fundraising efforts included the sale of Holiday Cards and the publication of the Courage to Come Back stories in the book *Heroes Next Door*.

In 2000, four goals for the CTCB Awards were forwarded: "(a) to celebrate the success of people who have the courage to come back from adversity and to publicize their accomplishment; (b) to raise the profile of the excellent work that Coast and its staff engage in; (c) to make friends with influential people; and (d) to generate funds" (Coast, AR, 2000, p. 11)**[27]**. The following year, item (c) was removed from the list. In 2001, the Coast Mental Health Foundation was founded to take on fundraising in earnest. The 2003 Annual Report summarizes the achievements of the CTCB Awards:

> This high profile public awareness and fundraising campaign has successfully linked Coast to key members of the corporate and philanthropic community. Through these linkages Coast has achieved an enhanced status in British Columbia and has received increased revenue generation (p. 3)**[28]**.

From 2004-2016, each successive CTCB Awards dinner was reported to be the more successful than previous years.

The first gala event was held in 1999 raising $14,000 with 200 people in attendance. The most recent took place on May 16, 2017 raising a record $1.63 million with an audience of over 1,500. For the past 19 years, a growing number of the Who's-Who of the business, media, and political elite of British Columbia, Canada have participated including: Olympic athlete Silken Laumann; Global TV's Deborah Hope and Jill Krop; past mayor of Vancouver, Sam Sullivan; past premier of British Columbia, Gordon Campbell; Minister of Housing and Social Development, Rich Coleman; and Lieutenant Governor of British Columbia, the Honourable Judith Guichon. At last year's 2016 event, Minister of Health, Terry Lake created a newsworthy moment "donating $100,000 from the Province on behalf of Premier Christy Clark and Minister of Finance, Mike de Jong" (CMH, 2016)**[29]**. Corporate, media and government partners and sponsors over the years include: Scotiabank, Wimbleton Financial Services, Weyerhaeuser,

Great-West Life Assurance Company, Hub International, Richie Brothers, Global Television, The Province, News 1130, Fairchild Media Group, Grey Worldwide Northwest, BC Housing, and BC Business.

The sheer number of individuals or parties involved in the production, reproduction, and reception of the Courage to Come Back Awards is important to note. There are: the individuals who receive the award, the hundreds of nominees each year, the nominators (family, friends, colleagues), the people serving on the Awards Committees, corporate sponsors, public officials, charitable donors, audience members, volunteers, media representatives, media consumers, the Coast Mental Health Foundation board, the Coast Mental Health staff and administration, and the individuals who receive services from Coast Mental Health. Each individual or party involved has their own interests and investments in the awards. They serve in many roles, for instance as: projects for promoting awareness, "fund-raising ventures, marketing enterprises, sites of consumption, collective experience, pedagogical tools and technologies of power" (King, 2010, p. 89). The following are examples of statements made by variety of participants:

> **Award Winner**
> I experienced something very powerful, magical, and uplifting on Thursday May 17th, when I was presented with The Courage to Come Back Award in the physical rehabilitation category. This award gives me the drive, focus, determination, to give 120% to my rehab, whether it be improving my speech, or improving my walking ability, step by step, so that I may return to a more "normal" way of life amongst my family, my children. I am so proud to receive this award **[30]**.
>
> **Corporate Sponsor**
> Our organization is as much about giving back to the communities we operate in as it is in ensuring a healthy financial performance. It is part of our corporate DNA. However, we don't have the type of adversity to contend with that these very brave individuals have overcome. They show the best of the human spirit and inspire all of us. Coast Mental Health is to be commended for the tremendous work that they do—the organization is inspirational in itself in how it helps so

many people whom society isn't always willing to acknowledge or help. It was our privilege to recognize their great work in our community (*On the Coast*, Summer, 2010, p. 3)**[31]**.

Donor
Coast is the perfect example of a rare but effective public or private partnership in health care (*On the Coast*, Fall, 2005, p. 1)**[32]**.

Audience Member
Everyone should attend the Courage To Come Back Awards as a requirement of being human (CMH, 2016)**[33]**.

Volunteer on Nomination Committee
This was an incredibly moving experience for me and I felt very privileged to be able to read the stories of the nominees, understand the nature of their hardships and witness how they had triumphed over such unfathomable challenges. The experience was inspirational and reinforced the power of the human spirit, the capacity to overcome adversity and bring meaning to one's life through giving back to others even in the face of unbelievable odds. It also reinforced to me how lucky my family and I had been and how we have a responsibility to give back because of that good fortune particularly when others who have been much less fortunate, have given back so much (*On the Coast*, Summer, 2010, p. 3)**[34]**.

Mental Health Consumer
During the presentation I couldn't help tears coming to my eyes. As two young girls from a Coast apartment at our table kept wiping their eyes so much, someone offered those Kleenexes. While we were getting ready to go home, a friend said, "I feel so ashamed of myself for complaining often! Compared with those Award winners, I'm so fortunate. I have nothing to complain about." It was the exact sentiment I felt. Everyone else who was present felt the same way I am sure. One of the staff mentioned, "I won't be able to sleep for a long time tonight as I think back on what I just witnessed." Although my lot is so much easier and lighter, I'm compelled to follow the 2003 Awards winners' footsteps of conquering setbacks, climbing higher and higher, achieving, still achieving without complaints but with cheerfulness and resolution (*On the Coast*, Spring, 2003, p. 8)**[35]**.

Award winners gain recognition and cultural capital; corporate sponsors gain a positive reputation in the community; donors and volunteers develop a sense of community and feel that they are making a contribution to society; and participants, overall, gain a deeper recognition of

their own good fortune. (I will speak to this later, but note how pervasive a "we/them" opposition is established in the statements.)

Further, as part of this discussion concerning the various interests served by the CTCB Awards, I would like to briefly highlight three significant connections between the overcoming narrative and gender[10].

First, while it may surprise many today, it is not that long ago that womanhood itself was explicitly framed as a disability to be overcome. Feminist disability scholars, such as Rosemary Garland-Thomson, point out the multiple ways that characterizations of femininity and disability have been, historically, entwined (2001). Consider this comment from *The New York Times* (Jan 5, 1928)**[36]**: "The resource which a determined and robust woman can display in *overcoming the disabilities of sex* is instanced strikingly by the career of Christian Davies." It is important to note that the phrase "disabilities of sex" is not being used metaphorically here. It describes a disadvantage or an uneven playing field. A similar construction can be found for race ("disabilities suffered by the colored race") (*NYT*, April 13, 1882)**[37]**.

Second, in Western disability histories, two broad institutions feature prominently: charity and rehabilitation (Longmore & Umansky, 2001; Stiker, 1999). Women are implicated in both. As Chapter Seven illustrates, the philanthropic volunteerism of women paved the way for their entrance into public and political arenas (see, for example, McCarthy, 2003). Further, it was through the subsequent professionalization of these helping activities that women gained unprecedented access to the labour market (James, 2001; Maurutto, 2004). Beverley Skeggs (2004) and Anne McClintock (1995), among others (see, for example, Thobani, 2007), contend

[10] The following three paragraphs were published in DeVolder, 2013. See Preface.

that the upward mobility and respectability of middle-class women was obtained by positioning themselves as the benevolent helpers of marginalized Others. The overcoming narrative as taken up in the context of the CTCB Awards, a charitable fundraiser for a rehabilitation-oriented organization, is fundamentally entangled in this history. Not only are the majority of CTCB volunteers women, but the majority of the award winners are also women.

Third, in the CTCB Awards, overcoming status is achieved by the performance (and, perhaps even, *hyper*-performance) of "normal" gender and social roles. For women winners, this can be described as "the tightly controlled performance of able-bodied middle-class respectable femininity"—an ableist, raced, classed, heteronormative, and gendered position (Soldatic & Meekosha, 2012, p. 148).

Contradictions or Tensions

One way the work of the overcoming narrative can be examined is through the contradictions, tensions and paradoxes within the stories themselves. Lisa Blackman asserts, "discourses are inherently dilemmatic . . . speaking to each other most visibly at their moments of disavowal or denial" (2010, p. 25). I identify three essential and interrelated contradictions that reflect the work accomplished by compulsory heroism. First, in a requisite spectacle, the stories are forwarded as the public presentation of transparent, first hand narratives (for example, "Lori's story"), but are, in fact, heavily mediated accounts. Second, the narratives recount and rely upon a series of decidedly negative life events at the same time that they demand their central characters to remain positive ("mandatory optimism"). Third, the narratives are characterized by an ambiguous relationship to medical authority and expertise.

The performance of an ostensibly authentic narrative.

The winner narratives in the CTCB Awards are promoted as personal accounts that testify both that overcoming is possible ("I am living proof") and that overcoming is within the reach of everyone ("If I can do it anybody can"). An individual's sharing of their story is framed as a voluntary, courageous, and generous act that is personally empowering (gives voice and brings meaning to life), socially beneficial (helps others), and politically charged (for instance, "breaks the silence" and "raises awareness"). In sum, the truth they present is that of a significant, transparent, and authentic personal narrative. Individuals facing adversity of all kinds are charged with the duty and are directed through the nomination process to publically share their stories.

However, the CTCB winner stories are constructed, highly mediated, and selective accounts. This becomes clear when considering questions of authorship, the various re-tellings of the stories for different media, the overall script they follow, their omissions, and the selection process from which they emerge.

First, while the stories are lauded as first hand accounts, their actual authorship is unclear. In (2016), on the Courage to Come Back website, the stories are attributed to "CTCB." We do not know whether one person or a group of individuals were involved in writing the articles. Neither do we know the role of the recipients in the process. In their production, the role of the writer is effaced (S. Smith & Watson, 2010).

Further, there are a number different authors and re-tellings of the winner narratives for different media: newspapers, radio, television, newsletters, reports and for videos produced to introduce award winners at the gala event. It is only in the newspaper articles that authorship is

explicit. Understandably, there are variations in the accounts. There are differences in language (awareness of disability protocol), in emphasis (fundraising goals, the work of Coast, or the inspirational nature of the account), in specific details mentioned, and in tone among the different media items.

At the same time, the overall consistency of the narrative arc of the scripts speaks to their formulaic nature. The narratives are generally structured following five main plot points (as illustrated by the 2009 Medical category winner):

1. Set-up or back story (e.g., born with spina bifida, lived "normal" life, got married, had kids);
2. Crisis (e.g., unsuccessful surgeries, in wheel chair, pain, had to relearn life skills);
3. Downward spiral or set-backs (e.g., "depressed, she just wanted to forget about life");
4. Turning point (e.g., saw struggles of people in an outpatient rehab and wanted to make a difference);
5. Successful overcoming (e.g., "she got involved . . . unselfishly focusing her passion and energy to make her community more inclusive to people with disabilities . . . she is always helping others, going out of her way to engage and encourage people one-on-one, wherever she goes").

As with any narrative, there is process involved in determining what details should be included in the narrative. In the case of CTCB winner narratives, details are selected to adhere to the cultural script.

The selection process also involves excluding certain details from the narratives. The most apparent example concerns Myrna Cranmer, winner of the Social Adversity Category in

2010. In 2007, she was nominated by the Positive Living Society of BC for the AccolAIDS "Kevin Brown Person With Aids Hero Award": an award "presented to an individual living with HIV/AIDS who is regarded with great admiration and respect for his/her contributions to the AIDS movement" **[38]**. The CTCB account makes no mention of this, and this exclusion is particularly glaring considering that winner narratives regularly cite other honours extended to award recipients and tend to include mention of ongoing medical problems. Another example of an exclusion concerns Freda Ens, winner in the 2001 Economic Adversity category. In 1999, the *First Nations Drum* published an on-line article about Ens describing her "triumph over racism and victimization." In the article, Ens speaks openly about the impact of residential schools on her family:

> As much as I despise what happened to me and what I went through, I had to stop and realize that, when you look at our communities and our native people, many of them are the product of residential schools. My dad went to a residential school. He was a victim; my mom was a victim. The same thing with my uncles and cousins **[39]**.

In the 2001 CTCB account, however, the emphasis is placed on Ens "breaking the generational cycle of violence and despair."

The selection process for the award winners is also important to emphasize. Each year award winners are selected from *hundreds* of nominations. "Each nomination is reviewed by a panel of volunteers and a short list is sent to the Final Selection Panel. The Final Selection Panel then reviews the short-listed names and one person is selected as a recipient in each category" (*On The Coast*, 2008, Winter, p. 7)**[40]**. In 2004, there were six separate nomination committees. Only a few (an estimated 1.5%) of these already selective stories are chosen. In this light, the statements "I am living proof" and "If I can do it anybody can" become much less convincing.

These stories are accounts of "extra" "ordinary" individuals—they recount stories about the exceptions, the statistical outliers.

The point I am stressing here is not that the CTCB stories are made-up or "untrue," but rather, they are stories told through a homogenizing process. Only certain stories are told in certain ways. While award recipients are quoted, they neither write nor narrate the accounts. Yet, they are promoted as first hand narratives. Consider the following statement from the nominator for the award winner in the 2012 Mental Health category: "Nothing is more effective against stigma than a person with lived experience who can tell her personal story in a public forum."

In this contradiction, the presumed authenticity of the narratives "functions precisely to sustain the 'truth' and the power relations" undergirding the narrative (Goggin & Newell, 2004). "A sleight of hand takes place. Accounts that could bear witness to histories and continuities of deep-seated structural violence, without many of us noticing, are transformed into tales of individual hardship and redemption. Thus, questions regarding social inequity are effectively erased" (DeVolder, 2013, p. 1). The social and political work the narratives are accomplishing is masked. Their express purpose as tools of persuasion, to stir a strong emotional response in audience members in order to stimulate giving, is removed from center stage. Their political work in reinforcing the funding of social services, such as housing, as a matter for charity rather than government is eclipsed. Moreover, their disciplinary role as a micro-mechanism of power and self-government is veiled. Compulsory heroism requires the public performance of ostensibly authentic, but highly constructed, mediated and homogenized stories.

Mandatory optimism.

A second driving tension and component of compulsory heroism in the Courage to Come Back stories concerns the imperative to always be positive or what Barbara Ehrenreich (2013) refers to as "mandatory optimism"[11]. The following are examples from the CTCB award winner narratives:

> 2001, Patrick, Youth:
> Patrick sees only positives in his experience: "I'm a better person for having had cancer," he says. "Surviving it has made me want to help others get through it. I really appreciate life and it's given me a great desire to do lots of things."
>
> 2003, Blanch, Social and Economic Adversity:
> "There's always hope, through all the troubles," she said. "Just stay in the light, be positive rather than negative. Light is stronger than darkness."
>
> 2005, Haldor, Inspirational Achievement Award:
> Try everything. Do not listen to the naysayers. There will always be people who will say you can't do it**.** Surround yourself with positive, encouraging and creative people.
>
> 2008, John, Physical Rehabilitation:
> You might be asking yourself, 'Why did this happen to me?' Do not allow yourself to focus on the negative . . . allow yourself to be open to positive change for the better and focusing on a future time when you will have overcome your adversities.

It almost seems counterintuitive to critique positive thinking: How could making an effort to remain positive be anything but *positive*? Yet, we need to acknowledge that there is an underlying suspicion inherent in the discourse of mandatory optimism that only a *negative* person (surely a very gloomy, troubled person) would even consider such an analysis. And that,

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[11] I discovered Ehreinrich's 2009 book *Bright-Sided: How Positive Thinking is Undermining America* after writing my 2013 article on "compulsory heroism" for *Feminist Media Studies.* The resonances between this and "mandatory optimism" were immediately evident. While Ehreinrich uses the expression "mandatory optimism" almost in passing in her TEDTalk, I employ it here conceptually to refer to the social expectation to always be positive.

as they say, is the catch. Anything and anyone perceived as bearing the slightest trace of the "negative" (unexpected news, realistic outcomes, or critique) is shushed or even shunned. For this reason, Sara Ahmed states that her aim in writing *The Promise of Happiness* is "to give the killjoy back her voice" (2010, p. 20).

However, the paradox is that the CTCB stories themselves enfold as a series of selective and undeniably negative events. The overcoming narrative requires this. Indeed, there are times it seems as if part of the winner selection criteria must have been to find the most tragic among tragic stories. Take for instance, John in the 2007 Medical category: Diagnosed with diabetes as a child and not knowing how to manage the condition, he had to have one leg amputated. Then, just as he was learning to walk on one leg, he went blind. Twenty-three years later he lost the second leg. After that, there was another "setback": He fell down the stairs "rendering him a paraplegic." I could cite story after story in the CTCB award narratives where negative event is piled upon negative event. The following are a few summaries to give the reader a sense of the extent to which this occurs:

> Cheryl, 2002: 1970s, rheumatoid arthritis, hospitalization, surgery; 1993, stage III ovarian cancer, eight reoccurrences, metastasis to brain.
>
> Randy, 2002: hit by a pick-up truck in 1985, stabbed with a screwdriver in 1987, rare form of cancer in 1998.
>
> Hardeep, 2003: born with no spleen, at nine months "lost both hands and parts of each foot to amputation," at two "another loss" her father died.
>
> Florence, 2004: chronic lung disease as a child, almost died, poverty, abuse, teenage pregnancy.
>
> Jessica, 2009: Crouzon Syndrome (a genetic disorder of bones in the mid-face and skull), scoliosis, over two-dozen surgeries, stroke "left her with slight paralysis on her left side."

Perhaps the most extreme example among these selectively tragic stories is that of Kamal, winner in the 2012 Social Adversity category. The following is an excerpt from her story as told on the CTCB website:

> Kamal's husband had other plans: for nearly 12 years, through the births of their 4 children, he verbally, sexually, mentally and physically abused her with such violence and regularity she came close to death several times. He wanted her to kill herself, once dousing her with kerosene and handing her a box of matches. Beatings, rape and sodomy were common place. He hanged her, electrocuted her, and tried to drown her off a pier, stomping on her knuckles and breaking one as she clung desperately to the edge . . . The physical torture Kamal endured has resulted in many reconstructive operations. Her jaw was broken so severely she has metal implants that cause her great pain and must be replaced every five years. She lives with constant pain: temporomandibular disorder, fibromyalgia, nerve damage in her back, arms and legs.

My point here is that the overcoming narrative demands the recitation of a series of decidedly negative events (events that would shake any one and are intended to shake or evoke pity from the readers or audience) at the same time as it denies the acknowledgement of any "negative" emotion or response from its central characters.

A clear example of this can be found in the *Vancouver Province*'s article about Marlene Swift, the 2008 Addictions category winner. The unnamed reporter writes, "There's much more to Swift's troubled past, the details of which are enough to bring a grown man to tears." The same reporter goes on to describe Swift:

> Looking into her kind brown eyes and watching a smile spread across her face as she recounts the shock of first learning she was receiving the Courage to Come Back Award for Addiction, she shows no hint of sorrow or self-pity. Instead, Swift emanates a radiance of life so bright and inspiring that one can't help but listen in awe as she talks about the many challenges she's overcome in her 60 years **[41]**.

A grown man is brought to tears, but Swift is allowed no hint of sorrow. Disability scholars have long observed that persons with disability are expected at all times to be cheerful. For example,

Rhonda Olkin asserts, "The requirement to regulate affect is a common part of disability. There is the dual requirement of what to be and what not to be: One must be cheerful; one must not be angry" (1999, p. 79). In the Courage to Come Back Awards, we see that this same expectation of cheerful optimism is extended to adversity of all kinds. In fact, as Barbara Ehrenreich aptly remarks, "There is no kind of problem or obstacle for which positive thinking or positive attitude has not been proposed as a cure" (2009b, p. 45).

A common response to a critique of positive thinking is to ask: What's wrong with trying to keep positive? Doesn't it help people to recover? Isn't there a link between having an optimistic outlook and health? Or more personally: "What can we be if not positive . . . I don't know any other way to live?" (as cited in Ehrenreich, 2009b, p. 195). Closely investigating the positive psychology and immunology literature, Ehrenreich demonstrates that the evidence for a correlation between positivity and health is weak and contradictory at best. She also exposes the alarming degree of "positive spin" placed on less than unequivocal research results by both positive psychologists and the media (see, for example, Held, 2004). However, her main criticism of mandatory optimism is twofold: She argues that it is delusional (and thus dangerous) and that it is cruel. The danger she sees in denial is a "reckless optimism" that dismisses vital information and impairs judgment. The cruelty lies in invalidating natural and legitimate feelings, needs, and responses (Held, 2004, p. 13). Moreover, there is another aspect of the dark side of the demand to be positive: "a harsh insistence on personal responsibility" or, in other words, tacit victim blaming (Ehrenreich, 2009a; Holland & Lewis, 2000).

Before turning to look closer at the obligation to be positive as it is described in the CTCB Awards, permit me a short digression. There is a certain absurdity in the demand to

always be positive in the midst of unimaginable circumstances. Sometimes humor can make a stronger point than can a more formal argument. As I am writing, I keep imagining the scene with the Black Knight from *Monty Python and the Holy Grail* (1975). In the scene, King Arthur cuts off both of the Black Knights arms. The Black Knight doggedly keeps fighting insisting, "It's just a flesh wound." Then after losing a leg, "'Tis but a scratch . . . I've had worse." Finally, when his last limb is unceremoniously detached, the Black Knight says, "Okay, we'll call it a draw." I have this mental image of the Black Knight, armless, hopping on one leg and shouting out between hops and parries: "Good things will come of this. I'm a better person for it. I appreciate life more. There are always people who say you can't do it. Surely, there's someone worse off."

The injunction for the main character to keep positive amidst a narrative arc that accentuates and relies upon the negative has its own ironies: Not the least is the exhortation to *focus* on the positive while the storyline, in fact, does the reverse. Of course, this discrepancy is for deliberate effect; the greater the distance between the horrific before and the heroic after, the greater the emotional satisfaction gained by the audience. Theatre 101.

However, while good drama may result in extracting the most fundraising dollars from the audience, it does so only by exacting a considerable toll on its real life characters. In the midst of trouble, injustice, or pain, it takes unrelenting effort and constant vigilance to remain positive—an effort some are calling "the tyranny of positive thinking," "an additional burden" loaded onto already laden individuals, or "adding insult to injury" (Ehrenreich, 2009b; Held, 2004; Holland & Lewis, 2000).

Moreover, this energy is directed toward disciplining the self (undoubtedly making friends, family and professionals more comfortable), rather than towards any necessary social change. In a disability context, this is illustrated by comedian Stella Young in her TEDTalk (2014). She quips, "No amount of smiling at a flight of stairs has ever made it turn into a ramp." No amount of keeping up a sunny exterior and focusing on the positive has ever even begun to address long-standing issues of inequity, systemic violence, or discrimination. Any anger that might direct and inform social reform is effectively silenced (for an extended discussion on this, see Ahmed, 2010). Mandatory optimism maintains and protects the status quo.

Examples from the CTCB Awards are very clear in this regard. After a discussion of accessibility issues for persons in wheel chairs where Melanie (2005, General Medicine) asserts, "High school was an architectural nightmare," and "there can always be improvements," Lora Grindlay reporter for *The Province* (March 28, 2005)**[42]** offers, "Your sister says you never played the victim. Have you made an effort to remain positive?" Melanie searches for an answer, suggests that she's always been an independent person, and then candidly replies, "As the saying goes, nobody wants to listen to you if you are complaining." I find the whole exchange quite troubling: "There can always be improvements" is met with "Have you made an effort to remain positive?" A call for ongoing social change is met with direct depoliticization[12]. Not only that, positivity is defined against its presumed alternative: "playing the victim." This rhetorical device announces that there are no other acceptable alternatives; either you are positive or you are "playing the victim," a distasteful and inappropriate kind of play-acting to gain sympathy. In this

[12] I am not commenting here on the intent of the reporter (only she can speak to that), but rather the effect of her remarks.

way, any complaint and the complainants themselves are delegitimized. Melanie states it plainly: "Nobody wants to listen to you if you are complaining."

The story of Johanna (2005, Physical Rehabilitation) also illustrates mandatory optimism and the direct depoliticization of issues. However, Johanna offers a counter-narrative and in this we see again that these stories are sites of struggle. Johanna, a quadriplegic, received her Bachelor of Education degree in 1997 and applied for employment with the Vancouver School Board. The unnamed author of CTCB article writes, "She tried to get work with the Vancouver School Board, but obstacles kept popping up. She filed a Human Rights complaint." Let me be clear: The basis for a Human Rights complaint is discrimination, in this case employment discrimination by specific individuals at the Vancouver School Board, not "obstacles" that apparently "kept popping up" as if out of the big blue sky. It is a serious matter, not something to be glossed over: "In British Columbia, discrimination and harassment are against the law" (Province of British Columbia, 1996). In a similar way, a different author (Lora Grindlay, in a companion article in *The Province*, April 18, 2005)**[43]** asks Johanna, "What did you learn in your fight for your job?" Note how Grindlay describes the situation: The fight is an individualized one (Johanna's) for her job, not one by Johanna with the support of the BC Coalition of Persons with Disability against employment discrimination. Johanna answers, "I'm not one that likes to start a fight. I'm a happy person. In all of this I realized, not that I have to be cantankerous, but I've got to stand up for myself." In order to stand up for herself, Johanna recognizes the need to emphasize that she is still a positive person; clearly, she understands the social implications of mandatory optimism.

The final examples I would like to highlight are in the Youth award category. Mandatory

optimism is, perhaps, most flagrant and problematic when imposed on children: those smiling young faces that so pull at our heartstrings, yet are most impressionable, dependent upon us, and look to us for acceptance and approval.

> 2010, Fahreen, Youth
> But Fahreen has learned to move on from disappointment and rejection. Her naturally sunny nature and willingness to help wins people over. She doesn't complain about her medical problems or expect special treatment or attention.
>
> 2009, Jessica, Youth
> She has spent many hours in hospital, in bed and in rehab when she was supposed to be attending school but still maintains a more than 95% average in her classes. She has missed literally months of classroom time, yet has never asked for a reduced workload or modified lessons because she wants to graduate with *the same standards* as any other student (emphasis mine).
>
> From the teacher who nominated Jessica: "We realized that she had undergone countless surgeries but that we didn't know any thing about them because she never complained." (*The Province*, December 18, 2009)**[44]**
>
> 2003, Hardeep, Youth
> Throughout her school years and to the present day, Hardeep has *overcome* her disabilities by working through and around them, maintaining her wide and ready smile, radiating optimism, relying on herself more than artificial aids.

Suffice it to say that requesting necessary "artificial aids" or accommodations, in education or the workplace, is a reasonable thing to do. One could even say that it shows a positive, problem solving approach towards addressing barriers. Accommodations are not "special treatment" (any more than providing eyeglasses), and they do not lower educational standards but, rather, provide an even playing field. The right to request accommodations and the duty to accommodate are explicit in Human Rights legislation in Canada. However, in the above narratives, heroic status is granted, in part, because these individuals with their sunny, uncomplaining natures did *not*

request any[13]. As a side note, the accommodations these girls may actually have received are de-emphasized. For instance, an article in the *Province* mentions that Fahreen does have a full-time nurse aid at school (May 3, 2010)**[45]**.

A few final comments for this section on mandatory optimism are in order. First, I want to stress that events chosen to be included in the narrative arc of the overcoming story are selectively negative. Any ordinary or positive life events are either omitted from the "horrific before" and/or characterized as part of "overcoming" in the "heroic after." With respect to disability, Tanya Titchkosky refers to this as "our culture's totalizing conception of disability as nothing but a problem" (2007, p. 70). The result is that disability is portrayed only as personal tragedy: Disability is negative therefore individuals who meet the demand to be positive are heroic. In contrast, a major emphasis of the political activism of the Disabled Persons' Movement, as evidenced, for example, in the catchphrase "Disabled and Proud," is that disability can be understood, not only as a site for positive identity, collective action, and social critique, but fundamentally, as a life worth living (Shapiro, 1994).

Second, I want to speak to the distress I began to experience personally in the process of critiquing mandatory optimism. I found I was getting more and more depressed as I wrote, to the point that I had to take some time away from my thesis to look after my health and to try to understand what was happening. While I cannot unpack it all, what I can say is that I experienced a great deal of dissonance: It is the difficulty in critiquing a discourse that I am embedded in, that I had previously internalized, and that others in my circle of friends and family

[13] These are not isolated examples in the CTCB narratives. Another is in the Mental Illness category, 2003: Without telling anyone at Simon Fraser University that she had a mental illness, Stainsby completed her master's degree in women's studies. "I did not want anybody to say 'She got benefits for being disabled,'" she said. "I wanted to do it for my own self-esteem."

continue to believe in. As many critical theorists discover, occupying an unpopular or contrary position can lead to feelings of isolation and alienation. I found that I chafed every time someone said something like, "Well, I'm just trying to keep positive." I felt overwhelmed by the mandatory optimism I saw whichever way I turned. Even more, as the pendulum swings, I found it challenging to dismantle mandatory optimism without falling into involuntary negativity!

I have chosen to disclose this here because I believe too little is written about the social and emotional effects of our theorizing. It is a call to bring affect into the discussion. After gaining some distance from this discussion, I began to realize that individuals sometimes offer statements that are socially expected because it protects them from having to reveal too much about how they really are feeling. "Well, I'm just trying to focus on the positive," can be a way of responding to the concern of others while maintaining a certain emotional distance.

Nevertheless, I want to underline that my critique is not of positivity itself, nor of individuals who find keeping positive a useful strategy in their own lives. Rather, my critique is of the expectation and the obligation to be positive at all times. My concern is mandatory optimism when it becomes a micro technology of power, that is, a way of disciplining, blaming, and silencing individuals and of depoliticizing issues.

Finally, I want to reiterate, that although a component of compulsory heroism is mandatory optimism, there are always some stories that exceed and overflow the narrative template. For instance, Kim award winner in the 2006 General Medicine category says, "When I was diagnosed with diabetes, I went through a really selfish, bitter 'I hate this' stage. I was just pissed off because I already had CF. There wasn't anything that anybody could have told me. I just needed to get through it myself."

A fighting spirit that proves them wrong.

A third significant tension in the overcoming stories concerns medical-based opinion: It is presented as both authoritative and unreliable. Diagnoses by medical professionals legitimize the facts presented in the overcoming narratives. However, a common theme in the CTCB narratives goes something like this: *They* said I would never walk again, but I proved *them* wrong. For instance, Kristy and Jacqueline, 2001 and 2003 General Medicine category award winners, respectively say, "I've done all kinds of things I was told I couldn't do," and "The doctors told me they didn't expect me to live." Perhaps the most dramatic story is that of Jeneece (2006, Youth):

> "Awesome." She says it slowly while smiling and squirming in her seat. It's Jeneece Edroff's one-word answer to how it felt to stand up and walk in front of a doctor who told her she would never stand on her feet again. "I walked. I proved him wrong," says the 12-year-old. "I was sitting in my wheelchair and all of a sudden I stood up in his office. He said, "Get back down. You are going to hurt yourself." I said, "No, I'm not." "I hugged him for—I don't know how many minutes—but it was awhile."

"They," the unnamed health professionals, are the bearers of bad news and are present as mere shadows in the passive voice in phrases such as "was diagnosed" or "was told." At the same time, the central character of the overcoming story exhibits a stubborn, determined, fighting spirit—in effect, a defiance that stands in contrast to the compliance assumed in the traditional sick role. Vivian Garcia (2009, Physical Rehabilitation) remembers lying paralyzed in a hospital bed after a traumatic accident and her doctor saying that if she survived the next three days she would have a good chance of living another ten years. Twenty-one years later Garcia quips, "I'm not very good at following instructions."

The overcoming narrative needs doctors that are wrong. A person's chances, the odds of

recovery, is a question of statistical probability and medical opinion. If doctor's prognoses were immutable and one hundred percent reliable, it would not matter how determined a person was or how positive they kept, there would be no overcoming. Let's face it: A negative prognosis is unwanted news. It is understandable to want medical opinion to be wrong. It means there is a "fighting chance." It offers a sense of personal power in the face of the unknown, a way to restore a sense of control in an uncontrollable situation. Tanya Titchkosky suggests, "Perhaps such stories are even a way to accumulate resources against such lack, since these stories suggest that in the face of disability there is always at least one promise—we can overcome" (2007, p. 180).

One result of this tension is that value is placed on "fighting" as the only way to deal with health related or other kinds of "adversity" rather than on "acceptance" (or other possibilities, such as living with, managing, or negotiating). Compulsory heroism demands a fight, a contest, a battle. Indeed, the alternative to "fighting" is presumed to be "giving in"; individuals are cast either as active heroes or passive victims. "Acceptance" is not even offered as a useful life strategy. In this, in valuing a heroic, stubborn, fighting spirit over other possibilities, human vulnerability can be disavowed. It is a way for audience members and participants at all levels to manage anxiety about their own corporal vulnerability. Consider the following comment from an *On the Coast* newsletter (2006):

> When we acknowledge that we know someone who faces illness, injury or disability, we no longer fear the unknown. We begin to understand that people with physical and mental illnesses are our neighbours, brothers, sisters, friends and colleagues (Winter, p. 4)**[46]**.

Note how people with physical and mental illnesses re described: as "our neighbours, brothers, sisters, friends and colleagues," but *not* as us, not you or I (the imagined readers of the newsletter or audience for the awards presentations).

While the CTCB stories give the appearance of inclusion, they operate by a "we" versus "them" dichotomy that keeps the audience inspired largely because "our" problems appear so small in comparison to the "theirs." Even some award recipients voice this kind of thinking: "I'm lucky because there are so many people out there worse off than me" (Youth, 2003; Medical, 2006). This is disavowal; it projects the very thing "we" reject as part of ourselves onto the Other. It reinforces the we/them, able-bodied/disabled dichotomies and establishes "our" subjectivity firmly on the able-bodied side of the equation. Here is a poignant example stated by the woman who nominated Robb Dunfield winner in the 2003 Physical Rehabilitation category:

> To see how Robb rose to the occasion whenever he was faced with any kind of obstacle was inspiring . . . When ever I get upset over this or that I just have to think of Robb and realize how truly blessed *we* are to be able-bodied (emphasis mine, *Vancouver Province,* Sunday, March 16, 2003)**[47]**.

Another effect of the repeated refrain, "They said I would never . . . I proved them wrong," is that it allows space for issues, such as misdiagnosis, the inexact nature of psychiatric diagnoses, or iatrogenic practices, to be glossed over in the narratives. In this way, discussion about these important but challenging issues is sidestepped. An example is April in the 1999 Mental Health category. Note the positioning of medical doctors (absent) and use of the passive voice in the following from the CTCB website (emphases mine):

> April Porter's rapid mood-swings and anxiety *eluded* recognition and effective treatment until she was 37 years old. As a teenager, the mood swings and migraine headaches *were dealt with* by highly addictive medications.

April's story from *The Heroes Next Door* (Haslam, 2000) describes the situation much differently:

> "I doctor-shopped," April says now. One doctor bawled her out, another prescribed anti-depressants . . . Throughout it all, April never stopped looking for a diagnosis. She was, at various times, told she had an eating disorder, OCD (obsessive-compulsive disorder), or that she was spoiled and just wasn't trying hard enough **[48]**.

A final effect of this contradiction is that it offers the individual in their stubbornness the illusion of resistance. "I showed them," sounds like an act of defiance. However, rehabilitation requires individuals who persevere with difficult and, at times, seemingly futile normalizing exercises. For instance, in the examples cited above, an emphasis placed on relearning how to walk, may not actually serve in the best interests of the individual. Wheelchairs and other aids can allow for greater mobility, over greater distances, with a less exacting physical toll on the person. Proving them wrong, by walking in this instance, ironically, improves compliance. "I give up," when programs are not working, so that other options can be examined, may be a more reasonable and resistant stance. However, it is not even offered as an option.

Summary

The Coast Mental Health Courage to Come Back Awards emerged along with many other inspirational-award-type fundraising events towards the end of the twentieth century, largely in response to cuts in government funding. They differ from their predecessor, the Transforming Lives Awards, in their faithfulness to overcoming rhetoric and the extension of the overcoming narrative to other medical, social and economic issues. Their success is measured not only in terms of dollars raised, but also in terms of developing a more prominent public profile and an expanding network of connections (to important people). Although, the many

individuals and groups involved in various aspects of the CTCB Awards represent different interests, a common theme runs through their comments: the recognition of their own good fortune (*we* don't have it as bad as *them*). Through examination of three central tensions or contradictions mobilized in the overcoming narratives (the performance of an ostensibly authentic narrative, mandatory optimism, and a fighting spirit that proves them wrong) the social and political work accomplished by compulsory heroism becomes clearer.

Historical References Chapter Four

1 Voorhees, G. & Architects, W. (1931, April 16). CRIPPLES' INSTITUTE GETS A NEW HOME. *The New York Times* (1923-Current File), p. 16.

2 DEWEY PRESENTS PRIZES TO DISABLED. (1944, April 29). *The New York Times* (1923-Current File), p. 16.

3 COURAGE AND PERSEVERANCE REWARDED. (1947, May 28). *The New York Times* (1923-Current File), p. 10.

4 Two crippled girls win scholarships for overcoming physical handicaps. (1942, June 10). *The New York Times* (1923-Current File), p. 23.

5 Humphrey presents handicapped prize to a Brooklyn man. (1966, April 29). *The New York Times* (1923-Current File), p. 26.

6 Krebs, A. & Robert, M. T. (1981, July 22). Notes on people. *The New York Times* (1923-Current File), p. B20.

7 Howe, M. (1992, January 16). Chronicle. *The New York Times* (1923-Current File), p. B7.

8 CAMH Foundation. (2011). CAMH foundation campaign report: Transforming Lives. Toronto, ON: CAMH Foundation. Retrieved October 29, 2016 from http://www.supportcamh.ca/document.doc?id=29

9 Coast Mental Health. (2017). Courage to Come Back Awards. Retrieved April 8, 2017 from http://couragetocomeback.ca/

10 Royal Ottawa Foundation for Mental Health. (n.d.). Inspiration Awards. Retrieved October 29, 2016 from http://www.theroyal.ca/foundation/our-events/inspiration-awards-gala/

11 Mood Disorders Association of Ontario. (n.d.). Inspiration Awards. Retrieved October 29, 2016 from https://www.mooddisorders.ca/2014-inspiration-awards

12 The Indspire Awards. (2017). Retrieved April 8, 2017 from http://indspire.ca/indspire-awards/

13 Positive Living BC & BC Government and Service Employees' Union. (2017). AccolAIDS Awards. Retrieved April 8, 2017 from https://positivelivingbc.org/news-events/special-events/accolaids-2016/

14 LGBTQ Community of Toronto's Inspire Awards. (2016). Retrieved October 29, 2016 from http://inspireawards.ca/awards

15 Albert Human Services. (2017). Inspiration Awards. Retrieved April 8, 2017 from http://www.humanservices.alberta.ca/department/15375.html

16 FamilySOS, Halifax. (n.d.). Courage to Give Back Awards. Retrieved October 29, 2016 from http://www.familysos.ca/events/courage-2017/

17 Coast Mental Health. (2004, Summer). *On the Coast*.

18 Coast Mental Health Foundation. (2012). “Who inspires you?” [Brochure]. Vancouver, BC: Coast Mental Health Foundation.

19 CAMH. (2008). CAMH Foundation honours seven extraordinary Canadians at the inaugural CAMH Transforming Lives Awards. Retrieved October 29, 2016 from http://www.camh.ca/en/hospital/about_camh/newsroom/news_releases_media_advisories_and_backgrounders/archives/2008/Pages/transforming_lives_dinner_2008.aspx

20 CAMH. (2010). Former ambassador Michael Wilson and recipients to receive award recognizing courage in living with mental illness and/or addiction. Toronto, ON: CAMH Foundation. Retrieved October 29, 2016 from http://www.camh.ca/en/hospital/about_camh/newsroom/news_releases_media_advisories_and_backgrounders/archives/2010/Pages/Former-Ambassador-Michael-Wilson-and-Recipients-to-Receive-Award-Recognizing-Courage-in-Living-with-Mental-Illness-andor-Ad.aspx

21 CAMH Foundation. (2011). Retrieved October 29, 2016 from http://www.camh.ca/en/hospital/about_camh/newsroom/news_releases_media_advisories_and_backgrounders/archives/2010/Pages/Former-Ambassador-Michael-Wilson-and-Recipients-to-Receive-Award-Recognizing-Courage-in-Living-with-Mental-Illness-andor-Ad.aspx

22 CAHM. (2012). Transforming Lives Award Ceremony. Retrieved October 29, 2016 from http://www.camh.ca/en/hospital/about_camh/newsroom/events/camhevents/Pages/transforminglivesawards2012.aspx

23 CAHM. (2014). Transforming Lives Awards. Retrieved October 29, 2016 from http://www.camh.ca/en/hospital/about_camh/newsroom/CAMH_in_the_headlines/stories/Pages/Transforming-Lives-Awards-2014-.aspx

24 CAMH Foundation. (2016). Transforming Lives Awards. Retrieved October 29, 2016 from http://www.transforminglives.ca

25 Coast Mental Health. (2016). Courage to Come Back Awards. Retrieved October 29, 2016 from http://couragetocomeback.ca/

26 Coast Mental Health. (2000). Annual Report. Vancouver, BC: Coast Mental Health.

27 Coast Mental Health. (2000). Annual Report. Vancouver, BC: Coast Mental Health, p. 11.

28 Coast Mental Health. (2003). Annual Report. Vancouver, BC: Coast Mental Health.

29 Coast Mental Health. (2016). Courage to Come Back Awards. Retrieved October 29, 2016 from http://www.coastmentalhealth.com/courage-to-come-back-awards

30 Coss, M. (2012). What the Courage to Come Back Award means to me. *The Interdependent*. Retrieved October 29, 2016 from http://www.connectcommunities.ca/interdependent/2012/09/what-courage-come-back-award-means-me-michael-coss

31 Coast Mental Health. (2010, Summer). *On the Coast*.

32 Coast Mental Health. (2005, Fall). *On the Coast*.

33 Coast Mental Health. (2016). Courage to Come Back Awards. Retrieved October 29, 2016 from http://www.coastmentalhealth.com/courage-to-come-back-awards

34 Coast Mental Health. (2010, Summer). *On the Coast*.

35 Coast Mental Health. (2003, Spring). *On the Coast*.

36 Complete text of the annual message of governor smith to the legislature. (1928, January 5). *The New York Times* (1923-Current File).

37 EDUCATING THE FREEDMEN. (1882, April 13). *The New York Times* (1857-1922).

38 Positive Living BC. (2016). 2007 nominees and recipients. Retrieved October 29, 2016 from https://positivelivingbc.org/news-events/special-events/accolaids-2016/past-nominees-winners-of-accolaids/

39 Stewart, R. (1999). Against the odds: The life & trials of Freda Ens. *First Nations Drum*. Retrieved October 29, 2016 from http://www.firstnationsdrum.com/category/1999/

40 Coast Mental Health. (2008, Winter). *On the Coast*.

41 Courageous Woman is Honoured for Service. (2008, April 30). Talking to Marlene Swift in her office at the Prince Rupert RCMP detachment, it's hard to imagine that her life story includes so many years of pain and abuse. *The Province.*

42 Grindlay, L. (2005, March 28). She set her goals, moved forward: Langley teacher with spina bifida to retire after 34 years. *The Province*.

43 Grindlay, L. (2005, April 18). Paralyzed, she had to fight for job: But now she's at home in her classroom. *The Province*.

44 Wiggins, P. (2009, December 18). Courage Coordinator, Special to the Province. Inspired by Jess: Teacher nominates student for prestigious award. *The Province*.

45 Grindlay, L. (2010, May 3). "Miracle" Fahreen an inspiration to all. *The Province*.

46 Coast Mental Health. (2006, Winter). *On the Coast*.

47 Bacchus, L. (2003, March 16). He's inspiration on wheels. *Vancouver Province*.

48 Haslam, G. (2000). *The heroes next door*. Vancouver, BC: Coast Mental Health.

Chapter Five: A Historical Shifts in Word Usage (SHWU) Genealogy of "Overcoming" + "Handicap"

By means of SHWU genealogy, I identify four major shifts in word usage of the expression "overcoming" + "handicap" in the historical newspaper archives. First, the term "overcoming" moved away from Protestant religious connotations involving redemption. Second, the "recovery of health" meaning of "overcoming" was central to its use in the Progressive Era (the early 1900s), but has been lost in contemporary usage. Third, over the years, there is decreasing use of "overcoming" as a passive construction (to be overcome *by* or *with* something) and increasing use of "overcoming" as an active construction (to overcome something). Fourth, usage of the term "handicap" has made a dramatic shift away from the idea of creating an even playing field toward that of handicap being equated with disadvantage. In examining each of these shifts, I employ historical definitions taken from the *Oxford English Dictionary* (OED), a living document devoted to tracing and recording the history of changes in word meanings in the English language, as reference points (OED, 2016).

In Need of Redemption

Similar to constructions in Dutch, German, Swedish, and Danish, the word *overcome* is a cognate formed by combining the prefix "over" with the verb "come." The *Oxford Historical Thesaurus* **[49]** offers the following synonyms: to get over, to tide over, to rise above, to endure, to outdo, and to transcend, among others.

It is interesting to note that the verb to *over* + *come* has been used both literally and figuratively and, thus, invokes certain religious overtones. Indeed, among early OED references

dating from 1200 and earlier are numerous biblical and theological citations. For instance, works from Oresius, Ormulum, and the Lambeth manuscripts **[50]**. Biblical references largely stem from the Gospel of John, the Epistles of John, and the Book of Revelation (many believe the apostle John authored all three) (K. Barker & Burdick, 1995). John writes of *overcoming* "the world" (John 16:33; I John 5:4) as well as the "evil one" (I John 2:13). Exhortations in the book of Revelation are directed "to him who *overcomes*" (see, for example, Rev 2: 7)**[51]**.

Delving deeper into the biblical record, the signs of the Messianic Age are described in Isaiah 35: 5-6: "Then will the eyes of the blind be opened and the ears of the deaf unstopped. Then will the lame leap like a deer and the mute tongue shout for joy." According to biblical scholars, the healing of disability spoken of in this and other passages (Is 29:18; 32:3; 42:7; Mt 11:5) is literal and metaphoric, physical and spiritual (see, for example, K. Barker & Burdick, 1995); one slips into and testifies to the other. The implications of this are profound. First, disability is framed as temporary, as earth-bound, and ultimately as something to be saved from. Second, disability becomes a sign, a metonym, for a person's spiritual state before redemption. Disability, in this way, became bound up with spiritual connotations meaning *in need of redemption*.

Further, John's vision of the new heaven and the new earth in Revelation brings physical wholeness and *overcoming* into the same frame:

> They will be his people, and God himself will be with them and be their God. He will wipe every tear from their eyes. There will be no more death or mourning or crying or pain, for the old order of things has passed away . . . He who *overcomes* will inherit all this (Rev 21: 4,7).

In lay language, there is no disability in heaven. In the Christian tradition I was raised in, the end result (the inheritance) of spiritual overcoming is physical wholeness. In the overcoming

narrative, this is somewhat reversed: The result of physical overcoming is the ascription of spiritual (or moral) virtue. In either case, the cessation of disability forms part of and signifies a utopian vision for the world.

This entangled relationship between the overcoming narrative and protestant Christian triumphalism is a theme found particularly in historical sources concerning education of the blind. Mary Klages (1999, p. 11) submits, "The value of the blind in the Christian framework was twofold: The restoration of their sight provided an opportunity to demonstrate God's power to perform miracles, and the contrast between blindness and sight served as an analogy between disbelief and faith." Advocates for education of the blind drew upon this in order to promote their cause. A clear example can be found in Josiah S. Graves' (instructor, Pennsylvania Institution for the blind) conclusion and misquote of II Timothy 4: 7-8 in his essay, "The Social Condition of the blind" (1879, p. 39)**[52]**:

> The blind, like the rest of humanity, are the steersmen and oarsmen of their own bark of life. At times they will be elated to hope, through success; again dejected by despair. They may meet with reverses which would seem at first almost insurmountable, but by continual perseverance and trusting their Divine Creator, they will finally *overcome* them all. Choose first the right path, then onward; fame, honor, advancement, honest and legitimate success, may not come to-day, nor to-morrow, but to those of us who fight well the battle of life, the crown will come. Armed, then, with patience and faith, we shall finally reach the goal of our ambition.

Another example comes from Mrs. Julia Ward Howe at the launch of the Perkins Institution for the Blind Alumni Association's journal, *The Mentor* (January, 1891). Speaking of the future work of the journal, Mrs. Howe says,

> May it contribute to make their personal privation, severe as it may appear, less and less an absolute and irremediable misfortune, more and more a visitation which, while leading to the sharper encounter with great odds, shall lead also to the crown promised to "them that *overcome*" (p. 4)**[53]**.

In terms of shifts in historical word usage, the use of the term *overcoming* with such deep religious overtones is found widely in the literature of institutions for the education of the blind and deaf before the turn of the twentieth century. However, this use declined during the Progressive Era and another meaning became prominent.

Recovery of Health

The following definition of overcoming from the OED caught my attention, although it is out of general usage today: "Chiefly Sc. to recover one's health; to recover from fainting; to revive from a faint" **[54]**.

It seems that long before the contemporary overcoming narrative (references here begin in the 1400s) doctors employed the verb *to overcome* to mean recovery from ill health. An example from *The New York Times* that I find humorous is found in an advertisement for Duffy's Pure Malt Whiskey purported "to *overcome* malaria" (*NYT,* Jun 14, 1898)**[55]**. The ad copy reads, "When men or women feel depressed or tired in the present day, it is common to say, 'I think I have malaria.'"

During the Progressive Era, this is the meaning of *overcoming* that came to the fore. In Chapter Six, I explore how the recovery of health meaning of *overcoming* coincided with rise of scientific philanthropy and the medicalization of poverty.

From the Passive to an Active Construction

Two definitions of the verb "to overcome" as found in the *Oxford English Dictionary***[56]** helped me to indentify another shift in historical word usage. The first definition is active (to be victorious) and the second passive (to be overwhelmed by something).

1. a) To get the better of, defeat, overpower, prevail over (an enemy, person or thing opposing one, etc.).
   b) To be victorious, gain the victory, conquer.
   c) To win (a battle).

2. a) Chiefly in *passive.* Of an emotion, physical condition, etc.: to overpower or overwhelm; to exhaust or render helpless; to affect or influence excessively. Also of alcoholic drink: to intoxicate (a person). Freq. with *by*, *with*.
   b) Of a destructive or undesirable quality: to dominate or control (a person's mind or conduct).
   c) To overload, overburden, or overflow the capacity of (a store or container).

I observed a distinct shift in the use of the word *overcome* from the 1880s and into the 20th century. Early in the historical newspaper archives, there is extensive use of the passive construction *overcome by* or *overcome with* rather than the active verb *to overcome* something. Examples are numerous and include being *overcome by*:

- black damp (*NYT,* Mar 7, 1880)**[57]**
- heat and smoke (*NYT,* June 20, 1880)**[58]**
- foul air (*NYT,* Jun 15, 1880)**[59]**
- his own fierce fury (*NYT,* 14 Dec, 1880)**[60]**
- heat (*NYT,* June 14, 1880)B[**61]**
- cupid's darts (*NYT,* Jan 30, 1898)**[62]**
- paresis (*NYT,* Mar 17, 1880)**[63]**
- many "searching questions" (*NYT,* Oct 20, 1891)**[64]**
- terror (*NYT,* Sept 4, 1886)**[65]**
- the heavy sea (*NYT,* Aug 3, 1885)**[66]**
- liquor (*NYT,* July 28, 1894**[67]**
- old age (*NYT,* Nov 17, 1894)**[68]**
- joy (*NYT,* Dec 13, 1884)**[69]**
- fatigue (*NYT,* Jul 13, 1884)**[70]**
- panic (*NYT,* Aug 13, 1893)**[71]**

My all-time favourite is a description of a man overcome by "rum and true religion" (*NYT,* 19, July, 1881)**[72]**. This is by no means an exhaustive list. I cite them at length here to illustrate how frequently the passive construction *overcome by* is employed. Individuals are widely

reported as *overcome* in the face of emotion (e.g., terror, shame, excitement), extreme bodily states (e.g., exhaustion, hunger), and impingement from the elements (e.g., heat, cold, smoke, gas).

Furthermore, I find it interesting that the characters who are overcome are sometimes dignitaries or celebrities and that this passive construction can also be found in accounts of survivorship and heroism. One example is a Miss Horn who is "*overcome* by emotion" as she recounts her "tale of survival" from the Johnstown Pennsylvania flood of July 1889 (*WP*, June 8, 1889)**[73]**. A second example is perhaps even more compelling. In April 1889, a Captain Murrell is thrown into the spotlight after rescuing hundreds of passengers from a tragic steam ship accident. *The New York Times* (April 25, 1889)**[74]** reports that he is "*overcome* by hero worship." As a result, the "wearied" Captain retreats from the public eye. It seems, then, that being overcome by something did not necessarily impute moral weakness or failure.

I was also struck by the large numbers of people reported as being overcome as a result of industrial working and living conditions. Items detailed concern both everyday occurrences and those labeled as out-and-out "disasters." For instance, firemen and boiler men at Sugar Trust go on strike for shorter working hours alleging, "Every summer men being pulled out everyday, *overcome* by the heat" (*NYT,* Jun 15, 1893)**[75]**. Another man, described as "*overcome* by heat and overwork," falls into a brewer's vat (*NYT,* Jul 30, 1886)**[76]**. Further, men are reported *overcom*e by gas or smoke in the Midlothian Coal Mine (*NYT,* Feb 6, 1882)**[77]**, Hoosac Tunnel (WP Sep 16, 1888)**[78]**, and Park-Row "disasters" (*NYT,* Feb 9, 1882)**[79]**.

In contrast, as an active verb, overcoming is an action upon the object of the sentence, upon those things that are to be "overcome," such as an enemy, prejudice, opposition,

difficulties, obstacles, or handicap. An example is found in Governor Roosevelt's Labour Day speech:

> No worse wrong can be done by a man to his children than to teach them to go through life endeavoring to shirk difficulties instead of meeting them and *overcoming* them. You men, here in the West, have built up this country, not by seeking to avoid work, but by doing it well: not by flinching from every difficulty, but by triumphing over each as it arose and making out of it a stepping-stone to further triumph (*Washington Post*, September 4, 1890, p. 9)**[80]**.

It is only near the dawn of the twentieth century that we begin to see a turn towards this more active construction. Over the years the balance shifts. It is not that the use of one or the other begins or ends, but that steadily the passive form decreases and the active increases until the present, where the passive is only infrequently employed. I suggest that this reflects a major shift in representation: from a portrayal of persons shown, primarily, at mercy of overwhelming events, to one of individuals facing, challenging, and overcoming adversity. More and more, the slumped figure rises; the victim emerges victorious.

This shift corresponds with a major change in the usage of the word *handicap*.

Handicap

Key to SHWU genealogy is the understanding that word meanings and usage change over time. In North America today, the word *handicap* is strongly associated with the white on blue wheelchair symbol used to indicate handicapped parking and washrooms. However, for many persons with disability *handicap* is a negative word. From 1980-2001, the World Health Organization (WHO, 2001) *International Classification of Impairment, Disabilities and Handicaps* (ICIDH) distinguished between impairment, disability, and handicap. Impairment referred to the medical diagnosis; disability, the physical restrictions on normal activity resulting

from impairment; and handicap, the social disadvantages associated with impairment (Bickenbach et al., 1999). Michael Bury, one of the developers of the ICIDH, explains,

> As we saw it, the WHO was moving away from a narrow medical model of health and disease—one primarily concerned with body systems, and etiologies—to one which recognized the consequences of health-related phenomena. We were particularly concerned to argue for a clearer recognition of social disadvantage—the focus of handicap codes in the classification. Our aim was to bring such disadvantages to the fore (2000, p. 1073).

Nevertheless, organizations, such as Disabled People International (DPI), strongly rejected the WHO classification (Oliver, 1990). They objected to its terminology: the cap-in-hand begging connotations of the word *hand-i-cap* as well as the "pejorative view" of person with disability propagated by "handicapist language" (Pfeiffer, 2000, p. 1081; Thomas, 2002). Even more, they argued, "Assuming someone is *ipso facto* disadvantaged does not hold up. It is handicapist" (original emphasis, Pfeiffer, 1998, p. 516). The subsequent ICIDH-2, adopted in 2001, dropped the word *handicap* from its lexicon.

In the *Oxford English Dictionary*, there is a clear linguistic evolution of the word *handicap*. From a game of chance where stakes were placed in a hat (1600-1800s), it was adopted by sports, such as horse racing or golf, to mean an attempt "to equalize the chances of the competitors by giving an advantage, such as a head start, to the weaker ones or imposing a disadvantage on the stronger ones" **[81]**. Moving into the twentieth century, two meanings came to the fore: "Any thing or circumstance which makes progress or success difficult; an encumbrance, a hindrance," and "A physical or mental condition that limits a person's movements, senses, or activities" **[82]**. What is noteworthy here is that the last two emerged at the same time. Henri-Jacques Stiker comments in his discussion of the etymology of the word *handicap*, "Their appearance at the same time as the practice of rehabilitation marks a turning

point in the way of addressing and treating disability" (1999, p. 150). Indeed, the OED adds, "*Handicap* was for much of the 20th century the standard form of reference to mental or physical disability in Britain, North America, and other English-speaking regions; *disability* is the term now generally preferred" **[83]**.

I do not want to minimize the importance of the politics of language, but that is not my emphasis here. What I want to underline is that in *handicap*'s linguistic evolution from sporting to rehabilitation, a semantic shift takes place (Stiker, 1999). While both involve the idea of reducing disadvantage in order to level the playing field, in sporting the disadvantage is imposed on the stronger players (OED). In rehabilitation, disadvantage is ascribed to the weaker and to such a degree that they become named by it, a totalizing label—*the handicapped* (Jones, 2001; Stiker, 1999). The primary meaning of *handicap* concerns equalizing chances (ensuring a fair game). Stiker argues that "the idea of equal chances . . . [is] effaced by that of disadvantages in a transfer from the racetrack to human health." The stress changes from fairness to "what an individual lacks and is not capable of finding. A deficit is always present, a handicap that can be overcome" (1999, pp. 146, 148). In this way, *handicap* and, by extension, *the handicapped* came to be equated with disadvantage.

Overcoming Handicap

The expression, *overcoming handicap*, is found widely across the historical literature surveyed. Early in the historical newspaper archives, the vast majority of items employ the active "victory over" meaning of *overcoming* and the sporting meaning of *handicap*. For instance, *handicaps* are reported *overcome* in:

- baseball (*NYT*, Sep 7, 1894)**[84]**
- the Olympic games (*NYT*, Mar 22, 1896)**[85]**
- horse racing (*NYT*, Oct 2, 1898)**[86]**
- golf (*NYT*, July 9, 1899)**[87]**
- yachting (*NYT*, July 5, 1899)**[88]**
- cycling (*NYT*, Apr 18, 1904)**[89]**
- tennis (*NYT*, Dec 25, 1904)**[90]**
- polo (*NYT*, Aug 1, 1905)**[91]**
- chess (*NYT*, Dec 28,1911)**[92]**
- billiards (*NYT*, Mar 13, 1912)**[93]**
- fencing (*NYT*, Oct 24, 1912)**[94]**
- boxing (*NYT*, Feb 14, 1913)**[95]**
- football (*NYT*, Oct 23, 1913)**[96]**
- squash (*NYT*, Dec 8, 1913)**[97]**
- swimming (*NYT*, May 1, 1914)**[98]**

This is also not an exhaustive list. It stands in contrast to how rarely *overcoming handicap* is used in the sporting sense today. There is a clear shift in usage over time. The predominant meanings, moving through the twentieth century, swing to those of triumphing over an encumbrance or physical or mental disadvantage. The idea of disadvantage, as Stiker claims (1999), comes to eclipse the idea of an even playing field. Further, since the word *overcoming* had been so strongly linked with *handicap* in the sporting sense, it naturally followed along with it into a rehabilitation context. Rhetorically speaking, what else would one do with a handicap other than try to overcome it?

Summary

Four shifts in historical word usage pointed me towards sites for further exploration. The shift from religious rhetoric to medical understandings of the word *overcoming* in the Progressive Era suggested to me that a new understanding of social problems might be emerging at that time. Similarly, concerning rehabilitation post World War Two, the shift towards the more

active construction of the term *overcoming* in conjunction with a shift in the term *handicap* from ensuring fair chances to designating disadvantage indicated that this might be a site where changes were occurring in the social and intellectual fabric of society. At the same time, ideas about being in need of redemption, active individual power (responsibility) to prevail and the equation of handicap and disadvantage all continue to have strong resonances in compulsory heroism today.

Historical References Chapter Five

49 overcome [pp. 1-2]. (2017). *The Historical Thesaurus of the OED* [Online]. Oxford University Press. Retrieved April 17, 2017 from http://www.oed.com.ezproxy.library.ubc.ca/thesaurus

50 overcome [1]. (2017). *The Oxford English Dictionary* [Online]. Oxford University Press. Retrieved April 17, 2017 from http://www.oed.com.ezproxy.library.ubc.ca/view/Entry/134418?rskey=qPYaWU&result=3#eid

51 All Biblical references: *The Holy Bible*, New International Version. (1984). Grand Rapids, MI: Zondervan.

52 Graves, J. S. (1879). The social condition of the blind. In Charles F. Fraser (Ed.), *Fighting in the dark* (pp. 32-39). Retrieved October 19, 2016 from https://archive.org/details/cihm_06887

53 Howe, J. W. (1891). *The Mentor*, January 1(1), p. 4. Retrieved October 19, 2016 from http://www.perkinsarchives.org/the-mentor.html

54 overcome [8]. (2017). *The Oxford English Dictionary* [Online]. Oxford University Press. Retrieved April 17, 2017 from http://www.oed.com.ezproxy.library.ubc.ca/view/Entry/134418?rskey=qPYaWU&result=3#eid

55 ROUTING AN ARMY. (1898, June 14). *The New York Times* (1857-1922), p. 3.

56 overcome [1] & [2]. *The Oxford English Dictionary* [Online]. Oxford University Press. Retrieved April 17, 2017 from http://www.oed.com.ezproxy.library.ubc.ca/view/Entry/134418?rskey=qPYaWU&result=3#eid

57 THE RECORD OF ACCIDENTS. (1880, March 7). *The New York Times (*1857-1922), p. 2.

58 Fire loss 1 -- no title. (1880, June 20). *The New York Times* (1857-1922), p. 2.

59 LIFE IN BAXTER STREET. (1880, June 15). *The New York Times* (1857-1922), p. 7.

60 AMUSEMENTS. (1880, December 14). *The New York Times* (1857-1922), p. 12.

61 CITY AND SUBURBAN NEWS. (1880, June 14). *The New York Times* (1857-1922), p. 8.

62 A NEW FIELD FOR WOMEN. (1898, January 30). *The New York Times* (1857-1922), p. 14.

63 A. GOSLING'S SOUND MIND. (1880, March 17). *The New York Times* (1857-1922), p. 3.

64 ANOTHER DAY OF TORTURE. (1891, January 20). *The New York Times* (1857-1922), p. 8.

65 SCENES OF TERROR AND RUIN. (1886, September 4). *The New York Times* (1857-1922), p. 1.

66 DROWNED IN LAKE ONTARIO. (1885, August 3). *The New York Times* (1857-1922), p. 5.

67 A chaplain overcome by liquor. (1894, July 28). *The New York Times* (1857-1922), p. 9.

68 THE REV. DR. M'COSH DEAD. (1894, November 17). *The New York Times* (1857-1922), p. 5.

69 OVERCOME BY JOY. (1884, December 13). *The New York Times* (1857-1922), p. 6.

70 WAIL OF THE RAGPICKER. (1884, July 13). *The New York Times* (1857-1922), p. 9.

71 Banks overcome by the panic. (1893, August 13). *The New York Times* (1857-1922), p. 13.

72 OVERCOME BY RUM AND TRUE RELIGION. (1881, July 19). *The New York Times* (1857-1922), p. 5.

73 TEARS ENDED HER STORY. (1889, July 8). *The Washington Post*(1877-1922), p. 2.

74 CAPT. MURRELL WEARIED. (1889, April 25). *The New York Times* (1857-1922), p. 2.

75 A STRIKE FOR EIGHT HOURS. (1893, June 15). *The New York Times* (1857-1922), p. 1.

76 FELL INTO A BREWER'S VAT. (1886, July 30). *The New York Times* (1857-1922), p. 8.

77 THE COAL MINE DISASTER. (1882, February 6). *The New York Times* (1857-1922), p. 1.

78 GAS IN HOOSAC TUNNEL. (1888, September 16). *The New York Times* (1857-1922), p. 1.

79 MISCELLANEOUS CITY NEWS: The Park Row Disaster. (1882, February 9). *The New York Times* (1857-1922), p. 2.

80 Bryan and Roosevelt Principal Speakers at Labor Day Demonstration. (1900, September 4). *The Washington Post* (1877-1922), p. 9.

81 handicap [2b]. (2013). *The Oxford English Dictionary* [Online]. Oxford University Press. Retrieved October 29, 2016 from http://www.oed.com.ezproxy.library.ubc.ca/view/Entry/83859?rskey=3emsuC&result=1#eid

82 handicap [4 a & b]. (2013). *The Oxford English Dictionary* [Online]. Oxford University Press. Retrieved October 29, 2016 from http://www.oed.com.ezproxy.library.ubc.ca/view/Entry/83859?rskey=3emsuC&result=1#eid

83 handicap [4 a & b]. (2013). *The Oxford English Dictionary* [Online]. Oxford University Press. Retrieved October 29, 2016 from http://www.oed.com.ezproxy.library.ubc.ca/view/Entry/83859?rskey=3emsuC&result=1#eid

84 MEEKIN'S TIMELY HOME RUN. (1894, September 7). *The New York Times* (1857-1922), p. 6.

85 FOR THE OLYMPIAN GAMES. (1896, March 22). *The New York Times* (1857-1922), p. 12.

86 TALK OF THE HORSEMEN. (1898, October 2). *The New York Times* (1857-1922), p. 20.

87 HARRIMAN NOW CHAMPION. (1899, July 9). *The New York Times* (1857-1922), p. 4.

88 THE LARCHMONT REGATTA. (1899, July 5). *The New York Times* (1857-1922), p. 3.

89 Special to The New York Times. (1904, April 18). KRAMER WON A FAST RACE. *The New York Times* (1857-1922), p. 10.

90 COURT TENNIS CRACKS IN A SPLENDID MATCH. (1904, December 25). *The New York Times* (1857-1922), p. 9.

91 Special to The New York Times. (1905, August 1). WESTCHESTER WINS AT POLO. *The New York Times* (1857-1922), p. 7.

92 CORNELL GAINS IN CHESS TOURNAMENT. (1911, December 28). *The New York Times* (1857-1922), p. 10.

93 RAYNOLDS WINS AT POCKET BILLIARDS. (1912, March 13). *The New York Times* (1857-1922), p. 9.

94 WOMEN MAY NOW JOIN FENCERS' CLUB. (1912, October 24). *The New York Times* (1857-1922), p. 9.

95 BOXING AT CRESCENT A.C. (1913, February 14). *The New York Times* (1857-1922), p. 13.

96 GOVERNORS AT FOOTBALL. (1913, October 23). *The New York Times* (1857-1922), p. 9.

97 DR. STILLMAN WINS IN SQUASH TOURNEY. (1913, December 8). *The New York Times* (1857-1922), p. 9.

98 McDermott's swimming title. (1914, May 1). *The New York Times* (1857-1922), p. 10.

Chapter Six: Institutions for the Education of the Afflicted Classes

The first references to overcoming featuring persons with disability begin to appear in the American newspapers around the turn of the twentieth century. It is not surprising, perhaps, that these are related to institutions for the deaf and blind as these were the disabilities that had "generated the most concern" prior to the twentieth century (Kline, 2001). The first institutions for education of the deaf and blind in North America were started in 1817 (Gallaudet, Hartford Connecticut) and 1832 (Perkins Institution and Massachusetts Asylum for the Blind, Boston), respectively. In Canada, the earliest schools were inaugurated in Montreal (Institution Catholique des Sourds-Muets, 1848; The MacKay Institute for Protestant Deaf-Mutes, 1870) and in Halifax (Institution for the Deaf and Dumb, 1856; Halifax Asylum for the Blind, 1871). By 1879, there were 29 institutions across North America with over 2,200 students (Fraser, 1879)**[99]**.

In the section that follows, I will discuss overcoming as it is taken up in the institutional literature for the blind, the deaf, and the feebleminded.

Education for the Blind

Nova Scotia-born Sir Charles Frederick Fraser (a blind graduate of the Perkins Institution) became superintendent of the Halifax Asylum for the Blind in 1874. In 1879, he published a booklet of collected works, *Fighting in the Dark* (hereafter, referred to as *Fighting*), in order to promote the school and encourage the political will to obtain public funding for it. *Fighting* contains essays from prominent leaders in education for the blind (e.g., Samuel Gridley Howe, Perkins; Stephen Babcock, New York Institution; and Josiah F. Graves, Pennsylvania Institution), reprints of newspaper articles (e.g., British, *The London Mirror*; and Canadian, *The*

Halifax Evening Reporter and Times), endorsements from distinguished citizens of Halifax, an history and annual reports of the Halifax Asylum, as well as a program for their promotional tour. With clear promotional ends, *Fighting* presents the rationale of the time for education of the blind: "an afflicted race" "who as a class"[14] can become "self supporting and useful members of society" (*The London Mirror*, p. 43)**[100]**. Josiah F. Graves (p. 39)**[101]** underlines, "The great fundamental principles of all our institutions," that is, "giving the blind an education, both intellectual and moral, which will give them social caste equal to their sighted companions." Towards those ends, J. W. Smith in his essay, "Piano-Forte Tuning as An Employment for the Blind," urges, "To *overcome*[15] the prejudice and secure the confidence of those who now distrust the ability of the blind workman, is the great work to which the blind and their educators must address themselves" (p. 52)**[102]**.

In order to achieve these goals involving issues of economic competition, social status, and public attitude change, I forward two interconnected pairs of processes are brought into play: classification–differentiation and normalization–reeducation. It should be noted that an emphasis on classification is not unique to educational institutions for the blind (and the deaf); it widely characterizes scholarly activity of the nineteenth century (see, for example, Foucault, 2002). I organize my analysis of the use of the verb *to overcome* in the discourse promoting education for the blind around these processes. For my purposes, classification and differentiation entail establishing a category of people ("the blind") and then defining the people in that category by describing them positively (who they are–their characteristics) and negatively (who they are not).

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[14] It is worth noting the conflation of "race" and "class." In this, certain classifications, such as "the blind," become both classed and racialized.

[15] I italicize, for emphasis, each occurrence of words *overcome* and *handicap* in the historical sources cited.

Classification sets up new understandings, new knowledge in a scientific paradigm. Differentiation distinguishes the new understanding from others. Normalization concerns extinguishing certain behaviours (or characteristics of that category of people) that are deemed inappropriate, and reeducation involves instilling new more appropriate ones. *Overcoming* is invoked in each of these in interesting ways.

Perhaps the clearest example of classification and differentiation can be found in the words of the Bishop of Sidney in the Annual Report for the Royal Normal College and Academy of Music for the Blind (RNCAMB) (1888). He exhorts his readers:

> Regard the blind, as not a burden, but an integral element of the whole community—a class under deprivation and disadvantage indeed, and therefore having some special claim for sympathy and aid—but yet a class which, having received that aid, is capable of self-dependence, capable of claiming its place in the education and work of the nation, capable in degree of performing duties to society and bearing some shares of the burdens laid upon it. It is in order so to open the prison gates of blindness, that they, who might otherwise be helpless dependents on charity and hopeless burdens to society, may go out into the atmosphere of work, of freedom, of independence (p. 48)**[103]**.

Positively defined, "the blind" are "an integral element of the whole community": "a class" "under deprivation and disadvantage" (the worthy poor) and "having some special claim for sympathy." Moreover, "the blind" are "capable." Negatively differentiated, "the blind" are *not* "helpless dependents on charity" or "hopeless burdens to society." The advocates for education for the blind repeatedly delineate between "the blind" and those needing charity. Josiah S. Graves (1879) writes,

> The opinion of the public at large concerning the blind, founded as it no doubt is on ignorance and a lack of association with them, is nevertheless much to be deplored, as it is very discouraging and depriving of energy and self-confidence to be considered objects of charity rather than those capable and willing to perform many of the useful avocations of life. Notwithstanding all this many have triumphed over blindness, poverty and other obstacles, and reached the highest

> pinnacles of fame as musicians, poets, historians, divines, mathematicians, naturalists, professors of physics and chemistry and statesmen, whose names now gild the pages of history (p. 35)**[104]**.

In the literature promoting education for the blind, the blind, "as a class," are described as having "awkward and peculiar ways," "stiffness and want of grace," "deficient energy," and "timidity"—all characteristics that must be *overcome*. Here are two examples from the British RNCAMB (1888):

> Suffice it to say, no means are left unused to *overcome* the loss of vitality from which the Blind as a class suffer, and endue them with the strength and endurance to manfully face the world and its difficulties (p. 26)**[105]**.

> Stiffness and want of grace in the movements of your performers must be *overcome* or your work will be a failure (p. 28)**[106]**.

C. F. Fraser in his essay, "The Mental and Physical Condition of the Blind who are Educated, Compared with that of the Uneducated," further differentiates "the blind" from "the uneducated blind":

> Quick perceptions, retentive memories, and sound judgment, are characteristics which enable the educated, self-reliant blind to *overcome* all difficulties and throw all obstacles behind them. How different it is with one afflicted with this physical imperfection of blindness who is not taught and trained! . . . The uneducated blind as a class are depressed and discontented . . . Physical darkness, mental darkness, and moral darkness!—a triple Egyptian gloom which naught but the light of knowledge can dispel (p. 60-61)**[107]**.

An additional example of differentiation is found in a surprising source: a travelogue by Charles Dickens. On his first visit to America in 1842, Dickens visited various institutions in the Boston area including the Perkins Institution and Massachusetts Asylum for the Blind. *American Notes* (1883) details his experience. Dickens quotes the trustees at Perkins (from an Annual Report) where a distinction is drawn between those able to work and the infirm:

> Those who prove unable to earn their own livelihood will not be retained; as it is not desirable to convert the establishment into an almshouse, or retain any but working bees in the hive. Those who by physical or mental imbecility are disqualified from work, are thereby disqualified from being members of an industrious community; and they can be better provided for in establishments fitted for the infirm (as cited on p. 611)**[108]**.

What is established is a new classification, a new understanding that we could call the *abled blind*[16]. The *abled blind* are differentiated from those that are "dependent" "burdens" (the infirm or the uneducated blind) under the previous paradigm, charity. As Perkins Alumnus Thomas Reeves states, "The class from which we are all anxious to separate the blind is the dependent class" (*The Mentor*, 1893, p. 67)**[109]**. However, in order to be included as one of the *abled blind* individuals had to be normalized and reeducated, "taught and trained," and specifically, "taught and trained to *overcome* their physical disabilities" (RNCAMB, 1888, p. 10)**[110]**. Character had to be taught and individuals trained to overcome their awkward, peculiar, stiff, weak, or timid behaviours.

It needs to be emphasized that moral and intellectual goals went hand-in-hand for nineteenth century reformers who argued that public education would uplift the character of the nation as well as promote social integration (Valverde, 2008). Indeed, a progressive society required "the inseparable goals of material and moral progress" (Pearce, 2011, p. 47). This was no less true for education of the blind. Canon Fleming (RNCAMB, 1888, p. 20)**[111]** writes, "The aim of the College is the harmonious development of the moral faculties in earnest Christian character." Those with good character are described as persevering, courageous, manly, energetic, intelligent, industrious, self-reliant, virtuous, honest, and "cheerfully

[16] I adapt here Tanya Titchkosky's expression "the abled-disabled" (2007, p. 151). While Titchkosky argues that this is a "new type of person," my analysis suggests that perhaps it is not so new after all.

submitting to their privation" (Babcock, 1879, p. 29)**[112]**. It is widely observed that these qualities reflect gendered, raced, and classed Protestant values (see, for example, Valverde, 2008). Overcoming is deeply tied to these ideals. Character is viewed as the means of overcoming, and overcoming attests to character, for example:

> That these difficulties were triumphantly *overcome* is owing to the great energy and perseverance of the young man in question. I fear, however, that many students have succumbed to the same obstacles (Reeves, T., *The Mentor*, 1893, p. 65)**[113]**.
>
> It is not what man achieves, but what be *overcomes* to reach the achievement, that shows how great and brave he is (Fearing, L. B., *The Mentor*, 1891, p. 87)**[114]**.

However, although character is necessary for overcoming, it is not sufficient. Normalization is also required as illustrated here: "It often occurs, even with manly character, indomitable courage, and superior intelligence, that the Blind lose appointments through the unpleasant impressions occasioned by their awkwardness" (RNCAMBAR, 1888, p. 28)**[115]**.

Furthermore, moderate achievement is also insufficient. In order to compete economically the blind must outperform the seeing. Edward E. Allen writes in *The Mentor*,

> Those of the blind who would succeed in the profession they adopt must learn that mediocrity will not do. To *overcome* a very natural prejudice in the seeing, they must excel other competitors or consent to be left behind by those who are not similarly hampered (1893, p. 45)**[116]**.

We could say, then, that overcoming involves normalization, depends upon gendered, raced, and classed Protestant values, and demands surpassing the achievements of the average person. Social status as the *abled blind* could not be attained without overcoming: overcoming the peculiarities of the blind "as a class"; overcoming "the extraordinary burden [they have] to bear" (RNCAMBAR, 1888, p. 19)**[117]**; overcoming all difficulties and obstacles; overcoming physical, mental, and moral darkness; overcoming the discouragement and loss of confidence

resulting from the "opinion of the public at large"; overcoming poverty; and overcoming "a very natural prejudice in the seeing" to list a few items mentioned in the quotes above. I am overcome with weariness just imagining the implications of all there is to be overcome!

Contradictions or tensions.

A few comments are in order. First, there are several points of tension, even contradiction, in the discourse surrounding education for the blind. While educators, such as Edward E. Allen above (1893), asserted that the blind need to outperform the seeing in order to succeed, the employment skills taught are quite mundane: cane-seating, mattress stuffing, broom, mat and brush making, sewing, knitting, fancy bead work and piano tuning (see for example, *Fighting*, p. 85-86)**[118]**. It is hard to grasp how a blind person could gain fame or fortune or even outdo the seeing in these professions. One explanation, perhaps, is the failure of the advocates of education for the blind to fully acknowledge the role that class-related inequity and privilege played both in education and in the future success of blind students. Stephen Babcock of the New York Institution observes,

> There have been in all ages occasions of blind persons, who being more resolute, ambitious or *fortunately situated than others*, have *overcome* obstacles and blessed the world by their contributions to science and art; and have left their names indelibly written on the scroll of fame (1879, p. 18, emphasis mine)**[119]**.

The students at the Halifax Asylum are reported to have parents "for the most part" "in indigent circumstances" (1879, p. 74)**[120]**. At the time of his death in 1925, Sir Charles F. Fraser, descendent of Scottish aristocracy and "a member of the social and economic elite of the province of Nova Scotia" (Guildford, 2005), was "lauded as one of the first—if not *the* first—blind person in Nova Scotia to be self-sufficiently employed" (Pearce, 2011, p. 56). This is despite 50 years promoting economic independence for his blind students.

A related tension is, as Catherine Kudlick notes, "the challenge of simultaneously showing that blindness was pathetic and that blind people could be advanced" (2001, p. 196). The blind are described as "people who cannot aid themselves, until they are taught and trained to *overcome* their physical disabilities" (RNCAMBAR, 1888, p. 10)**[121]**. However, examples are given of the blind "in all ages" who have "left their names indelibly written on the scroll of fame" (Babcock, 1879, p. 18)**[122]**. Kudlick argues that there was a need "to showcase its [an organization's] modernity through what teachers did for the blind, rather than what blind people ended up doing for themselves." "After all, if blind people came off as competent and self-sufficient, why give the organizations helping them money?" (2001, p. 196).

However, an alternative and complementary explanation for this contradiction also acknowledges the role of the deserving poor in the formation of emerging middle-class values and identity (Guildford, 2005). Mariana Valverde argues that moral reform campaigns in Canada helped shape class, gender, and national identities. Following Valverde's line of reasoning, framing blind students, also, as "helpless objects in need of study and reform" undoubtedly enabled certain middle class men and women to gain status and professional identity as "rescuers, reformers, and even experts" (Valverde, 2008, pp. 29-30).

Mary Klages (1999) presents another tension in her discussion of two contradictory ways educators in the nineteenth century, such as S. G. Howe at Perkins, constructed the social meaning of blindness: first, through sentimental portrayals in literature, "as people similar to themselves, rather than as a separate race of beings," and second, "as a class" unto itself, complete with statistical information and scientific description. In either case, Klages argues that "their status as spectacle, as object or fantasy, precludes their being recognized as subjects in

their own right: they remain bearers of meaning, symbolic objects, rather than makers of meaning, people who can speak for themselves about their own experiences and thoughts" (p. 140).

It is also noteworthy that the promotion of a new category of people, the *abled blind*, did not challenge the notion of a "dependent class." Rather, it required it in order to define and differentiate the new category of economically independent blind persons. This left the dependent class as the measure of true deficiency, a population from which the *abled blind* had to distinguish themselves. Sharon Snyder and David Mitchell observe, "In order to counteract charges of deviance historically assigned to blackness, femininity, or homosexuality, these political discourses have tended to reify disability as 'true' insufficiency, thereby extricating their own populations from equations of inferiority" (2006, p. 17). I maintain that this process of differentiation (and disavowal) is a well-worn strategy of stigma management (Goffman, 1963). It requires someone who is "worse off," someone who "truly" is inferior beside whom the person who is managing stigma appears superior. It is an attempt to reshuffle status within social hierarchies rather than calling the hierarchies themselves into question. In this, social categories are used to re-create, reinforce, and maintain the "Other," and persons with disability have also been complicit.

An overcoming narrative.

The December 1, 1901 issue of *The Washington Post* published a reprint of an article from *The Boston Globe* entitled, "Wealth of Blind Men: Handicap of Sightlessness Overcome by Many" (p. 24)**[123]**. The bolded bylines read: "Case of a Boston man an Instance that Loss of Eyesight Does Not Mean Poverty—Possible to Succeed in Legitimate Business—Avenues of

Trade Open to the Unfortunate—Examples of Those Who Found Trade Profitable—Blind Man as Printer." The article goes on to describe the "comfortable fortunes made" by four eminent graduates the of Perkins Institution: Stephen J. Blaisdell (piano and sewing machine dealer); Dennis A. Reardon (director of the Perkins Institution, mechanic, inventor, architect, and electrician); Frank H. Kilbourne (piano dealer, pianist, cornet player, and music teacher); and William B. Perry (lawyer, candidate for mayor, past valedictorian, and instructor).

This article is illustrative for two reasons. First, although "overcoming" is mentioned in the title, the article does not follow the script of a contemporary overcoming story; there are no pity-producing back-stories, downward spirals, turning points, or ultimate victories. The aim of the article is neither to solicit funds nor to provide inspiration. It is a special interest story revolving around the astounding successes of four men who, in the view of the public at large, simply were not expected to be successful.

This brings me to my second point: It is clear in the article that the interviewee (Mr. Reardon) and the reporter have separate agendas. Mr. Reardon wants to demonstrate to the public that blind persons are capable; it is an early example of organizations using the press to try to influence public opinion. He says, "There are certain things . . . that a man without eyes can't do. He can't be a plumber, because he can't feel the hot joints. He can't ride a bicycle alone in the crowded streets of a city: perhaps he might ride one out one the plains if the plains were big enough. But he can do a host of things and do them well."

The reporter, in contrast, frames the account as a morality tale. Describing the "small fortune" amassed by Mr. Blaisdell the reporter comments, "He grew to be wealthier than the majority of fortunate individuals who possess two good eyes each, but have leaks in their

pocketbooks, through which the coin and the scrip of the realm escape in streams." Shifting the focus of the article to a lesson to be learned (of economic prudence in this case) does two things: It leaves attitudes towards the blind largely unchanged, and it disciplines seeing individuals, particularly those who are not considered successful. Instead of "hire the blind, they are capable," the greater message becomes: "If they can do it, you have no excuse." While stigma management by differentiation may slightly improve the social status of some individuals, it is only at the cost of others having theirs diminished. Further, the standard for acceptance in society for all stigmatized persons is raised—the bar moves higher and higher. As we shall see, employing the stories of persons with disability as lessons to be learned becomes a tool of moral reform in the Progressive Era America.

Education for the Deaf

There are a number of histories of education for the deaf written from a disability studies perspective, such as *When the Mind Hears: A History of the Deaf* and *The Mask of Benevolence: Disabling the Deaf Community*(Lane, 1984, 1992), *Forbidden Signs: American Culture and the Campaign Against Sign Language* (Baynton, 1996), "Reading between the Signs: Defending Deaf Culture in Early Twentieth-Century America" (Burch, 2001), and *Damned for their Difference: The Cultural Construction of Deaf People as Disabled: A Sociological History* (Branson & Miller, 2002). The overriding emphases of these studies are the resistance of deaf persons as shown in their struggle for Deaf culture and the fight against oralism in deaf education[17]. Persons within the "Deaf" (uppercase "d") culture do not view deafness as a

[17] It is important to note that I employ terms such as "deaf" and "feebleminded" as they are employed in the historical institutional literature.

disability, but rather as membership in linguist and cultural community (See, for example, Humphries, 1993; Padden & Humphries, 1988).

The main historical sources I explored are Montrealer Thomas Widd's 1880**[124]** booklet, *The Deaf and Dumb and Blind Deaf Mutes* (hereafter, referred to as *The Deaf and Dumb*), and *The American Annals of the Deaf and Dumb (AADD)* 1847-1893 (Archived at Gallaudet University)**[125]**. It is interesting to compare Widd's *The Deaf and Dumb* with Fraser's *Fighting* and the historical archives at Gallaudet with those at Perkins. What is striking is that, in contrast to the discourse promoting education for the blind, that promoting education for the deaf makes very little reference to overcoming. The things that are most discussed as being overcome are problems, obstacles, and prejudice. However, these generally describe difficulties like establishing a school, attracting enough students, teaching, or more broadly, challenges of life and living. Here is an example from the *AADD* 1887: "Indeed, the path of life will, in most instances, to our great disappointment, be found rough, and beset with many obstacles to be *overcome*" (Vol. XXII, p. 252)**[126]**.

The Deaf and Dumb (Widd, 1880) parallels *Fighting* (Fraser, 1879) in many ways: Both are written by Canadian men with impairments who have been educated in the kinds of schools they are promoting, both provide rich histories of their respective institutions, both promote education as a matter of justice and equal opportunity, and both draw a sharp distinction between the educated and the uneducated persons with impairment. However, while Fraser describes the uneducated blind, as a class, as "depressed" and "discontented" (p. 60)**[127]**, Widd asserts that it is "a plain fact, well-known to the teachers of the two classes" that the blind are cheerful, but the deaf, however, are "inclined to melancholy, to be uncommunicative, unsocial, jealous,

suspicious, and dissatisfied with their lot in life" (p. 44)**[128]**. Despite the obvious contradiction, both men take great pains to portray their students as sorely in need or, as Klages offers, as "suffering humans trapped within defective bodies and needing to be rescued by the earnest efforts of educators" (1999, p. 12).

However, the booklet, *The Deaf and Dumb*, makes very little reference to overcoming while *Fighting* is full of it. I have puzzled over this. I believe the explanation, in part, may lie in Widd's purpose for writing the booklet: to correct various misunderstandings people have concerning the deaf and to promote the "full benefit of enlightened sympathy." In order to do this, Widd takes up two questions: "Is conscience primitive," and "Who is more pitiable, the blind or the deaf?" The crux of Widd's argument is that the deaf are worse off because their main disadvantage is moral, that is, awareness of God and of the soul are not innate, but dependent on language. He reasons,

> Locke says that man has no innate ideas, but that his mind in early infancy is like a blank sheet of paper, ready to receive any external impressions. So with the uneducated deaf-mute. His mind remains a blank sheet as long as he is uninstructed. Their moral and intellectual condition before instruction is little above that of the more intelligent brutes, and lower than that of the most unenlightened savages. All philologists and mental philosophers agree that it is the gift of language that "chiefly distinguishes" man from the brutes, and that without it he would have little claim to the title of a rational being (p. 25)**[129]**.

Further, because blindness is highly visible, Widd argues that people tend to have a natural sympathy towards the blind that they do not towards the deaf. In the ongoing and conflicting need among educators to show disabled persons as both pitiable and capable, Widd's position slides to the pitiable side of the scale. In order to generate sympathy for the deaf and to compete with that more openly offered to the blind, Widd repeatedly asserts that deafness is the "more formidable obstacle" (p. 28)**[130]**. In terms of differentiation, Widd's argument is that the deaf

are *not* the blind; the deaf are worse-off. His concern is not social status, but rather, "enlightened sympathy." The classification he sets up can perhaps be called *the ignoble deaf*[18]--a category of persons based on a racialized construction of human intellect that places them in the evolutionary scale somewhere between "the intelligent brutes" and "the unenlightened savages." I suggest that reference to overcoming, in this case, would work against Widd's portrayal of deafness as pitiable.

However, another part of the explanation may be found in Widd's discussion of renowned French educator for the deaf, l'Abbé Sicard, and his students, Jean Massieu and Laurent Clerc. In 1815, Sicard conducted public lectures in London demonstrating the remarkable success of his method for teaching deaf-mutes. Audience members asked Massieu and Clerc questions, such as "What difference is there between love and friendship?" (Massieu et al., 1815, p. B4)**[131]**. Sicard re-stated the questions in a form of sign language, and Massieu and Clerc wrote their answers on a large chalkboard. Massieu, in particular, became well known for his extraordinary answers. Regarding Massieu, Widd writes,

> It was his brilliant sayings alone which made him famous, but they have done more harm than good. They were delusive and led people to expect every deaf-mute taught in the Institution to be able to utter similar grandiloquent sentences, and to do readily and spontaneously what they can scarcely do at all. Even in our own time the fame of Massieu continues to deceive and mislead. It leads to disappointment on all sides. Parents are disappointed, subscribers are disappointed, the public are disappointed, the reputation and possibly the funds of the Institution suffer and the whole blame falls upon the unfortunate teacher, because he is not Sicard, and cannot turn out, not one Massieu, but a score or a hundred (p. 38)**[132]**.

[18] I am playing with Rousseau's concept of the "noble savage" here (see for example, Combée and Plax, 1973).

Sicard, a hearing person, in his introduction to the London lectures describes deafness as a barrier that has been "overcome" by the "talent and courage" of his predecessor, and he alludes to his method as a "triumph of art over nature" (Massieu et al, 1885, p. iii and p. xv)**[133]**. Widd, however, steps clear of such triumphant assertions. He is adamant that promoting education for the deaf through the extraordinary success of extraordinary individuals does "more harm than good." In this, Widd's comments presage the critique that would come from disability advocates almost one hundred years later. In 1984, Harlan Lane writes speaking from Laurent Clerc's point of view,

> There is no gainsaying that we, the deaf, paid a price for these spectacles enacted for the idle and curious public; that preposterous and cruel things were said about us to our faces; that the reason for our accomplishments was always the genius of some hearing person; that, in short, we were treated like the wise horse who at his master's orders taps his foot on the public square as many times as the town clock shows hours (1984, p. 38).

In comparing the archives at Perkins with those at Gallaudet, again, it is remarkable how little reference to overcoming is made in the latter. However, I did find one rare reference to victorious overcoming in the *AADD* (1887) from a hearing woman, Miss Susanna E. Hull, who is promoting the German oral method of deaf education. The thrust of Miss Hull's argument is that biology is not destiny, and she makes her case from the book of Genesis. She forwards (p. 234)**[134]** that deaf persons are not slaves to their circumstances or "even to the laws of nature" since humanity can "triumph over nature" in the same way that the First man was given "Divine power of dominion over nature." Further, "the crowning triumph of man's power is the rising superior to infirmity." In other words, overcoming infirmity (deafness in this case) is the highest demonstration of man's God-given dominion over nature. Moreover, overcoming infirmity, like exercising dominion over nature, is a divinely given duty. She concludes,

> Do persons born deaf differ mentally from others who have the faculty of hearing? Firmly, we answer, No! There is no difference mentally; there is only the physical lack which it is man's duty and privilege and honor to supply and *overcome* . . . How it can be *overcome*, triumphed over, conquered, the German system of educating the deaf shows us (p. 240)**[135]**.

While Widd stresses the mental and moral deficiencies of the deaf before education, Miss Hull emphasizes their capabilities (the same as hearing people) as illustrated by the results after education. As with the discourse for education of the blind, we see a clear tension between portraying the deaf as different (rescue the sub-savages) and the same (they can be like "us"). Nevertheless, there is no question that, historically, education for the deaf has been much more divided and contentious than that for the blind. Thomas Widd, a self-described "deaf-mute," promotes a sign-based approach to deaf education. Miss Hull, a hearing person, is a staunch oralist. The clear goal of the oralist approach is normalization—the deaf shall speak and read lips. Again, we see that reference to overcoming is tied up with normalization. It is also interesting to note that the responsibility to overcome, in this instance, is put on educators who are positioned as divinely appointed conquerors. Deaf persons are positioned as equal but dependent on the provision of others for their equality.

Another consideration is that deaf persons themselves, often, do not perceive deafness as a disability, as a formidable problem or, even, as the most difficult challenge in life. This is underlined by an unnamed deaf woman in an 1886 letter published in the *AADD*. This woman who had lost her hearing as a child writes, "It is wonderful how a difficulty can be *overcome* by simply ignoring it . . . My feeling has been, however, not one of sorrow at the disadvantage of deafness, but one of surprise that it was really so slight a drawback" (p. 163)**[136]**. Even more, this woman goes on to describe the advantages she experiences from deafness: the enhancement

of her other senses and a depth and clarity of thought. Her resistance is to deafness being framed as pitiable and, therefore, requiring any great courage or strength of character to overcome.

Whatever the explanation, what is clear is that the appeal to overcoming in promoting education for persons with disability was not ubiquitous.

An overcoming story.

Concerning education of the deaf, the occasions overcoming is invoked seem to be when hearing persons are proclaiming the successes of their particular instructional methods, successes that are evidenced through the normalization of deaf students.

A vivid example from *The New York Times* (Jul 31, 1904, p. 21)**[137]** is an article entitled, "Deaf-Mutes Who March and Drill to Fife and Drum." Col. Enoch Henry Currier (Principal of The New York Institution for the Instruction of the Deaf and Dumb) says that he noticed "all deaf and dumb persons have a slouching gait and never carry themselves with easy grace." This inspired the colonel to inaugurate "the only deaf-mute military school in the world." The result was "a fully equipped fife and drum corps, whose members cannot hear one single note," yet march in perfect step—a public spectacle of "how nearly these afflicted young men have succeeded in *overcoming* the handicap imposed by their misfortune." Although Col. Currier was told it could not be done, he boasts, "At times the obstacles seemed insurmountable, but I persevered."

This example illustrates the way disability (deafness in this instance) is performed as a public spectacle (something I will return to in Chapter Ten). Harlan Lane's (1984) comments about Sicard above certainly have resonances here. Further, note the positioning of the deaf students: as "afflicted" and pitiable in their "misfortune" thus requiring the efforts of a

preserving principal in order to be relieved of their "slouching gait" and lack of grace. The clear hero of the story is the stalwart Col. Currier.

Education for the Feebleminded

It is interesting to note that many founders for schools for the deaf and blind also branched out to work with other "afflicted" persons. In a tribute to Thomas Gallaudet, H. P. Peet says that from a school for the deaf and dumb, Gallaudet then reached out to "the yet more wretched victims of insanity" (*AADD*, 1952, p.75)**[138]**. In 1849, Samuel Gridley Howe established what would become the Massachusetts School for the Idiotic and Feebleminded.

The school began as an educational experiment. Under an act of the Massachusetts Legislature on April 11, 1846, Dr. Howe was appointed chairman of a committee directed to find out the number and condition of "the Idiots of the Commonwealth" and to determine whether or not something could be done for them. Needless to say, Howe's experiment was so successful that it ushered in a new era in the education and eventual institution of persons with intellectual disability, persons Howe describes as "the most afflicted of the human race" (Dana, 1849, para. 11)**[139]**. Howe reports, "It has been demonstrated that idiots are capable of improvement and that they can be raised from a state of low degradation to a higher condition." He recommends, "Measures be at once taken to rescue this most unfortunate class from the dreadful degradation in which they now grovel" (1909, p. 35, para. 423**[140]**; Dana, 1849, para. 13**[141]**).

In his report to the Massachusetts Legislature, Howe details the situation of the colony's idiots:

> Our law considered them as paupers, but classed them with rogues and vagabonds; for it provided that they should be kept within the precincts of the House of Correction. The most melancholy feature of the whole was that they were condemned as worthless and incapable of improvement; and the law required their removal from the only place where they were comfortable, the State Lunatic Asylum, whenever it was necessary to make room for the less unfortunate insane, and it sent them, not to another asylum, but to the houses of correction. There was not, throughout this whole continent, any systematic attempt to lift them out of their brutishness. Even in Massachusetts, where the maniac is made to go clad and kept in mental quiet, -- where the blind are taught to read, the mute to speak, yea, and even the blind mute to do both, -- even here the poor idiot was left to that deterioration which certainly follows neglect. He had but little talent given him, and by neglect or abuse that little was lost, until, growing more and more brutish, he sank unregretting and unregretted into an early grave, without ever having been counted as a man (1909, p. 36, para. 442-443)**[142]**.

The ameliorated condition of the students after education reported by Howe includes: improved health, cleanliness, habits, and obedience, as well as the ability to feed and dress themselves, to speak, and to read simple sentences. One visitor to the school, a Mr. Whittier, describes the progress of one student as "almost like a resurrection of a mind from death—or rather a new creation" (1909, p. 35, para. 432)**[143]**. Yet, despite reports of dramatic results like these, there are no references to overcoming in the literature I perused. "Idiots" are described as raised to a higher condition, even rescued, resurrected, or recreated through education, but they are not portrayed as overcoming. Moreover, this is also borne out in the historical newspapers. Further research is necessary to confirm this conclusion, but it appears that persons with intellectual disability were considered outside the reach of the overcoming narrative in the mid nineteenth century. The best that was hoped for, and this was revolutionary at the time, was that they began to be considered improvable—a new understanding that we could call the *educable idiot*.

As a final note, it should also be mentioned that blind students at Perkins strongly differentiated themselves from the students with an intellectual disability. Howe's daughter comments in a published collection of her father's letters and journals,

> The school was soon moved from the Perkins Institution; not only on account of its own need of wider space, but because the blind pupils resented keenly, and perhaps not unnaturally, the presence of their weak-minded brethren. Always sensitive, they fancied, perhaps, that they might be classed with these unfortunates; even Laura Bridgman writes in her journal: "I should be so happy to be much more pleasantly established with the whole house if they could prescribe to the Idiots not to have our rooms" (1909, p. 37, para. 451)**[144]**.

Summary

The *abled blind*, the *ignoble (noble) deaf* and *educable idiot*—these are my fabricated labels to demonstrate that advocates for education for persons with disability in the nineteenth century were actively involved in the production of knowledge about disability. They classified and differentiated among classes of disability. They collected data, wrote extensive notes, and published in educational journals. They curried the favour of influential persons and pressed for legislative change. They were fund-raisers and publicists, school administrators and teachers, benevolent citizens and missionaries, all wrapped up in the same package. In the process, institutions for educating persons with disability were established.

Reference to *overcoming* in the institution-centred literature was plentiful for the blind, sparse and conflicted for the deaf, and non-existent for those with intellectual disability. *Overcoming* rhetoric was widely employed with Christian meanings rooted in redemption. It can be characterized overall as religious rhetoric—a potent mix of charitable initiative sponsored by the churches and steeped in the Protestant work ethic, values, and religious reasoning. Persons with disability ("the afflicted") were categorized and placed in a contested hierarchy of who was

more "wretched." However, they were all perceived to be in need of rescue or redemption. Overcoming stories concerning education of the blind and the deaf emerged in the historical newspapers at the turn of the twentieth century and can be described as human-interest stories: For the blind, they highlight the ability of blind persons to be economically independent; for the deaf, they emphasize the triumphs of educators; and concerning the intellectually disabled, they remain silent. The next chapter will consider *overcoming* as it was taken up by Progressive Era reformers.

Historical References Chapter Six

99 Fraser, C. S. (Ed). (1879). *Fighting in the dark*. Halifax, NS: Charles S. Fraser. Retrieved October 19, 2016 from https://archive.org/details/cihm_06887

100 The Musical Education of the Blind. (1879). Reprinted from *The London Mirror*. In C. S. Fraser (Ed.), *Fighting in the dark* (pp. 39-43). Halifax, NS: Charles S. Fraser.

101 Graves, J. S. (1879). The social condition of the blind. In Charles F. Fraser (Ed.), *Fighting in the dark* (pp. 32-39). Halifax, NS: Charles S. Fraser.

102 Smith, J. W. (1879). Piano-forte tuning as an employment for the blind. In C. S. Fraser (Ed), *Fighting in the dark* (pp. 44- 59). Halifax, NS: Charles S. Fraser.

103 Royal Normal College and Academy of Music for the Blind (RNCAMB). (1888). Annual report. London, UK: Hazell, Watson & Viney Ltd. (Printers). Retrieved October 19, 2016 from https://archive.org/stream/royalnormalcolle1622roya/royalnormalcolle1622roya_djvu.txt

104 Graves, J. S. (1879). The social condition of the blind. In Charles F. Fraser (Ed.), *Fighting in the dark* (pp. 32-39). Halifax, NS: Charles S. Fraser.

105 Royal Normal College and Academy of Music for the Blind (RNCAMB). (1888). Annual report, p. 26. London, UK: Hazell, Watson & Viney Ltd. (Printers).

106 Royal Normal College and Academy of Music for the Blind (RNCAMB). (1888). Annual report, p. 28. London, UK: Hazell, Watson & Viney Ltd. (Printers).

107 Fraser, C. F. (1879). The mental and physical condition of the blind who are educated, compared with that of the uneducated. In C. S. Fraser (Ed.), *Fighting in the dark* (pp. 59-61). Halifax, NS: Charles S. Fraser.

108 Dickens, C. (1883). *American notes*. New York, NY: John W. Lovell Company. Retrieved October 19, 2016 from https://archive.org/details/americannotes00dick

109 Reeves, T. (1893). A medium of communication. *The Mentor*, 3(2), 65-68. Perkins School for the Blind Archives. Retrieved April 16, 2017 from http://www.perkinsarchives.org/the-mentor.html

110 Royal Normal College and Academy of Music for the Blind (RNCAMB). (1888). Annual report, p. 10. London, UK: Hazell, Watson & Viney Ltd. (Printers).

111 Royal Normal College and Academy of Music for the Blind (RNCAMB). (1888). Annual report, p. 20. London, UK: Hazell, Watson & Viney Ltd. (Printers).

112 Babcock, S. (1879). The social condition and attainments of the blind. In C. S. Fraser (Ed.), *Fighting in the dark* (pp. 17-32). Halifax, NS: Charles S. Fraser.

113 Reeves, T. (1893). A medium of communication. *The Mentor*, 3(2), p. 65. Perkins School for the Blind Archives.

114 Fearing, L. B. (1891). A noble character. *The Mentor*, 1(3), 85-89. Perkins School for the Blind Archives.

115 Royal Normal College and Academy of Music for the Blind (RNCAMB). (1888). Annual report, p. 28. London, UK: Hazell, Watson & Viney Ltd. (Printers).

116 Allan, E. E. (1893). David Duffle Wood. *The Mentor*, 3(2), 41-45. Perkins School for the Blind Archives.

117 Royal Normal College and Academy of Music for the Blind (RNCAMB). (1888). Annual report, p. 19. London, UK: Hazell, Watson & Viney Ltd. (Printers).

118 Fraser, C. F. (1879). Superintendent's report. In C. S. Fraser (Ed.), *Fighting in the dark* (p. 85). Halifax, NS: Charles S. Fraser.

119 Babcock, S. (1879). The social condition and attainments of the blind. In C. S. Fraser (Ed.), *Fighting in the dark* (p. 18). Halifax, NS: Charles S. Fraser.

120 Fraser, C. F. (1879). Superintendent's report. In C. S. Fraser (Ed.), *Fighting in the Dark* (p. 74). Halifax, NS: Charles S. Fraser.

121 Royal Normal College and Academy of Music for the Blind (RNCAMB). (1888). Annual report, p. 10. London, UK: Hazell, Watson & Viney Ltd. (Printers).

122 Babcock, S. (1879). The social condition and attainments of the blind. In C. S. Fraser (Ed.), *Fighting in the dark* (p. 18). Halifax, NS: Charles S. Fraser.

123 From the Boston Globe. (1901, December 1). WEALTH OF BLIND MEN. Handicap of Sightlessness Overcome by Many. COMFORTABLE FORTUNES MADE. *The Washington Post* (1877-1922), p. 24.

124 Widd, T. (1880). *Deaf and dumb and blind deaf-mutes.* Montreal, QC: F. E. Grafton. Retrieved October 19, 2016 from https://archive.org/details/gu_deafdumbblind00widd

125 *American Annals for the Deaf and Dumb*. (1847-1893). Retrieved October 19, 2016 from http://gaislandora.wrlc.org/islandora/object/americanannals%3A1

126 Fay, E. A. (Ed.). (1887). Miscellaneous. *American Annals of the Deaf and Dumb*, XXII, 252. Washington, DC: American Instructors of the Deaf and Dumb.

127 Fraser, C. F. (1879). Superintendent's report. In C. S. Fraser (Ed.), *Fighting in the dark* (p. 60). Halifax, NS: Charles S. Fraser.

128 Widd, T. (1880). *Deaf and dumb and blind deaf-mutes* (p. 44). Montreal, QC: F. E. Grafton.

129 Widd, T. (1880). *Deaf and dumb and blind deaf-mutes* (p. 25). Montreal, QC: F. E. Grafton.

130 Widd, T. (1880). *Deaf and dumb and blind deaf-mutes* (p. 28). Montreal, QC: F. E. Grafton.

131 Massieu, J., Clerc, L., Sicard, R. A. C. (1815). *A collection of the most remarkable definitions and answers of Massieu and Clerc, deaf and dumb, to the various questions put to them, at the public lectures of the Abbé Sicard, in London* (p. B4). London, UK: Cox and Baylis. Retrieved April 18, 2017 from https://books.google.ca/books?pg=PA1&dq=%22natural+language+of+signs%22&id=-TwIAAAAQAAJ&redir_esc=y#v=onepage&q=%22natural%20language%20of%20signs%22&f=false

132 Widd, T. (1880). *Deaf and dumb and blind deaf-mutes* (p. 38). Montreal, QC: F. E. Grafton.

133 Massieu, J., Clerc, L., Sicard, R. A. C. (1815). *A collection of the most remarkable definitions and answers of Massieu and Clerc, deaf and dumb, to the various questions put to them, at the public lectures of the Abbé Sicard, in London* (pp. iii, xv). London, UK: Cox and Baylis.

134 Hull, S. (1897). Do persons born deaf differ mentally from others who have the power of hearing? In E. A. Fay, (Ed.). (1887). *American Annals of the Deaf and Dumb*, XXII, 234. Washington, DC: Convention of American Instructors of the Deaf and Dumb.

135 Hull, S. (1897). Do persons born deaf differ mentally from others who have the power of hearing? In E. A. Fay, (Ed.). (1887). *American Annals of the Deaf and Dumb*, XXII, 240. Washington, DC: Convention of American Instructors of the Deaf and Dumb.

136 Fay, E. A. (Ed.). (1886). Miscellaneous. *American Annals of the Deaf and Dumb*, XXXI (2), 163. Washington, DC: American Instructors of the Deaf and Dumb.

137 Deaf-mutes who march and drill to fife and drum. (1904, July 31). *The New York Times* (1857-1922), p. 21.

138 Peet, H. P. (1852) Tribute to the memory of the late Thomas H. Gallaudet. In L. Rae (Ed.), *American Annals of the Deaf and Dumb*, IV(2), 9-77. Hartford, CT: American Instructors of the Deaf and Dumb.

139 Dana, M. F. (1849). Idiocy in Massachusetts. *Southern Literary Messenger*, June, para. 11. Disability History Museum. Retrieved October 19, 2016 from http://www.disabilitymuseum.org/dhm/lib/detail.html?id=1383&page=all

140 Howe, S. G. (1909). Letters and journals of Samuel Gridley Howe, p. 35, para. 423. Boston, MA: Dana Estes & Company. Disability History Museum. Retrieved October 19, 2016 from http://www.disabilitymuseum.org/dhm/lib/detail.html?id=1683&%22%3EJournal&&page=35

141 Dana, M. F. (1849). Idiocy in Massachusetts. *Southern Literary Messenger*, June, para. 13. Disability History Museum.

142 Howe, S. G. (1909). Letters and journals of Samuel Gridley Howe, p. 36, para. 442-443. Boston, MA: Dana Estes & Company. Disability History Museum.

143 Howe, S. G. (1909). Letters and journals of Samuel Gridley Howe, p. 35, para. 432. Boston, MA: Dana Estes & Company. Disability History Museum.

144 Howe, S. G. (1909). Letters and journals of Samuel Gridley Howe, p. 37, para. 451xlvi. Boston, MA: Dana Estes & Company. Disability History Museum.

Chapter Seven: The Progressive Era and Reform of the Defective, Dependent, and Delinquent Classes

After the rapid social change (urbanization) and economic growth (industrialization) of the 1800s, the nearing of the twentieth century ushered in a period of political and social upheaval and reform in the United States. Although the dates of the Progressive Era are generally given as somewhere between 1880-1930 (see, for example, Dorr, 2006; Ealy & Ealy, 2006), it should be noted that that many seeds of reform began well before and continued long after. While reform groups were by no means homogenous, the era is characterized by an optimistic belief in human progress and a certainty that humanity could "improve virtually all aspects of the nation . . . through the application of scientifically derived, expert knowledge" (Dorr, 2006, p. 362). Daniel Coit Gilman, president of John Hopkins University in 1893, confidently affirms, "In the bestowal of charity and in the prevention of misery, the world has reached a new epoch" (as cited in Bremner, 1956b, p. 168).

The reforms of the Progressive Era were precipitated by great social and political unrest. It was the dawn of investigative journalism, and "muckrakers" exposed the corruption of government and the unethical practices of big business, in particular the monopoly of the railroad companies (Hansan, 2011). Widespread unemployment and plummeting wages followed the financial panic of 1873. The labor movement gained force, and a series of major strikes in the 1890s, such as the Homestead Strike and the Pullman Strike, shook the United States and brought the untenable working conditions of laborers into the public view (Huyssen, 2014). Industrial safety was a serious concern: It is estimated that, in the early 1900s, close to 35,000 workers were killed and one million others seriously injured *every year* (Hansen, 2011).

Communist principles were highly influential in the burgeoning labor movement, and newly unionized workers were calling for an out-and-out revolution (see, for example, the 1905 Industrial Union Manifesto)**[145].** This stirred up considerable anxiety among the political and economic elite. A wave of mass immigration, comprised largely of poor and unskilled laborers fleeing war-torn countries, stretched already crowded cities (Hansan, 2011). The problems of poverty (the unsanitary conditions in the tenements and overflowing Houses of Correction, Asylums, and Poor Houses) and an awareness of the growing number of American millionaires came crashing into American consciousness at the same time (Huyssen, 2014) creating what one reformer called a "disequilibrium between social surplus and social misery" (as cited in Bremner, 1956a, p. 129). In 1889, Andrew Carnegie wrote an influential article known as "The Gospel of Wealth" stressing the duty of the rich to give back to the society that had produced that wealth. The stage was set for developments that would reform charity, immigration, public health, and labor law as well as encourage the growth of the emerging social sciences, such as education, political science, history, sociology, social work, psychology, and criminology among others.

It should be noted that Progressive Era reforms also extended into Canada. In 1897, the annual Conference of Charities and Corrections was held in Toronto, an acknowledgement of "Canada's growing involvement in the international reform community" (James, 2001, p. 55). Cathy James summarizes Canadian efforts: "While they rarely came up with 'uniquely Canadian' initiatives, reformers in Toronto were energetic organizers of and participants in local and national groups formed to study, adapt and implement responses developed in American and British contexts" (p. 57).

The New View of Poverty

Overcoming is central to Progressive Era discourse in two significant ways. The first is the foundational belief that social problems could and would be overcome, and the second is that *all* social problems began to be framed together under a common metaphor—one of pathology and cure (the recovery from illness meaning of the verb *to overcome*, OED). The comments of D. O. Kellogg in an 1886 article, "Reformation of Charity," is a vivid example:

> The motive of the "charity organization" is the cure of distressed conditions. This is a new thing in philanthropy, the faith that social disorders are curable . . . the permanence of an unfortunate and depressed class has been taken for granted, and with it the corollary that their misfortunes could only be palliated, and not surmounted (Kellogg, 1886, p. 449)**[146]**.

Reformers called this "the new view of poverty" (see for example, Brandt, 1908iii)**[147]**. Historian Robert Bremner writes, "It was a distinct advance in social thought to recognize that poverty was an abnormal condition, that it was unnecessary, that it was curable" (1956a, p. 55).

Thus, the medicalization of poverty and its related social problems became embedded in the reformist discourse. Poverty was likened to wide range of medical conditions including: infectious diseases, such as tuberculosis, typhoid, and yellow fever (Bremner, 1956a); general disorders, "like the degeneration of a vital organ or the disease of nervous centres in physiology" (Kellogg, 1886, p. 450iv)**[148]**; and physical defects, such as deformity. For others, discussion of the relationship between poverty and illness was more than metaphorical. J. G. Phelps Stokes (millionaire, political activist, and philanthropist) writes in *The New York Times* (Dec 9, 1900)**[149]** that the cause of poverty is sickness, but sickness "is most often due to impairment of tissue vitality, to defective physical personality."

Consequently, Progressive Era reformers set out to "diagnose" and "treat" the root causes of poverty (Ealy & Ealy, 2006). Individuals from reform movements of all persuasions began to voice strong ideas about its causes. Reformers from the Christian Temperance Movement, the Protestant Settlement Movement, the Charity Organization Society, the Women's Trade Union League, and the Labor Movement as well as professors of sociology and political economy, supervisors of various public welfare institutions, philanthropists, and medical professionals all joined the debate. While their assumptions and their answers varied widely, the search for the causes of poverty more often than not implicated disability in some way. Disability served both as a locus of reform and as a metaphor for the social and economic conditions of the industrial poor. It also allowed for a slippage between categories so that social problems could be understood as resulting from individual and, even, inheritable defects. In particular, two movements emerged in the Progressive Era that depended on classifications of disability for their persuasive power. These movements continue to impact persons with disability today: scientific philanthropy and eugenics.

Reforming Charity—Scientific Philanthropy

Concerning charity, reformers criticized previous efforts as haphazard, inefficient, and as ultimately contributing to dependence on assistance. Cathy James states, "The majority of charities . . . worked in isolation from one another, often did not investigate closely the claims on their largesse, and were usually erratic in their record keeping when they did" (2001, p. 62). Philanthropy, in contrast to charity, was intended to be an organized and coordinated system based upon scientific knowledge (Bremner, 1956b).

The Charity Organization Society (COS), started in Britain in 1867, played a prominent role in charity reform in both Canada and the United States. The COS was an umbrella organization whose goals were to systematize the distribution of relief, influence legislation, "deal with the personalities of the dependent and outcast classes," and to educate the wider community (Kellogg, 1886, p. 454)**[150]**. In this process, a wave of poverty research was initiated. "Friendly visitors" (over 4,000 by the turn of the century) made up mostly of female, upper and middle class volunteers and students descended into the slums to collect data. Robert Bremner in *From the Depths: The Discovery of Poverty in the United States* writes, "Friendly visitors were expected to be combination detectives and moral influences. They were to ascertain the reason for the applicants' need and to help them *overcome* it" (1956a, p. 52).

The COS started work in North America with the individualistic, paternalistic, and moralistic view of poverty that had characterized charitable organizations of the previous century. Cathy James writes,

> The COS . . . tended to reify traditional attitudes and practices by maintaining the focus on the moral redemption of the individual indigent, and by continuing to assert that poverty resulted from the personal character flaws (such as laziness or deceitfulness) of the poor, who must, for their own good, be coerced into becoming self-supporting (2001, p. 63).

Bremner adds that throughout the nineteenth century there was a general belief that "a good dose of adversity was good medicine for the individual as well as for society," that is, that "poverty strengthened character, stimulated incentive, and punished sloth" (1956a, p. 126).

However, the first duty of COS workers was to collect data about the "income, housing, employment, health and habits" of those applying for charitable assistance (Bremner, 1956a, p. 55). Using the "case method," charity personnel assessed the living and working conditions of

the poor. They amassed information about, for instance, the number of people living in the residence, the number of rooms, ventilation, toilets or sinks, unemployment, industrial accidents, sickness, and wages. In this process, many charity workers began to understand that poverty was due to circumstances beyond the control of individuals and was due, rather, "to certain social evils which must be remedied and certain social wrongs which must be put right" (as cited in Bremner, 1956a, p. 131). With data in hand, reformers began to argue that what they had initially classified as the causes of poverty were, in effect, the results of poverty (see for example, Brandt, 1908)**[151]**.

Therefore, a clear contradiction developed in Progressive Era discourse between understanding the causes of poverty as individual or social–environmental in nature. Earlier attitudes about poverty were not replaced by the "new view" but continued in tension with it. While reformers pushed for change in areas such as building codes and sanitation, child labor, public education, minimum wage, and shorter working hours, the "social problem" was still largely defined as "dependence," and reform efforts continued to be directed towards uplifting the industrial poor.

COS researcher and statistician Lillian Brandt exemplifies this contradiction in her influential article, "The Causes of Poverty," published in the *Political Science Quarterly* (1908). In her "devastating critique of experts' analyses of poverty" (Katz, 2015, p. 39), Brandt describes in detail the methodological flaws involved early poverty research and calls for examination of the multiple social and environmental conditions that produce poverty. However, the focus of the article lies in an examination of "the adverse conditions tending to involve dependence" (p. 648), thereby suggesting that her concern was not so much "poverty" as "dependence." Brandt

contends that further investigation into the causes of poverty needs to be pragmatically focused on "how far the adverse features of life . . . may be *overcome*" (p. 651)**[152]**.

The "adverse conditions tending to involve dependence" Brandt discusses are: "absence of natural care for children, lack of provision for old age, physical disability, mental defects, certain forms of criminality or moral obliquity, and inefficiency" (p. 649). Her comments regarding the latter four are instructive (emphases mine)**[153]**:

> Sickness and physical disability in its various forms give to the workers among the poor in their own homes *their chief occupation*, and to social workers for the improvement of general conditions *their best opportunity* (p. 649).
>
> Mental defects tending to involve dependence vary from insanity and feeble-mindedness down to peculiarities of temperament, such as obstinacy or a quick temper, which interfere with economic success. While this field of work is less encouraging, so far as improvement of the individual is concerned, there is here even greater need for a wise *system of institutional care* and there is here *an opportunity to introduce radically preventive measures* (p. 650).
>
> Crime *and moral defects* are adverse conditions in the family from an economic standpoint when they result in imprisonment of the wage-earner or inability to keep work or evasion of family obligations (p. 650).
>
> Inefficiency (not amounting to defects) may be physical, mental or moral; and it may be due to such varied causes as malaria, intemperance, neglected teeth, defective education or unaccustomed surroundings. It may be environmental rather than personal, and it constitutes *the first point of attack for all thorough-going reforms in the educational system* (p. 650).

Disability, in this way, became the "chief occupation" and "best opportunity" for social workers. Moreover, by way of the categories of "disability," "mental defects," and the catchall "inefficiency," the individualistic and moralistic view of poverty was able to continue unabated. Further, classifying insanity, feeblemindedness, and "peculiarities of temperament" together under the category "mental defects" allowed reformers to apply "radically preventive measures" to a wide range of marginalized individuals. The identification, segregation, and, eventually,

sterilization of the feebleminded (those individuals could not overcome or be cured) would become a major theme in North American eugenic discourse (see, for example, Carlson, 2010).

With a medicalized view of poverty, the discussion naturally shifted from one of cure to that of prevention. The causes of sickness, accident, and death were traced back to issues such as: poor sanitation, unhealthy food and water supplies, or unsafe working conditions. Similarly, the presence of "physical and mental defects" was "increasingly regarded" in terms of inadequate prevention, that is, "as evidence of inadequate provision for the segregation and education of defectives" (Brandt, 1908, p. 643)**[154]**. Disability, then, came to be discussed as a matter of public health; segregation was offered as a means to ensure the health of the whole social body.

I have wrestled trying to follow the conceptual leaps and slippages between terms and classifications within the Progressive Era discourse around poverty. For instance, the national conference addressing social welfare issues from 1874-1919 was named the "National Conference of Charities and Corrections." Lillian Brandt's article provides me with a possible answer. She writes, "Crime and *moral defects* are adverse conditions" (emphasis mine, p. 650)**[155]**. Other than childhood and old age, the adverse conditions that she analyzes all implicate individual *defects* of one kind or another: physical, mental, or moral, alone or in combination. Another charity reformer, a Mrs. Lowell, offers a similar argument with slightly different terminology stating, "The usual cause of poverty is to be found in some *deficiency*—moral, mental, or physical—in the person who suffers" (emphasis mine; as cited in Bremner, 1956b, p. 170). Beliefs about disability (defect and deficiency) served, as Snyder and Mitchell (Snyder & Mitchell, 2006, p. 126) suggest, as "the master trope of human disqualification." In

this way, the disabled, the poor, and the criminal could be classified together in the United States Census as part of "the defective, dependent, and delinquent classes" (Wines, 1888)**[156]**. I argue that it was the medicalization of poverty that allowed for this slippage and that assumptions about disability greased the wheels.

Moreover, a medicalized discussion of poverty easily moved from that of cure to prevention and from prevention to elimination. In the distribution of relief, the question became one of separating the curable ("those likely to be restored to society under proper treatment and care") from the incurable (the "permanently dependent" in need of custodial housing) (Hoyt, 1888, p. 12)**[157]**. It is here that eugenic ideas found fertile ground in Progressive Era discourse.

Eugenics

From the outset, it should be noted that not all Progressive Era reformers were eugenicists. Nevertheless, "during the Progressive Era, eugenic approaches to social and economic reform were popular, respectable, and widespread" (Leonard, 2005, p. 208).

Sir Francis Galton first introduced the term "eugenics" in 1883. Borrowing from animal husbandry, the core idea of the "science" of eugenics proposed by Galton was good ("eu") breeding. Galton contends, "A democracy cannot endure unless it be composed of able citizens; therefore it must in self-defense withstand the free introduction of degenerate stock" (1908, p. 311)**[158]**. In his paper, "Eugenics: Its Definition, Scope and Aims" (1904)**[159]**, Galton clearly states his purpose: "To bring as many influences as can be reasonably employed, to cause the useful classes in the community to contribute more than their proportion to the next generation." Eugenicists argued that the health and survival of society depended on the fitness of its members.

So, they gave social Darwinism a helping hand and worked to separate the fit from the unfit (Leonard, 2005). Galton describes the individual "well-fitted" for his part in life:

> A considerable list of qualities can easily be compiled that nearly everyone except cranks would take into account when picking out the best specimens of his class. It would include health, energy, ability, manliness, and courteous disposition (1904, n.p.)**[160]**.

It is abundantly clear, here, that ableist (also sexist, heteronormative, classist, and Eurocentric) ideals and, thus, assumptions about disability were fundamental to eugenicist reasoning. Further, in North America it was through a series of incremental shifts and slippages in classification involving disability (from disabled, to defective, deficient and, finally, degenerate), that degeneracy was able to gain currency as the broad category under which all the "unfit" could be classified. For instance, Alexander Johnson, Superintendent of the School for the Feeble-Minded in Indiana, offers this "partial list" at the 1903 Conference of Charities and Corrections:

> The chronic insane, the epileptic, the paralytic, the imbecile and idiot of various grades, the moral imbecile, the sexual pervert, the kleptomaniac; many, if not most, of the chronic inebriates; many of the prostitutes, tramps, and minor criminals; many habitual paupers, especially the ignorant and irresponsible mothers of illegitimate children, so common in poor houses; many of the shiftless poor, ever on the verge of pauperism and often stepping over into it; some of the blind, some deaf-mutes, some consumptives. All these classes, in varying degree with others not mentioned, are related as being effects of the one cause—which itself is the summing up of many causes—degeneracy (1903, p. 246)**[161]**.

The concept of "degeneracy," therefore, allowed eugenic reformers to widely apply measures of social control in what I identify as a tri-fold "keep-'em-out-weed-'em-out-breed-'em-out" strategy (controlled immigration, identification and segregation, and controlled procreation or sterilization). Such "conscious social selection" was advocated as a process "by which the industrial residuum is naturally sifted and made manageable for some kind of restorative,

disciplinary, or, it may be, surgical treatment" (as cited in Leonard, 2003, p. 703). Poverty continued to be medicalized but was spoken of, more and more, in terms of elimination rather than cure:

> We must strain out of the blood of the race more of the taint inherited from a bad and vicious past . . . before we can eliminate poverty, much more pauperism, from our social life. The scientific treatment which is applied to physical diseases must be extended to mental and moral disease, and a wholesome surgery and cautery must be enforced by the whole power of the state for the good of all (as cited in Leonard, 2005, p. 211).

Contradictions and Tensions

At the very heart of Progressive Era reform, therefore, we find a fascinating tension between sympathy and loathing, or between compassion and fear, on the part of the predominantly privileged reformers (Huyssen, 2014). Thomas Leonard offers a possible explanation:

> Progressives believed that the industrial poor should be protected from the depredations of industrial capitalist society, but they also believed that society should be protected from the depredations of the industrial poor. The obvious tension in this view was released by theoretically separating the industrial poor into worthy and unworthy categories. Biological fitness determines who is worthy and thereby entitled to social justice, and who is unworthy, and thereby entitled to social control. Groups deemed eugenically unfit—immigrants, blacks, those defective in character and intellect—are treated not as victims, but as threats to the health and well-being of the worthy poor and of society at large (2003, p. 704).

However, another potential explanation is that reformers played upon human sympathy in order to gain support for their efforts, but were ignorant of their own class privilege and bias. They practiced philanthropy from above, a philanthropy largely directed at regulating "the noisome, boisterous, dangerous class accumulating in America's immigrant ghettoes" (Winant, 2014). Pioneer photojournalist Jacob Riis is an interesting example of this "benevolent

revulsion" at the heart of progressive reform (Winant, 2014). Riis' exposé of the living conditions in the tenements, prisons, asylums, and poor houses of New York City in *How the Other Half Lives* (1890)**[162]** was intended as a call to action. Yet, he describes the poor in vivid and highly derogatory language, such as "the flotsam and jetsam" or "the wrecks and the waste." Then elsewhere, Riis lauds "the honest, thrifty poor who live lives of heroism such as we cannot live." Riis underlines the pressing need for "some one to cry aloud for them." He explains, "We must do this not only for self-defense, but because we cannot escape the moral responsibility" (*NYT*, 1895, p. 8)**[163]**. Through reform efforts overlaid with sympathy, reformers created social and professional identities for themselves as noble nation builders without having to radically address social inequality (Huyssen, 2014). In the process, "the rich reaped tremendous psychic rewards and cultural capital from their encounters with the poor" (Winant, 2014). Moreover, they were able to maintain their privileged social and economic status and, arguably, stave off the revolution brewing in the Labor Movement

Overcoming Stories in Progressive Era America

It is striking that the overcoming stories recounted during the Progressive Era are explicit morality tales. A poignant example concerns sweet four-year-old "cherub," Joe Marion, strapped to a board because of a condition known as tuberculosis of the spine (Potts disease). A widely circulated photograph of "Smiling Joe" not only raised $250,000 for a new hospital sponsored by the New York Association for Improving the Condition of the Poor, but also became something of a cultural icon (see *Figure 2*). "Smiling Joe" so touched the American public that children emptied their piggy banks, rich and poor alike emptied their pocketbooks, and even Rockefeller opened up his purse strings (Otautau Standard Chronicle, 1912)**[164]**. The success of the

"Smiling Joe" campaign would forever change charitable fundraising efforts in the United States. In 1912, *The New York Times'* annual Christmas drive was designed to put a human face on poverty by publishing stories of "100 Neediest Cases" (December 18, 1912, p. 7)**[165]**—a campaign that would continue well into the 1960s. Even more, "Smiling Joe" was widely referenced in both the popular press and in more scholarly publications. He became an exemplar: a vivid reflection of the state of poor children breathing the foul air in the tenements (Theiss, 1909)**[166]**, a shining countenance mirroring the innate sweetness of crippled children (Reeves, 1914, p. 3)**[167]**, a living testimony to the important work undertaken by hospitals (American Hospital Association, 1917)**[168]**, and tangible proof of the power of images to raise money (Hall, 1915)**[169]**. Moreover, more to my point here, "Smiling Joe" was said to radiate "a cheerfulness, courage, and enthusiasm which are a standing rebuke to pessimism" (Reeves, 1914, p. 3)**[170]**.

Figure 2. "Smiling Joe" (*The Pittsburg Press*, Nov 26, 1911, p 54; Public Domain) **[171]**.

The Washington Post, June 26, 1908, contains another example with the byline: "Lesson Taught by a Crippled Boy With An Iron Will." The article, about a disabled boy who rescues two other boys from drowning, is framed as "good medicine for the multitude of croakers who are forever complaining that they have 'never had a fair chance.'" The reporter continues,

> The story is a tonic. Most persons need its admonition to win out in spite of *handicaps*. So long as the heart is brave and unhampered, no other limitations need to count greatly . . . The *handicapped* persons are often winners in life's race; because their hearts and wills have made up for deficiencies in body, mind or circumstance (p. 6)**[172]**.

It perplexed me that "handicapped persons" could be portrayed here as the "winners in life's race" at the same time that Progressive Era reformist discourse was widely employing categories rooted in disability to disqualify other marginalized individuals from the race. However, I came to realize that the discussion about "the defective, dependent and delinquent classes" within *professional* circles was considerably different from lay comments. Furthermore, at a time when reformers were pushing for social change, stories like this suggest that there was considerable push back. They shift the focus from inequality (those who "have never had a fair chance") back onto the character ("the hearts and wills") of the individual; such morality tales served to mitigate the tension between the old and new views of poverty. Amidst the struggle for social reform, then, persons with disability found themselves paradoxically positioned both as winners and as unfit competitors.

In *The Washington Post* later that year (November 29, 1908, M4)**[173]**, I found another morality tale of overcoming, one that has resonances with the contemporary overcoming narrative; the story exhibits mandatory optimism of tragically comic proportions. The account is of a railroad employee who loses first one arm and later the other in separate rail accidents and

who is still able to continue to work as a yardmaster. After losing his second arm, this "armless wonder" is quoted as saying, "Well, that arm's gone, all right, but it's all the same. I never thought much of that left hand of mine." The reporter comments, "Accidents of this sort have driven many a man from the world of business, while scores of men have given up the fight because of it and become dependent on others for their support." Our armless rail worker, however, "bobs up serenely and gets back on the job as optimistic and cheerful as you please." For him there was "no pessimism, no hard luck stories . . . no playing to the gallery, no appeal to anyone's sympathy, nothing of the begging sort." The reporter enthuses, "Talk about *overcoming* obstacles, of fighting with all the odds against you, of playing the game of life with the cards stacked, as it were." Twice he exclaims, "Here is a man that refuses to go down and out." The message is clear: If this unfortunate man can succeed, what do you complainers have to complain about? It is no accident that this article appeared at a time when the number of "industrial cripples" was growing at an alarming rate and when labor movement reformers, among others, were agitating for safer working conditions. It plainly serves to depoliticize the issues.

Summary

The belief that social problems could be overcome was foundational to Progressive Era discourse as well as to the reforms and institutions it produced. While optimistic medical metaphors spurred action aimed at curing the problem of poverty, the realization that some conditions might be incurable changed the discussion from that of cure to one of prevention and elimination. The focus of reformers was the collective health of society. From this perspective, reforms were envisioned as redeeming society and overcoming "social evils." The social research initiated in the Progressive Era produced a body of "poverty knowledge" (classifications

and case studies) within which persons with disability found themselves as the chief occupation of social workers. They were classified among "the defective, dependent and delinquent" classes and, more and more, segregated in institutions, denied entry into Canada and the United States (Hanes, 2011), and prevented from procreation. This was not without resistance. For instance, at the National Conference of Charity and Corrections (1915)**[174]**, advocates for the deaf argued that the Department of Education (rather than Charity and Corrections) should direct the work for the deaf. Similarly, Joseph F. Sullivan in his book, *The Unheard Cry* (1914), decries "the reckless, unwarranted and unscientific classifying of the Cripple with the feeble-minded, with the criminal, with the delinquent, with the insane, with the dependent" (p. 37)**[175]** and calls for the creation of special schools for the neglected "Cripple." Nevertheless, in much of the professional discourse aimed at social reform, disability served as "a master trope of human disqualification" (Snyder & Mitchell, 2006). At the same time, ironically, in the newspapers during the Progressive Era, disabled persons began to be positioned as the principal characters of morality tales directed at reforming the industrial poor.

In the next chapter, I will discuss how the overcoming story was taken up as a tool of propaganda in the reeducation of the returning World War One veterans.

Historical References Chapter Seven

145 Industrial Workers of the World. (1905). Industrial Union Manifesto. Retrieved October 21, 2016 from http://www.iww.org/history/library/iww/industrial_union_manifesto

146 Kellogg, D. O. (1886). Reformation of Charity. *The Atlantic Monthly* (April 1886), 449-456. Retrieved October 21, 2016 from http://www.unz.org/Pub/AtlanticMonthly-1886apr-00449?View=PDF

147 Brandt, L. (1908). The causes of poverty. *Political Science Quarterly*, 23, 637-651. Lower Manhattan Project. Retrieved October 21, 2016 from http://www.tenant.net/Community/LES/contents.html

148 Kellogg, D. O. (1886). Reformation of Charity. *The Atlantic Monthly* (April 1886), p. 450.

149 THE POOR IN THEIR HOMES. (1900, December 9). *The New York Times* (1857-1922), p. 24.

150 Kellogg, D. O. (1886). Reformation of Charity. *The Atlantic Monthly* (April 1886), p. 454.

151 Brandt, L. (1908). The causes of poverty. *Political Science Quarterly*, 23, 637-651.

152 Brandt, L. (1908). The causes of poverty. *Political Science Quarterly*, 23, p. 651.

153 Brandt, L. (1908). The causes of poverty. *Political Science Quarterly*, 23, p. 649-650.

154 Brandt, L. (1908). The causes of poverty. *Political Science Quarterly*, 23, p. 643.

155 Brandt, L. (1908). The causes of poverty. *Political Science Quarterly*, 23, p. 650.

156 Wines, F. H. (1888). Report on the Defective, Dependent, and Delinquent Classes of the population of the United States. Washington, DC: Government Printing Office. Retrieved October 21, 2016 from https://www2.census.gov/prod2/decennial/documents/1880a_v21-01.pdf

157 Hoyt, C. S. (1888). President's address. In I. C. Barrows (Ed.), *Proceeding of the National Conference of Charities and Corrections* (pp. 8-24). Boston: Geo. H. Ellis. Retrieved October 21, 2016 from https://archive.org/stream/proceedingsnati00sessgoog#page/n4/mode/2up

158 Galton, Sir F. (1908). *Memories of my life*. Retrieved October 21, 2016 from http://galton.org/

159 Galton, Sir F. (1904). Eugenics: Its definition, scope and aims. *American Journal of Sociology*. Volume X, Number 1. Retrieved October 21, 2016 from http://galton.org/

160 Galton, Sir F. (1904). Eugenics: Its definition, scope and aims. *American Journal of Sociology*. Volume X, Number 1.

161 Johnson, A. (1903). Report of committee on colonies for segregation of defectives. In I. C. Barrows (Ed.), *Proceedings of the National Conference of Charities and Correction* (pp. 245-253). Retrieved October 21, 2016 from http://indiamond6.ulib.iupui.edu/cdm/ref/collection/PRO/id/86719

162 Riis, J. (1890). The wrecks and the waste. *How the other half lives: Studies among the tenements of New York*. New York, NY: Charles Scribner's Sons. Retrieved October 21, 2016 from http://www.bartleby.com/208/

163 WORK AMONG THE POOR. (1895, April 10). *The New York Times* (1857-1922), p. 8.

164 BOY WHO FOUNDED A HOSPITAL. (1912, March 12). *Otautau Standard and Wallace County Chronicle*, Volume VII, Issue 357. Retrieved October 21, 2016 from http://paperspast.natlib.govt.nz/newspapers/OSWCC19120312.2.12

165 QUICK RESPONSE FOR ‘100 NEEDIEST CASES’. (1912, December 18). *The New York Times* (1857-1922), p. 7.

166 Theiss, L. E. (1909). The least of these: What the Fresh Air Movement means to children of the slums. *Outing*, 54. Retrieved October 21, 2016 from http://library.la84.org/SportsLibrary/Outing/Volume_54/outLIV05/outLIV05c.pdf

167 Reeves Solenberger, E. G. (1914). *Care and education of crippled children in the United States*. New York, NY: The Russell Sage Foundation. Retrieved October 21, 2016 from http://quod.lib.umich.edu/m/moa/AGE2405.0001.001?rgn=main;view=fulltext

168 American Hospital Association. (1917). *Proceedings, 1917: Annual convention*, 19, p. 74. London, UK: Forgotten Books. Retrieved October 21, 2016 from https://www.forgottenbooks.com/en/books/Proceedings_1917_v19_1000896774

169 Hall, S. R. (1915). *Writing an advertisement: An analysis of the methods and the mental processes that play a part in the writing of successful advertising* (pp. 128-129). Boston, MA: Houghton Mifflin. Retrieved October 21, 2016 from https://catalog.hathitrust.org/Record/100465594

170 Reeves Solenberger, E. G. (1914). *Care and education of crippled children in the United States*. New York, NY: The Russell Sage Foundation.

171 “Smiling Joe”. (1911, November 26). *The Pittsburg Press*, p. 54. Retrieved October 29, 2016 from https://www.newspapers.com/newspage/143375270/

172 A HEART-STIRRING TONIC. (1908, June 26). *The Washington Post* (1877-1922), p. 6.

173 Armless Man Is a Wonder. (1908, Nov 29, M4). *The Washington Post* (1877-1922), p. M4.

174 Carstens, C. C. (Ed.) (1915). Report of the committee: A community plan in children's work. *Proceeding of the National Conference of Charities and Correction 1915*, p. 104. Retrieved October 21, 2016 from https://archive.org/stream/proceedingsofnat42natiuoft#page/104/mode/2up/search/deaf

175 Sullivan, J. F. (1914). *The unheard cry*. Nashville: Smith and Lamar. Retrieved October 21, 2016 from https://archive.org/stream/unheardcry00sullgoog

Chapter Eight: Reeducation of World War One Cripples

In the late Progressive Era, as World War One drew to a close, the problem of the disabled soldier began to be addressed in the belligerent nations (for example, England, France, and Italy) (Harris, 1919)**[176]**. With advances in medicine, such as x-ray technology and antiseptic surgery, it was the first time that such a large number of wounded men were able to survive serious war injury and return to their homelands. By late 1917, throughout North America, shiploads of returning soldiers sparked grave concern about the economic consequences of war. Judith Friedland summarizes the sense of urgency in Canada:

> Some 600,000 young men and women served in the Canadian Expeditionary Force. Of these, 66,000 were killed and a further 173,000 were injured by the end of the war. How could such a young country continue to grow and prosper with so many men cut down in their prime? And how could the country afford the cost of caring for those men who had become disabled? It was quickly becoming clear that economic issues would overwhelm the country unless the injured soldiers could find employment and be re-established as productive citizens (2011, p. 87).

The Canadian government first addressed the issue through the civilian-directed Military Hospitals Commission (MHC) (1915). After some wrestling, in 1918 the military took over leadership establishing the Department of Soldiers' Civil Reestablishment (MacPhail, 1925)**[177]**. In the reestablishment of returning soldiers, Americans drew extensively on Canadian expertise; that Canada was a leader "in this great work" (*GAM*, 1919, 29 April, p. 14)**[178]** was not only a point of national pride (see, for example, *Report of the Work of the Invalided Soldiers' Commission*, 1918)**[179]** but also would become the official response to ongoing grievances from Canada's World War One veterans. In 1917, the United States brought in a Canadian, Thomas B. Kidner, to advise the Office of the Surgeon General of the U.S. Army

in the establishment of the Division of Physical Reconstruction of Disabled Soldiers (Harris, 1919)**[180]**. A wave of legislation followed including: the War-Risk Insurance Act (1917), the Smith-Sears Veterans Rehabilitation Act (also know as the Soldier's Rehabilitation Act) (1918), and the Smith-Fess Act (also called the Civilian Rehabilitation Act) (1920) (Colorado State University, n.d.). It was the beginning of vocational rehabilitation in North America (at the time referred to as "reconstruction" or "reeducation")—a complex amalgam involving military and civilian oversight, professional and volunteer staffing, medical and socio-educational goals, and public and philanthropic funding (U.S. Army Medical Department, 1923)**[181]**. It was an issue that Walter E. Segsworth writes in *Retraining Canada's Disabled Soldiers* (1920), "has aroused a great deal of interest among labour unions, employers, sociologists, educationalists, and the public at large" (p. 5)**[182]**.

Indeed, while the issue of returning veterans was widely discussed as a *problem*, there is no question that for emerging professionals there was "a great deal of interest" in the opportunities it presented. Garrard Harris (1919) enthuses in his Preface to *The Redemption of the Disabled* about "this truly wonderful message of hope":

> Out of the Great War have grown some permanent benefits to humanity, and among these perhaps the greatest is the prospect of emancipation for the physically disabled individual from thralldom of unhappy circumstance (p. vii) **[183]**.

William Rush Dunton writes in *Reconstruction Therapy* (1919), "The Great War has done much to emphasize the value of occupational therapy. In the first place, the crippled have been taught methods by which their handicaps may be *overcome* or discounted" (p. 106)**[184]**.

In both Canada and the United States, an active publicity campaign was initiated to educate the public, wives, families, employers, and, most of all, the soldiers themselves about the

need for reconstruction. The discussion that follows will examine the reeducation propaganda of World War One America and World War One Canada respectively.

Reconstruction in World War One America

The Americans tackled the problem of the returning soldier with Progressive Era optimism, enthusiasm, and forthrightness, as is clearly reflected in its propaganda. Frank Billings, Chief of the Division of Physical Reconstruction, explains the rationale:

> It was early recognized that publicity would be necessary to educate the disabled soldiers as to the need of continued treatment to restore them as fully as the nature of their disabilities permitted, and also for the purpose of arousing the families of the disabled soldiers and the general public to the need of physical reconstruction, so that the soldiers might be able to return to civil life completely restored to health, or at least with the *handicaps* of permanent disability *overcome* by efficient training and reeducation (1919, p. 5)**[185]**.

With a large publicity department, the Office of the Surgeon General in partnership with the American Red Cross circulated stories and photographs in newspapers, such as *The New York Times* and *The Washington Post*, and in weekly magazines, such as *The Outlook* and *Ladies Home Journal* (Byrom, 2001). They distributed posters, released a book and motion picture, *The Way Out*, and also supported over 42 magazines, such as *Carry On*: *A Magazine on the Reconstruction of Disabled Soldiers and Sailors,* that were circulated in hospitals (Carden-Coyne, 2007). One booklet was translated into ten foreign languages, distributed to pastors of non-English speaking congregations, and reprinted in foreign language newspapers (McMurtrie, 1919)**[186]**. They welcomed "every form of publicity" that would "help secure this proper mental attitude on the part of the disabled soldier" (Mock, 1918, p. 27)**[187]**.

In this campaign, the overcoming story played an explicit role, that of encouraging compliance with the reeducation agenda. The first step towards reconstruction was considered to

be psychological: Disabled soldiers needed to acquire "the proper mental attitude towards this work." That is, they needed "to drive out the 'I-am-ruined, I-am-helpless, What-in-the-world-will-I-do' idea" and supplant it with: "Others have done, others are doing, I SHALL DO" (original emphasis, Simms, 1918, p. 55)**[188]**. Overcoming stories were viewed as key to this psychological readjustment. "If the crippled patient is stimulated by accounts of others who have *overcome* their handicaps, it seems unquestionable, that he will make the greater effort to *overcome* his own difficulties" (Dunton, 1919, p. 158)**[189]**. "Cheer-up men" (for the most part, disabled civilians) were recruited to recount their stories of overcoming in meetings and at "cripple parties" (McMurtrie, 1918, p. 14)**[190]**. The rationale was clear: "Such indomitable courage in the face of adverse circumstances cannot fail of inspiration to other men handicapped in the same ways," because "no one can encourage a cripple so effectively as another cripple" (McMurtrie, 1919, p. 36)**[191]**(1918, p. 12)**[192].**

The scope and sheer volume of the propaganda generated in response to the returning soldiers in the United States is puzzling when you consider that "the problem of the industrial cripple [was] the greater, numerically considered, than that of the crippled soldier" (McMurtrie; as cited in Dunton, 1919, p.124)**[193]**. Why did the large number of persons disabled by industry fail to elicit anywhere near the same degree of concern? Certainly, there was a sense of obligation and duty the public felt they owed to war "heroes" that was not extended to those injured in industrial accidents (see, for example, Woodrow, 1919)**[194],** and there was undoubtedly concern about the economic cost of pensioning the war wounded (Carden-Coyne, 2007). Nevertheless, the heart of the matter is that "crippled soldiers" posed a threat to the social and political order that "industrial cripples" did not.

Disabled soldiers and their visible presence stirred up anxiety. Seventy-two percent of the returning soldiers had been conscripted into service, twenty-five percent were illiterate, and twenty-five percent were foreign born (Carden-Coyne, 2007; Keene, 2001). There was fear that these young men having been removed from the "restraining influences of education, employment and family" might not be able to and might not even want to reintegrate into society (Gerber, 2000, p. 71). Further, potentially bitter or disillusioned men represented a "potentially disruptive force" (Carden-Coyne, 2007, p. 543). Orthopedic surgeon, Joel E. Goldthwait, sent by the Surgeon General of the United States Army to Great Britain to assist with and learn from British rehabilitation efforts, writes: "Each of the individual wounded men represented a center of unrest . . . unless something could be done to improve their condition . . . these individuals would become centers of revolution" (1917; as cited in Linker, 2011, p. 57). Reeducation, therefore, was viewed "as a way to restore social order after the chaos of war" (Linker, 2011, p. 4) and, even more, as a way to reassure an anxious public that order was being be restored. It is also important to note that the large volume of propaganda points to the fact that many returning soldiers were resistant to the reconstruction agenda.

Consequently, the overwhelming thrust of the propaganda was intended to convince disabled soldiers of the need for reeducation and to make reconstruction the expected and normative "way back home" in the eyes of the general public. In order to do this, the promotional materials took up two lines of persuasion in addition to the economic concerns that framed the discourse: The first was to paint the alternative in highly derogatory terms and the second was to appeal to the soldiers' sense of nationalism and manhood.

With respect to the first, consider the language in the following examples taken from *The Redemption of the Disabled* (1919) issued by the research division of the United States Federal Board for Vocational Education (emphases mine):

> Without reeducation and placement in employment, disabled soldiers and sailors would go into the *waste pile* as social dependents (Prosser, 1919, xii)**[195]**.
>
> It is, of course, *abhorrent* to think that our civilian soldiers, having borne the brunt of our war, should be . . . returned to their families as *dependents* and *burdens* (Harris, 1919, 17)**[196]**.
>
> The end and purpose of the new conception of the Nation's duty is complete restoration of the disabled and their reestablishment in civil life as self-respecting, useful, independent citizens. Any other thought other than complete restoration or as nearly as possible, is *repellant* (Harris, 1919, 18)**[197]**.

The line of reasoning here is clear; if disabled soldiers are not "redeemed" by reconstruction, they will be "abhorrent," "repellant," "dependents and burdens" in the social "waste pile." This kind of value-laden language can be found throughout the American reconstruction literature. In doing this, the discourse positions disabled soldiers, in their un-reconstructed state, as unproductive citizens (a view that would become central to twentieth century disability policy) (S. F. Rose, 2012). This reinforced the belief that disabled persons *are* social burdens to be borne by contributing members of society—a fate that could only be "overcome" through rehabilitation. I maintain that rather than changing attitudes towards disability, as advocates for reeducation such as Douglas McMurtrie (1918)**[198]** claimed, the vocational rehabilitation pioneers played upon and, ultimately, heightened those attitudes in order to promote their agenda.

Second, the American reconstruction promotional materials drew upon widely held conceptions of duty, citizenship, and manhood for their persuasive power. Beth Linker argues

that the ethos of rehabilitation was "the process of making [men] manly" by "(re) making men into producers of capital" (2011, p. 4). For example, Garrard Harris advises in his article, "When the Soldier Comes Back" (1918),

> The help the individual can give is not in misplaced sympathy or commiseration of a wounded or disabled soldier. That is no help; it is a detriment, and saps his manhood. The service here is to make him feel that he still has a man's part to play, and the best way to do that is to take the re-educational course, fit himself to be an independent, self-respecting wage-earner and citizen (p. 368)**[199]**.

Harris repeats the German dictum: "No man is a worthy citizen . . . who does not use his will to *overcome* his handicap" (1919, p.109)**[200]**. Others direct their appeal towards the soldiers' ongoing patriotic duty:

> In spite of his wounds, the disabled soldier must not lose his courage and retire from the front line of endeavour. He now receives from his country definite orders still further to advance and he has yet before him opportunity to prove himself a good soldier and a worthy citizen (McMurtrie, 1919, p. 34)**[201]**.

The inference, of course, is that soldiers who do not comply with reconstruction fail as men and fail in their duty to country—they are ultimately unmanly and unworthy citizens.

In the American reeducation literature, then, overcoming the "handicap of disability" was envisioned as the both motivation for and the triumphant ends of reeducation. Overcoming was largely defined in economic terms as independent wage-based employment, and disability was fundamentally viewed as a handicap (disadvantage) to that employment. The ability to overcome characterized the rehabilitative ideal and reflected upon a soldier's honour, worthiness as a citizen, and manliness. With Progressive Era optimism, American reeducation advocates maintained that through rehabilitation the handicap of disability could be overcome or, alternatively, in their words, "discounted" (Dunton, 1919, p. 106)**[202]** or "neutralized" (Harris, 1919, p. 203)**[203]**. By way of the buoyant language of overcoming, the human and economic

costs of war could, thus, be seemingly erased. Indeed, rehabilitation in World War One America came to symbolize "a dream, a hope that physical 'handicaps,' 'pauperism,' and 'defects of manhood' could all be conquered on the home front" (Linker, 2011, p. 3). The rehabilitated soldier "marked the triumph of science over sentiment" (Kinder, 2009, p. 364).

Resistance.

It is hardly surprising that the reality of disabled soldiers' experience failed to live up to such lofty rhetoric. Not only were the goals of reconstruction in the United States overly optimistic, but also, in practice, reeducation was simply not available to all. Ten years after the implementation of the Veterans Rehabilitation Act, over 500,000 claims remained unprocessed (Carden-Coyne, 2007). In part, this was due to a lack of resources, infrastructure, and personnel in the new and hastily set up vocational programs (Linker, 2011). It is jaw-dropping to think of it: more than one half of a million veterans bombarded by reconstruction propaganda, facing a public similarly indoctrinated, and then denied service by bureaucratic ineptitude. On top of this, many other issues arose that advocates for reconstruction had simply not anticipated. Reeducation pioneers had envisioned rehabilitation as "a linear process from primary injury and dependence to total health and independence" (Carden-Coyne, 2007, p. 549). However, "internal injuries," such as TB, the effects of mustard gas, or shrapnel wounds, were those most commonly documented among American World War One veterans (U.S. Army Medical Department, 1923)**[204]**. Many soldiers developed secondary conditions after their release from treatment. Some experienced relapse, and others had chronic health issues. A major complaint of American veterans was that they received inadequate health care (Linker, 2011). Further, reconstruction professionals had not fully considered the question of social mobility; many

soldiers wanted to improve their economic status and not merely be returned to their previous station. What's more, they wanted to be able to choose their own career path. Scott Gelber writes, "The Vocational Rehabilitation Act set the stage for conflict by failing to articulate clear instructions about the extent of veterans choices" (2005, p. 163).

And conflict there was (see for example, Linker, 2011, Chapter 6: Propaganda and the Patient Protest). As early as 1919, veteran groups, such as the American Legion (1919) and Disabled American Veterans of the World War (1920), formed to lobby government regarding such grievances as compensation for civilian wages lost during the war. Jennifer Keene (2001) and Beth Linker (2011) contend that the sustained political activism of American World War One veterans culminated in a lasting legacy—the passing of the G.I. Bill of Rights (1944). Regarding reconstruction, ten years after implementation veteran advocate De Witt Law sarcastically refers to it as "our old friend Vocational Rehabilitation" and notes that rehabilitation accomplishments "were often more imaginative than real" (1929; as cited in Carden-Coyne, 2007, p. 554). At the level of individual resistance, many disabled veterans resented military control over their civilian lives. After demobilization, they wanted nothing more than to return to their families rather than serving extended time in vocational hospitals. Ana Carden-Coyne offers the following example:

> Reconstruction aide Lena Hitchcock recalled that the new patients in the hospital were "bitter and disgruntled." The men were "furious because their street uniforms had been taken from them to prevent them from going A.W.O.L." Lena said the result was that they "sneered" at the occupational therapists, and "refused to have anything to do with it." Even when she made friends with some of the men, she remarked they "would still not work" (2007, p. 553).

It is telling that only one half of the 675,000 eligible for training under the Veterans Rehabilitation Act actually completed the program (S. F. Rose, 2008, p. 293; Wilson, 2006, p. 6)

even though lack of compliance meant that they could be labeled as trouble-makers and denied benefits. Carden-Coyne offers,

> Contradictorily, this recalcitrance demonstrated a certain level of self-determination expected of an independent, self-sufficient male citizen. Fundamentally, the power to choose underpinned American notions of democracy and capitalist success. Disabled soldiers were caught between this rhetoric and the reality of their lives (2007, p. 555).

The self-sufficiency central to the rehabilitative ideal, ironically, conflicted with the compliance demanded by military and medical authority.

Another indicator of the overall lack of success of the American vocational rehabilitation program in changing the status of disabled citizens can be seen in the protests of the League of the Physically Handicapped. In 1936, six years after the Division of Physical Reconstruction of Disabled Soldiers was officially closed, the League outlined the extent of the employment discrimination they faced in their "Thesis on Conditions of the Physically Handicapped" (Longmore & Goldberger, 2000). Presented to President Roosevelt and chief of the Works Projects Administration, Harry Hopkins, the thesis criticized vocational rehabilitation as "'not only inadequate but also detrimental' as it created 'the illusion that something constructive is being accomplished'" (as cited in Longmore & Goldberger, 2000, p. 908). The grievances against New York State's Rehabilitation Bureau included that: it was under funded; "had to turn thousands away"; offered only "very limited training"; provided "only temporary jobs that paid 'miserably low wages'"; and "even went *'so* far as to send [them] out . . . as strike-breakers'" (p. 909). Moreover, the thesis claimed that disabled workers were exploited by the meager wages paid by sheltered workshops. The flagship of reeducation, the American Red Cross Institute for Crippled and Disabled Men, directed by Douglas McMurtrie a key reconstruction pioneer, was

one of three institutions specifically named: "'Under the guise of social service,' the league charged, they 'actually engage in shameful exploitation'" (p. 909).

Before looking at examples of overcoming stories in post World War One America, a few comments need to be made about the role of institutions for the education of crippled children in the reconstruction of disabled soldiers.

Institutions for the education of the crippled.

Even though a range of hospitals, asylum homes, and organizations for the care of crippled children, such as the League in Aid of Crippled Children, had been privately established during the mid to late 1800s, institutions for their education emerged slowly: more than eighty years after those for the blind and the deaf. Initiated amidst Progressive Era reform, schooling and vocational training began to be offered to children during their convalescence in orthopedic hospitals in order to "bring about economic independence of the otherwise state ward" (Eggersten, 1947, p. 113)**[205]**. The first state to legislate and publically fund a hospital school was Minnesota (1897). New York followed in 1900 with the New York State Hospital School for the Care and Education of Crippled and Deformed Children (McMurtrie, 1912)**[206]**. By 1912, there were more than 80 institutions in more than a dozen states. These institutions included: orthopedic hospitals, convalescent hospitals, asylum homes (for the homeless and incurable), and special day schools (Reeves, 1914)**[207]**.

Like educators for the blind and deaf before them, advocates for the education of crippled children held a redemptive vision of "turning a hopeless, discouraged cripple into a hopeful ambitious, and self-respecting citizen" (McMurtrie, 1911, p. 6)**[208]**. Further, Progressive Era advocates articulated their efforts in terms of addressing a social problem, in this case, "the

problem of the crippled child." Of course, the only problem the crippled child actually posed was the prospect of becoming a crippled adult. Nevertheless, reformers offered a solution:

> And all that needs to be done is to assist the child in *overcoming* the special *handicaps* imposed by his deformity and make available to him the advantages which every child in right and justice should have. In many cases, by proper methods of medical and surgical care, a complete cure can be affected thus disposing of the entire problem (McMurtrie, 1911, p. 6)**[209]**.

Hospital schools for crippled children played an interesting role in the reeducation of veterans of the Great War. Prior to the war, orthopedic surgeons had worked principally with crippled children. Indeed, the word *orthopaedia* is derived from the Greek "orthos" (straight) and "pais" (child) (Linker, 2011). Children were generally regarded as better prospects for surgery than adults; they were more compliant, resilient, and could afford a longer period of convalescence. It was only with the growing number of "industrial cripples" and the prospect of shiploads of returning "war cripples" that orthopedic surgery, as a medical subspecialty, began to concern itself in earnest with disabled adults. The new programs and hospitals established were modeled on those for crippled children (Linker, 2011).

Further, many of the same individuals (surgeons, nurses, advocates) who were involved with institutions for crippled children were recruited to work in the new programs for disabled veterans. One such man was Douglas McMurtrie, director of the American Red Cross Institute for Crippled and Disabled Men. The institute was founded in 1917 "to conduct research in rehabilitation and to make demonstrations in the field which would serve as a guide in the solution of the rehabilitation problem of the large numbers of disabled soldiers inevitable" (Eggersten, 1947, p. 114)**[210]**. The idea was to build up expertise in rehabilitation by working with industrial cripples, "the crippled men now at hand," and then to offer their services for the

reeducation of disabled soldiers (McMurtrie, 1918, p. 2)**[211]**. The institute was successful in its bid, and its work formed the foundation for state and federal rehabilitation programs for both soldiers and civilians (Eggersten, 1947)**[212]**.

One result of the leadership in reconstruction provided by orthopedic surgeons as well as the American Red Cross Institute for Crippled and Disabled Men is that reeducation was designed with "the cripple" envisioned as the model student or patient (Linker, 2011). However, only seventeen percent of the disabled soldiers registered in vocational programs were classified as "orthopedic" cases (U.S. Army Medical Department, 1923)**[213]**. Beth Linker (2011) forwards that amputees represented the rehabilitative "gold standard" for an important reason: With prosthetics, the crippled soldier could "appear cured." The widely published images of disabled soldiers hard at work with disability invisible or artificial limbs prominently displayed offered "the illusion that the human ravages of war could be erased with a technological fix." Reconstruction held out, Linker contends, "the promise that the wounds of war can be healed, and thus forgotten, on the national as well as the individual level" (p. 7).

Returning to Douglas McMurtrie, he was not only Director of the American Red Cross Institute for Crippled and Disabled Men, but also President of the Federation of Associations for Cripples and editor of the *American Journal of Care for Cripples*. McMurtrie wrote widely on both the education and care of crippled children and the reeducation of crippled soldiers. In reading through these publications, I made an interesting discovery. In writing about crippled children, he makes very little reference to overcoming. However, overcoming is so central to his adult-related work that Ana Carden-Coyne describes him as "the champion of overcoming rhetoric" (2007, p. 551). I can only speculate at the reason for this discrepancy. It could be that

McMurtrie regarded overcoming as requiring a maturity and self-determination not yet fully developed in children. However, another possibility is that children (and their parents) simply did not require the same degree of persuasion to comply with treatment that returning soldiers did.

Overcoming stories in World War One America.

There are two types of overcoming stories recounted in World War One America: "cheer-up" stories told to recovering soldiers and "cover-up" stories that mask disability in order to present disabled veterans to the public as normal citizens. An example of the former, entitled "The World is a Very Cheerful Place," is found in *The Outlook* (September 11, 1918, p. 57)**[214]**. The article is written by a young man named James J. Wilson who had both hands crushed in an accident. Wilson recounts the story of looking at his "mutilated stumps" and deciding not to pay "much attention to his affliction." He tells of how, little by little, he devised ways to do everyday tasks, such as close a button, shave and feed himself, retrieve money from his pocketbook, and write with a pen. Then, Wilson directs his closing comments to an imagined disabled reader:

> As a result of my experience, I wish to send words of cheer to all who find themselves placed in a similar position . . . If every person thus handicapped will think only of the opportunities, and not of the handicap, and most of all keep up his courage by constantly training himself for the duties of life, he will before long find that he is independent and self supporting . . . If those who have met with misfortune will think of the world as a very cheerful place, they will soon find its so, and will pay very little attention to their handicaps.

One of the ironies of the "cheer up" stories told by disabled civilians is that these men were able to "overcome" their disabilities without the aid of reconstruction. Stories like these suggest to me

that, perhaps, the greater predictor of economic success after becoming disabled was social status before becoming disabled rather than participation in vocational programs.

An example of what I am calling "cover-up" stories is found in *The New York Times,* (January 26, 1919, p. 68)**[215]**. The article, "Joy in Life for the Blind: Self-Confidence Restored to the Soldier Patients in General Hospital," includes pictures of blind men dancing, bowling, and reading and takes up two print pages. An unnamed reporter describes a tour of the Evergreen hospital grounds given by a blind patient, Sergeant Zimmerman. The "wonder" to the reporter is Zimmerman's "complete normality": "He walks, talks, laughs precisely like men who can see." "Sergeant Zimmerman is not a man who is 'afflicted,'" the reporter declares, "he is a man who has a *handicap*—and is *overcoming* it." Later, the reporter rhetorically asks, "Is Sergeant Zimmerman a type?" The answer is a resounding, "Yes." Zimmerman's attitude is "typical" of the patients at Evergreen, an attitude that can be described as "a spirit of perfect normality, of natural cheerfulness, of undisturbed mental poise." The reporter goes on to explain the foundation on which all treatment at Evergreen rests, that is, "the refusal to admit blindness as an affliction, upon the repudiation of pity and resignation, the proud holding fast to normality and normal interest." The institutions' educational director, professor Harold Whitehead, asserts, "These men do not live in a world of the blind. There is no 'blind community' here. They live in the world of sighted men."

The overcoming narrative here is a "cover-up" story because it aims to hide disability under the guise of normality. While it may appear progressive to view blind persons as "perfectly normal" as opposed to "afflicted," (and, indeed, the attempt is made to differentiate this new normalizing approach from an earlier paradigm) it is at the cost of denying any of the lived

experience, perspective, or knowledge that may be occasioned by blindness. It is not an inclusiveness that accepts blind individuals as blind human beings, but rather one that admits them only if they are dressed up to pass as normal. It is not a matter of inclusiveness, but rather, of the management of normality. I chose this example because it illustrates that it is not the amputee alone that sets the "gold standard" of rehabilitation but, also, the overcomer. Overcoming stories, like Beth Linker suggests of photographs of rehabilitated amputees (2011), cover-up the human costs of war.

The political work accomplished by the overcoming stories in World War One America comes into particular relief when contrasted with their general absence in World War One Canada.

Reconstruction in World War One Canada

As mentioned above, American reeducation pioneers drew upon Canadian knowledge and experience in developing their program of vocational rehabilitation for World War One veterans. However, as I investigated Canadian source material, I began to realize that there are significant differences in the reeducation discourse of the two countries. In this section, I will examine overcoming as it is unevenly taken up in the reeducation propaganda and the historical newspaper archive in Canada. A discussion of the implications of the disparities between the two countries will follow.

Overcoming and reeducation propaganda in Canada.

Both Canada and the United States employed large-scale publicity campaigns to promote reeducation. However, while the American campaign can be described as clearly persuasive in tone and intent, the Canadian approach was much more informational. The *Report of the Work of*

the Invalided Soldiers' Commission (1918) states the overall purpose of the Canadian campaign: "To interest the public in the welfare of the returned soldier . . . to place before the soldiers information they should have, and to encourage public co-operation in the programme" (p. 44-45; hereafter, referred to as *Report*)**[216]**.

The Military Hospitals Commission published a monthly bulletin ("Reconstruction"), a movie ("Canada's Work for Wounded Soldiers"), Lantern Shows consisting of slides and lecture notes, a poster ("What Every Disabled Soldier Should Know"), and a variety of pamphlets (such as "The Soldier's Return" and "A Chat with Private Pat"). The Repatriation Committee and the Department of Soldiers Civil Establishment replaced "Reconstruction" in 1919 with "Back to Mufti: A Magazine in the Interest of Canadians Who Have Been 'Over There.'" Promotional materials were distributed to hospitals at home and abroad, to government services, post offices, various associations, trade unions, clergy, medical professionals, and educators as well as to the Canadian Press to whom a collection of photographs was made available upon request (*Report*, 1918)**[217]**.

Like the American propaganda, the Canadian materials underline the values ("Canadian ideals") of independence, hard work, determination, and useful citizenship (*GAM*, Feb 22, 1919, p.3)**[218]**. Further, there is clear concern that idleness and dependence could become a problem. However, the negative portrayal of unreconstructed soldiers as "burdens" in the social "waste pile" is largely absent. The persuasive element that does exist in the Canadian reeducation literature is stated in the contractual terms of mutual responsibility. It emphasizes Canada's duty towards her "disabled heroes" (that is, what Canada owes her servicemen as a matter of "justice

not charity") (*GAM*, Nov 11, 1916, p. 6**[219]**; Sep 5, 1918, p. 6**[220]**; Dec 10, 1929, p. 4**[221]**) and the disabled soldiers' reciprocal responsibility towards Canada. This is the duty to:

> Perform for his country a service not less important than those on the firing line, namely, that, instead of being an idle ward of the State, he become a shining example to the young, of self-dependence, of courage and perseverance in *overcoming* disabilities (MHC, as cited in Friedland, 2011, p. 91).

Furthermore, although there is some overcoming rhetoric in the Canadian propaganda, as the previous example shows, there is very little as compared to the American materials. The examples I cite here are the only references to overcoming I could find in the literature I surveyed. Like the American, the Canadian reeducation literature emphasizes the importance of the right psychological attitude as foundational to reeducation. However, while Canadian propaganda does provide pictures of rehabilitated men at work (for instance, in "How wounded soldiers *overcome* their handicap," in one section in the Lantern Shows and movie), these are not accompanied by overcoming stories (Evans, 2010). Further, note the difference in tone and language between the following American and Canadian examples:

> American
>
> The whole great machinery for rehabilitation may be organized; but unless the desire and ambition for this training are born—unless the idea of grasping every opportunity to make good by their own efforts is inculcated in the very souls of these men, the whole scheme is bound to be a failure (Mock, 1918, p. 27)**[222]**.
>
> Canadian
>
> An attitude of intelligent co-operation and of determination to improve must first be inspired in the patient. He is urged to be his own doctor even while he is being guided and assisted through each step of his treatment. In this way a patient is brought face to face with his incapacity and is encouraged to use his whole power to *overcome* it (*Report*, 1918, p. 22)**[223].**

The soldiers in the Canadian literature are "urged" and "encouraged" towards determination and hard work, but this work is described as a co-operative venture between the soldier and medical personnel. With much greater urgency, the American the soldiers are implored to "grasp every opportunity" relying solely upon their "own efforts."

It is also illustrative to compare the widely published American "Creed of the Disabled Soldier" with the Canadian poster and its pocket-sized version distributed to all Canadian soldiers, "What Every Disabled Soldier Should Know" (see *Figure 3*). Note the positioning of disabled soldier as useless and pitiful (before reeducation), the emphasis on self-reliance, and the appeal to manhood in the American creed (*Carry On*, 1(6), March 1919)**[224]**.

The Creed of the Disabled Soldier

ONCE more to be useful
To see pity in the eyes of my friends replaced with commendation
To work, produce, provide, and to feel that I have a place in the world
Seeking no favors and given none
A MAN among MEN in spite of this physical handicap

The Canadian poster, in contrast, provides detailed information and stresses the mutual responsibilities of Canada towards her soldiers and the soldiers towards Canada. In the poster, the Canadian soldier is positioned as a man presented with opportunity and urged to seize it.

"What Every Disabled Soldier Should Know"
That there is no such word as "impossible" in his dictionary.
That his natural ambition to earn a good living can be fulfilled.
That he can either get rid of his disability or acquire a new ability to offset it.
That the whole object of doctors, nurses, and instructors is to help him in doing that very thing.
That he must help them to help him.
That he will have the most careful and effectual treatment known to science.
That interesting and useful occupations form a most valuable part of the treatment in convalescent hospitals and sanatoria.
That if he cannot carry out his first duty by rejoining his comrades at the front, and if there is no light duty for him with the Canadian forces overseas, he is taken home to Canada, as soon as his condition and the shipping facilities make this possible.
That his strength and earning capacity will be restored there to the highest degree possible, through the Military Hospitals Commission.
That if he requires an artificial limb or kindred appliance it will be supplied free.
That every man disabled by service will receive a pension or gratuity in proportion to his disability.
That his pay and allowance continue till he is cured or till his pension begins.
That an extra three months' pay, field pay, and separation allowance when there are dependents receiving such allowance, will be paid to all men returned from overseas and honourably discharged after at least six month's service—with certain exceptions, such as members of the Permanent Force and Federal or Provincial Civil Service who can step right back into their old positions.
That if his disability prevents him from returning to his old work, he will receive free training for a new occupation.
That full consideration is given to his own capacity and desires when a new occupation has to be chosen.
That his own will-power and determination will enable him to succeed, both in the training and the occupation afterwards.
That his maintenance and that of his family will be paid for during the training he may receive after discharge and for a month longer.
That neither his treatment nor his training will cost him a cent.
That his home province has a special Commission to assist him in finding employment on discharge.
That hundreds of town and villages have committees, associations, and clubs, to welcome him on arrival, and to help in securing a position for him.
That the Dominion and Provincial Governments, the municipal authorities, and all sorts of employers, give the returned soldier preference in filling vacant positions.
That the returned soldier wishing to take up land and farm it, will be helped to do so, under Federal and other settlement schemes.
That the Military Hospitals Commission and the Board of Pension Commissioners are in the position of trustees, appointed for his benefit, and representing the whole people of Canada.
That, therefore, he should write direct to the Commission or the Board if he needs advice or help.
Canadians are unanimously resolved that every returned soldier shall have a full opportunity to succeed. When that opportunity is put within his reach, his success will depend on his own good sense in seizing and using it.

Figure 3. Full text of Poster "What Every Disabled Soldier Should Know" (*Report*, 1918). **[225]**

Overcoming in the Canadian newspaper archive.

However, the most significant difference between the American and Canadian newspaper record is the surprising absence of overcoming stories in the Canadian sources I surveyed: the *Toronto Star* (*TS*) and the *Globe and Mail* (*GAM*). Although there may be redemption stories in the Canadian archive that I overlooked because of the emphasis I place on explicit overcoming rhetoric within the overcoming narratives, the differences in the respective historical archives are still striking. While there are some references to overcoming handicap or overcoming disability in the Canadian newspapers, these are generally one-liners. For example, "To *Overcome Disabilities*" is the title of an article reporting on the opening of Hart House (*TS*, May 10, 1917, p. 12)**[226]**. Another example is an article detailing the Soldier's Reestablishment Exhibit at the Canadian National Exhibition. Photographs in the exhibit are described as showing "men hard at work . . . earnest in their endeavor to *overcome* their *disabilities* and fit themselves for something worthwhile in life" (*TS*, Sept 3, 1919, p. 4)**[227]**. It is more common in the Canadian newspapers to find overcoming employed to discuss things other than disability, for example, *overcoming the handicap*: of poor weather (*GAM*, June 14, 1909)**[228]**, of poor preparation (*GAM*, Apr 7, 1916)**[229]**, of high insurance (*GAM*, Dec 16, 1916, p. 6)**[230],** or my favourite, of "an overbearing husband" (*TS,* Jan 10, 1920, p. 28)**[231]**. Moreover, in a *Globe and Mail* article entitled "The Problem of Returned Soldiers" (Sept 5, 1918, p. 6)**[232]**, "the most serious *handicap* the soldier will have to face on his return to civilian life" is discussed. This "handicap" is, interestingly, a "shortage of money."

There are also a number of articles highlighting the work among blind World War One veterans. Indeed, there is more mention of blind veterans than any other. This was puzzling to

me because the *Report of the Work of the Invalided Soldiers' Commission* (1918, p. 28)**[233]** states, "Contrary to the generally accepted belief, the number of soldiers totally blinded in the present war is, fortunately, not great." The *Report* specified that there were, in 1918, only 47 blind soldiers. However, the newspaper articles themselves offer reasons for the special interest in blind veterans: The new work for blind soldiers at Pearson Hall was established in the former residence of George Brown (the founder of the *Globe and Mail*); the work needed volunteers ("It is a patriotic duty to help these men to *overcome* their handicap in life and to face the world with courage and hope"); and, even more, they were looking for an endowment fund (to "provide a lasting memorial to some wealthy and patriotic citizen") (*GAM*, Mar 28, 1919, p. 6)**[234]**. It is noteworthy that the discourse about blindness here, like that of the previous century, continued to be rooted in religious rhetoric:

> There is surely no nobler work than helping, not only with our sympathy, but practically, and to the full extent of our means, the ones bearing this terrible handicap . . . He who teaches a blind man gives him eyes, he who give him eyes gives him life, and to give life is to be a partner and co-worker with the man of Galilee (*GAM*, June 6, 1918, p. 9)**[235]**.

In sum, they were promotional articles, appealing to Canadian patriotism and Christian ideals in order to garner public support. Nevertheless, even here, where overcoming stories could have buttressed these promotional ends, they are noticeably absent.

Another opportunity for recounting overcoming stories is found in the *Globe and Mail,* (July 5, 1918)**[236]**. This article reports on the launch of *Carry On*, the American magazine for the reconstruction of disabled soldiers. The reporter describes the "interesting and attractive articles" and "striking illustrations" in some detail and emphasizes how soldiers are being

reeducated. However, although stories of overcoming and "cheer" held a prominent place in *Carry On*, the *GAM* article does not mention a single one.

A final example that illustrates that overcoming narratives were not yet part of the Canadian repertoire is an article entitled "The Blind Trooper's Example" (*GAM*, 22 Feb 1919, p. 6)**[237]**. In this "simple, cheerful, manly story," Lt.-Col. Mullroy, blinded in the South African war, recounts his experience of war and his return to civil life at a banquet for 1,656 World War One veterans. While the narrative could have easily been framed as an overcoming story, it is not (quite). Instead, it can perhaps be best described as a "making good" story; Mullroy emphasizes "self-mastery, self-reliance and purposeful self-direction" as the three most important elements in his "making good." There is no recounting of a pitiable back-story, negative disadvantages resulting from disability or any mention of triumph or overcoming. Further, the novelty of the account is clear in the article's conclusion:

> No such inspiring and encouraging address was ever given to the Toronto men as that of the "blind trooper"; and it would be a fortunate thing for the country if he could be persuaded to repeat it to similar gatherings elsewhere.

What the Canadian historical newspapers do record is the disenchantment and ongoing dissatisfaction of World War One veterans with Canadian civil reestablishment efforts (see, for example, *GAM*, 1919, Jan 24, p. 4**[238]**; 1922, Jun 20, p. 4**[239]**). The Great War Veterans Association of Canada and the Grand Army of United Veterans were established in 1919 and 1920 respectively to advocate on behalf of disgruntled veterans. Their long list of grievances included: inadequate pensions and allowances for soldiers and their survivors (*GAM*, 1919, Mar 12, p. 3)**[240]**; high unemployment "through no fault of their own" (*GAM*, 1923, Jan 8, p. 4)**[241]**; and insufficient medical treatment and supports (*GAM*, 1918, Nov 09, p. 7)**[242]**.

Veterans demanded to be put back on voter's lists (*GAM*, 1919, Oct 11, p. 8)**[243]** and to share in the profits made during the war (*GAM,* 1919, Sep 17, p. 1)**[244]**. They insisted that education be provided for all soldiers (*GAM*, 1919, Jul 07, p. 4)**[245]** and, even, that factories for artificial limbs be abolished (*GAM*, 1920, Apr 21, p. 12)**[246]**. They wrote letters to the press, released a "Veterans Manifesto" (*GAM*, 1920, May 19, p. 8)**[247],** and refused to accept honors (awards and medals) "until justice [was] done" (*GAM*, 1919, Aug 22, p. 15)**[248]**. They called for the resignation of Sir James Lougheed of the Department of Civil Reestablishment and for the government to set up a commission to investigate their grievances (*GAM*, 1919, Jul 26, p. 2)**[249]**. The government's general response was to issue statements, such as "Canada still leads in this great work," and to release statistics of the number of individuals undergoing training (see, for example, *GAM*, Apr 29, 1919, p. 14**[250]**; Apr 10, 1920, p. 13**[251]**). It was not until the 1928 report of the Hunter Commission regarding the investigation of the Department of Civil Reestablishment that the government of Canada began to seriously address the concerns of her veterans. The report detailed a corrupt system of patronage and political appointments. It described "the callous neglect of disabled veterans," "the cynical indifference of medical doctors," and characterized the Department of Civil Reestablishment as operating with "an attitude of hostility" (*GM*, Feb 22, 1928, p. 4)**[252]**.

Further, it is only in late 1930s and early 1940s that the rhetoric of overcoming becomes firmly established in the Canadian newspaper record. Among the many *handicaps* reported as being *overcome* are: speech defects (*GAM*, Feb 18, 1938, p. 10)**[253]**, diet deficiency (*TS*, Dec 8, 1941, p. 24)**[254]**, being the middle child (*TS*, Feb 2, 1943, p. 22)**[255],** and low birth weight in premature babies (*TS*, Aug 22, 1947, p. 22)**[256]**. Reference to overcoming can be found

increasingly in newspaper by-lines, such as "Boy *Overcomes* Deafness: Has Fine School Record" (*GAM*, June 19, 1936, p. 11)**[257]** and "Jazz Band Trumpeter Turns Evangelist After Blindness: *Overcomes Handicap* Caused by Accident" (*GAM*, Apr 28, 1938, p. 7)**[258]** or in sermon titles, such as "*Overcoming Handicap*" (*TS*, July 6, 1946, p. 14)**[259]**.

Moreover, the first Canadian overcoming stories in the newspaper archive only begin to slowly emerge during the depression years. The earliest are brief summaries of the academic success of graduates from Canadian institutions, such as the Wellesley School for Crippled Children (*GAM*, Sep 15, 1933, p. 11)**[260],** and other programs, such as oral classes for the deaf (*GAM*, June 19, 1936, p. 11)**[261]**. Nevertheless, a full overcoming story appears in the *Globe and Mail* on November 19, 1938**[262]**. While there are a few stories before this that republish or recount American items (for instance, *GAM*, Apr 28, 1938, p. 7)**[263]**, this is the first Canadian overcoming story that I found in the historical newspapers I surveyed.

There are a number of remarkable things about this overcoming narrative, not the least is that it is *not* a disability story. Its moralistic tone is evident from its title: "Indian Youth Serves as Example." A Seneca man, Norman Lickers, of the Six Nations Confederacy drew the attention of the press when he was called to the bar and became "the only representative of his race in Canada practicing law" (p. 6). A clear morality tale amidst depression-era strife, Licker's success is held up as an "example for many a young paleface now at loose ends and without the ambition or energy to *overcome* obstacles," and also as an inspiration for "Indian youths to try for the profession which they also may reach by hard work and the determination to win." While the concept of race is central to the article ("Indian" is employed eleven times, "race" is spoken of four times, "his" or "their" "people" is mentioned twice, and "the red man" is used once), the un-

named author emphasizes that Licker's "race was not a drawback." Indeed, the author acknowledges only one *handicap* faced by "young Indians" and that Licker could *overcome* it indicated that it no longer needed to be considered a handicap. This handicap was "lack of means." Licker's tenacity is compared to that of penniless "Scottish youths of earlier years"; he "persevered through unfavorable circumstances" and "struggled through" to a university degree. However, the story's emphasis on overcoming masks the greater assimilationist message of the article: "Well-educated [Indian] men and women are passing on to their people the advantages of schooling." The overcoming narrative had arrived in Canada.

Implications of the absence of overcoming stories in World War One Canada.

The absence of overcoming stories in World War One Canada has two main implications. First and foremost, the uneven uptake of the overcoming narrative between the two countries suggests that the overcoming narrative had particular traction in the United States that it did not in Canada. Recall Governor Roosevelt's Labour Day Speech:

> No worse wrong can be done by a man to his children than to teach them to go through life endeavoring to shirk difficulties instead of meeting them and *overcoming* them. You men, here in the West, have built up this country, not by seeking to avoid work, but by doing it well: not by flinching from every difficulty, but by triumphing over each as it arose and making out of it a stepping-stone to further triumph (*Washington Post*, September 4, 1890, p. 9)**[264].**

Overcoming is, as American newspaper articles would later highlight (see, for example, *CSM*, May 17, 1950; p. 22)**[265]**, related to the American success story, deeply entwined with American ideals, and closely tied to the American Dream of equal opportunity, upward mobility, and pursuit of happiness. In the next chapter, I explore the ways that the overcoming narrative becomes increasing and expressly connected with the American Dream.

Second, the larger American propaganda agenda in World War One had the function of persuading an unconvinced public of the need for the United States to enter the war. President Woodrow Wilson had won his 1914 presidential campaign on a platform of neutrality (Wilson, 1914), and the United States only reluctantly entered World War One in April 1917. The lack of overcoming stories in Canada draws attention to the political role they played in American propaganda: the covering-up of the human and economic costs of an unpopular war.

Summary

Overcoming stories began to be widely reported in American newspapers towards the end of the Progressive Era with the return of World War One veterans. Reconstruction discourse played a central role in American World War One propaganda, relying on the language of overcoming to convince the public as well as the disabled veterans of the critical need for reeducation. The overcoming narrative reassured an anxious public that its warriors could be peaceably and productively reintegrated into society. The narrative held up overcoming as the rehabilitative ideal or the standard for worthy, manly citizenship. Overcoming stories were used to encourage compliance with the reeducation agenda through both positive and negative persuasive methods (inspiration and public pressure). However, in doing so, the discourse positioned disabled soldiers as useless and unproductive citizens requiring reeducation in order to regain their value to society. Cheer-up stories of overcoming were directed at returning soldiers to promote the appropriate attitude towards reeducation. Cover-up stories of overcoming presented disabled veterans to the public with handicaps "neutralized," thus, obscuring the human and economic costs of war. The absence of overcoming stories in World War One

Canada throws into stark relief the political work carried out by the overcoming narrative in World War One America.

The next chapter will explore the changing work of the overcoming narrative post World War Two in the establishment of rehabilitation as the "third phase of medicine."

Historical References Chapter Eight

176 Harris, G. (1919). *The redemption of the disabled*: *A study of programmes of rehabilitation for the disabled of war and of industry*. New York, NY: D. Appleton and Company. Retrieved October 22, 2016 from https://ia801408.us.archive.org/8/items/redemptiondisab00educgoog/redemptiondisab00educgoog.pdf

177 MacPhail, A., & Canada Department of National Defense General Staff. (1925). *Official history of the Canadian forces in the Great War 1914-19. The medical services*. Ottawa, Canada: Acland.

178 CANADA LEADS IN GREAT WORK. (1919, April 29). *The Globe* (1844-1936*)*, p. 14.

179 *Report of the work of the Invalided Soldiers' Commission May 1918*. (1918). Ottawa, Canada: J. de Labroquerie Taché. (Printer). Retrieved October 22, 2016 from https://archive.org/stream/reportofworkofin00canarich?ui=embed#page/n4/mode/1up

180 Harris, G. (1919). *The redemption of the disabled*: *A study of programmes of rehabilitation for the disabled of war and of industry*. New York, NY: D. Appleton and Company.

181 U. S. Army Medical Department. Office of Medical History. (1923). *The medical department of the United States Army in the World War* 1. Section II. Chapter XX. Division

of Physical Reconstruction. Retrieved October 22, 2016 from http://history.amedd.army.mil/booksdocs/wwi/VolISGO/Sec2Ch20.htm

182 Segsworth, W. E. (1920). *Retraining Canada's disabled soldiers*. Ottawa, Canada: J. de Labroquerie Taché. (Printer). Retrieved October 22, 2016 from https://archive.org/details/cu31924032637955

183 Harris, G. (1919). *The redemption of the disabled*: *A study of programmes of rehabilitation for the disabled of war and of industry* (p. vii). New York, NY: D. Appleton and Company.

184 Dunton, W. R. (1919). *Reconstruction therapy.* Philadelphia, PA: W. B. Saunders Company. Retrieved October 22, 2016 from https://archive.org/details/reconstructionth00duntiala

185 Billings, Col. F. (1919). Introduction: Physical reconstruction. In G. Harris, *The redemption of the disabled: A study of programmes of rehabilitation for the disabled of war and of industry* (pp. 3-13). New York, NY: D. Appleton and Company.

186 McMurtrie, D. C. (1919). *The disabled soldier*. New York, NY: Macmillan. Retrieved October 22, 2016 from https://archive.org/details/disabledsoldier00mcmuiala

187 Mock, Lt.-Col. H. E. (1918). The way out: Desire and ambition must be born in the man himself. *Carry On*: *A Magazine on the Reconstruction of Disabled Soldiers and Sailors*, Vol. 1, August. Published for the Surgeon General by the American Red Cross. Retrieved October 22, 2016 from http://babel.hathitrust.org/cgi/pt?id=chi.56006665;view=2up;seq=1;size=200

188 Simms, L. (1918, September 11). Useful as other men are. *The Outlook*, (20), p. 54. New York, NY: The Outlook Company. Retrieved October 22, 2016 from https://archive.org/stream/newoutlookvolum04smitgoog#page/n62/mode/2up

189 Dunton, W. R. (1919). *Reconstruction therapy* (p. 158). Philadelphia, PA: W. B. Saunders Company.

190 McMurtrie, D. C. (1918a). *The organization, work and method of the Red Cross Institute for Crippled and Disabled Men*. New York, NY: Red Cross Institute for Crippled and Disabled Men. Retrieved October 22, 2016 from https://collections.nlm.nih.gov/catalog/nlm:nlmuid-101560462-bk

191 McMurtrie, D. C. (1919). *The Disabled soldier* (p. 36). New York, NY: Macmillan.

192 McMurtrie, D. C. (1918a). *The organization, work and method of the Red Cross Institute for Crippled and Disabled Men* (p. 12. New York, NY: Red Cross Institute for Crippled and Disabled Men.

193 Dunton, W. R. (1919). *Reconstruction therapy* (p. 124). Philadelphia, PA: W. B. Saunders Company.

194 Wilson, W. (1919). The Nation has no more solemn obligation. In G. Harris, *The redemption of the disabled*: *A study of programmes of rehabilitation for the disabled of war and of industry* (p. v). New York, NY: D. Appleton and Company.

195 Prosser, Charles A. (1919). Foreword. In G. Harris, *The redemption of the disabled*: *A study of programmes of rehabilitation for the disabled of war and of industry* (p. xii.) New York, NY: D. Appleton and Company.

196 Harris, G. (1919). *The redemption of the disabled*: *A study of programmes of rehabilitation for the disabled of war and of industry* (p. 17). New York, NY: D. Appleton and Company.

197 Harris, G. (1919). *The redemption of the disabled*: *A study of programmes of rehabilitation for the disabled of war and of industry* (p. 18). New York, NY: D. Appleton and Company.

198 McMurtrie, D. C. (1918b). The meaning of the term "crippled." Reprinted from *The Medical Record*, November 3, 1918. New York, NY: William Wood & Company. Retrieved October 22, 2016 from http://cudl.colorado.edu/luna/servlet/detail/UCBOULDERCB1~58~58~463395~127434:The-meaning-of-the-term--crippled-

199 Harris, G. (1918). When the soldier comes back. *The Outlook*. Nov 16, 1918, pp. 366-368. Retrieved October 22, 2016 from http://www.unz.org/Pub/Outlook-1918nov06-00366a02

200 Harris, G. (1919). *The redemption of the disabled*: *A study of programmes of rehabilitation for the disabled of war and of industry* (p. 109). New York, NY: D. Appleton and Company.

201 McMurtrie, D. C. (1919). *The disabled soldier* (p. 34). New York, NY: Macmillan.

202 Dunton, W. R. (1919). *Reconstruction therapy* (p. 106). Philadelphia, PA: W. B. Saunders Company.

203 Harris, G. (1919). *The redemption of the disabled*: *A study of programmes of rehabilitation for the disabled of war and of industry* (p. 203). New York, NY: D. Appleton and Company.

204 U. S. Army Medical Department. Office of Medical History. (1923). *The medical department of the United States Army in the World War* 1. Section II. Chapter XX. Division of Physical Reconstruction.

205 Eggersten, C. (Ed.) (1947). *Studies in the history of American education.* University of Michigan, School of Education. University of Michigan Libraries. Retrieved October 22, 2016 from https://books.google.ca/books?id=Bb0HAAAAMAAJ&pg=PA114&dq=The+care,+cure,+and+education+of+the+crippled+child&hl=en&sa=X&ved=0ahUKEwjExZHUrKzKAhVDx

GMKHU4xDnIQ6AEIPTAD#v=onepage&q=The%20care%2C%20cure%2C%20and%20education%20of%20the%20crippled%20child&f=false

206 McMurtrie, D. C. (1912). *The care of crippled children in the United States*. New York, NY: Douglas C. McMurtrie. Retrieved October 22, 2016 from https://archive.org/details/careofcrippledch00mcmurich

207 Reeves Solenberger, E. G. (1914). *Care and education of crippled children in the United States*. New York, NY: The Russell Sage Foundation. Retrieved October 22, 2016 from http://quod.lib.umich.edu/m/moa/AGE2405.0001.001?rgn=main;view=fulltext

208 McMurtrie, D. C. (1911). The permanent betterment of the crippled child: An essay on the operation of the nonresidential system of education and care; the social principles involved, and the restoration of crippled children to places as useful members of the community. An account of the work of the Association for the Aid of Crippled Children. New York, NY: Douglas C. McMurtrie. Retrieved January 11, 2016 from http://babel.hathitrust.org/cgi/pt?id=nnc2.ark:/13960/t4wh39j62;view=2up;seq=10

209 McMurtrie, D. C. (1911). The permanent betterment of the crippled child: An essay on the operation of the nonresidential system of education and care; the social principles involved, and the restoration of crippled children to places as useful members of the community. An account of the work of the Association for the Aid of Crippled Children (p. 6). New York, NY: Douglas C. McMurtrie.

210 Eggersten, C. (Ed.) (1947). *Studies in the history of American education* (p. 114). University of Michigan, School of Education. University of Michigan Libraries.

211 McMurtrie, D. C. (1918a). *The organization, work and method of the Red Cross Institute for Crippled and Disabled Men* (p. 2). New York, NY: Red Cross Institute for Crippled and Disabled Men.

212 Eggersten, C. (Ed.) (1947). *Studies in the history of American education.* University of Michigan, School of Education. University of Michigan Libraries.

213 U. S. Army Medical Department. Office of Medical History. (1923). *The medical department of the United States Army in the World War* 1. Section II. Chapter XX. Division of Physical Reconstruction.

214 Wilson, J. J. (1918). The world is a very cheerful place. *The Outlook*, September 11, 1918, p. 57. Retrieved October 22, 2016 from http://www.unz.org/Pub/Outlook-1918sep11-00056

215 Hughes C. (1919, January 26). JOY IN LIFE FOR THE BLIND. *The New York Times* (1857-1922), p. 68.

216 *Report of the work of the Invalided Soldiers' Commission*. (1918). Ottawa, Canada: J. de Labroquerie Taché. (Printer). Retrieved October 22, 2016 from https://archive.org/stream/reportofworkofin00canarich?ui=embed#page/n4/mode/1up

217 *Report of the work of the Invalided Soldiers' Commission*. (1918), pp. 45-46. Ottawa, Canada: J. de Labroquerie Taché. (Printer).

218 TILL TOMMIES PUT ON MUFTI. (1919, February 22). *The Globe* (1844-1936), p. 3.

219 THE CARE OF DISABLED SOLDIERS. (1916, November 11). *The Globe* (1844-1936), p. 6.

220 PROBLEM OF THE RETURNED SOLDIERS. (1918, September 5). *The Globe* (1844-1936), p. 6.

221 JUSTICE, NOT CHARITY. (1929, December 10). *The Globe* (1844-1936), p. 4.

222 Mock, Lt.-Col. H. E. (1918). The way out: Desire and ambition must be born in the man himself. *Carry On*: *A Magazine on the Reconstruction of Disabled Soldiers and Sailors*, Vol. 1, August, p. 7. Published for the Surgeon General by the American Red Cross.

223 *Report of the work of the Invalided Soldiers' Commission*. (1918), p. 22. Ottawa, Canada: J. de Labroquerie Taché. (Printer).

224 *Carry On*: *A Magazine on the Reconstruction of Disabled Soldiers and Sailors*. (1919). Front inside cover. 1(6) March. Published for the Surgeon General by the American Red Cross. Retrieved October 22, 2016 from http://babel.hathitrust.org/cgi/pt?id=chi.56006665;view=2up;seq=1;size=200

225 *Report of the work of the Invalided Soldiers' Commission*. (1918), p. 45. Ottawa, Canada: J. de Labroquerie Taché. (Printer).

226 TO OVERCOME DISABILITIES. (1917, May 10). *The Toronto Daily Star*, p. 12.

227 *The Toronto Daily Star*. (1919, September 3), p. 4.

228 WHEAT IS FAVORED BY GOOD WEATHER. (1909, June 14). *The Globe* (1844-1936), p. 2.

229 RURAL COMMUNITIES ARE ENCOURAGED BY THE OUTLOOK FOR SEEDING SEASON. (1916, April 7). *The Globe* (1844-1936), p. 5.

230 Special Dispatch to, T. G. (1916, December 16). GOVERNMENT CONTROL Sir Harry Drayton recommends a radical plan OF MERCHANT MARINE. *The Globe* (1844-1936).

231 *The Toronto Daily Star,* (1920, January 10), p. 28.

232 PROBLEM OF THE RETURNED SOLDIERS. (1918, September 5). *The Globe* (1844-1936), p. 6.

233 *Report of the work of the Invalided Soldiers' Commission*. (1918), p. 28. Ottawa, Canada: J. de Labroquerie Taché. (Printer).

234 FOR BLINDED SOLDIERS. (1919, March 28). *The Globe* (1844-1936), p. 6.

235 Blewett, J. (1918, June 6). BRINGING BACK EYES TO THE WORLD'S BLIND. *The Globe* (1844-1936), p. 9.

236 CARRY ON. (1918, July 5). *The Globe* (1844-1936), p. 4.

237 THE "BLIND TROOPER'S" EXAMPLE. (1919, February 22). *The Globe* (1844-1936), p. 6.

238 PENSIONS AND GRATUITIES. (1919, January 24). *The Globe* (1844-1936), p. 4.

239 GRIEVANCES OF VETERANS. (1922, June 20). *The Globe* (1844-1936), p. 4.

240 BASE PENSIONS ON LIVING COST. (1919, March 12). *The Globe* (1844-1936), p. 3.

241 HELP THESE SOLDIER-CITIZENS. (1923, January 8). *The Globe* (1844-1936), p. 4.

242 Special Dispatch to, T. G. (1918, November 9). OVERHAULING IS NEEDED. *The Globe* (1844-1936), p. 7.

243 Many names left off lists in city ridings. (1919, October 11). *The Globe* (1844-1936), p. 8.

244 EXTRA GRATUITY IS REFUSED: DECISION FINAL, SAYS DOHERTY AFTER ALL-DAY HOUSE DEBATE. (1919, September 17). *The Globe* (1844-1936), p. 1.

245 HARD BLOWS AT PROFITEERS. (1919, July 7). *The Globe* (1844-1936), p. 4.

246 WOULD ABOLISH THE ARTIFICIAL LIMB FACTORY. (1920, April 21). *The Globe* (1844-1936), p. 12.

247 VETERANS OUTLINE POLITICAL POLICY. (1920, May 19). *The Globe* (1844-1936), p. 8.

248 ASK CURRIE TO AID DEPENDENTS. (1919, August 22). *The Globe* (1844-1936), p. 15.

249 SOLDIERS DEMAND END OF LOUGHEED. (1919, July 26). *The Globe* (1844-1936), p. 2.

250 CANADA LEADS IN GREAT WORK. (1919, April 29). *The Globe* (1844-1936), p. 14.

251 CANADA AHEAD OF U.S. IN RETRAINING VETERANS. (1920, April 10). *The Globe* (1844-1936), p. 13.

252 POLITICS UNDOING PATRIOTISM. (1928, February 22). *The Globe* (1844-1936), p. 4.

253 Speech defects improve when silent sympathy extended by parents. (1938, February 18). *The Globe and Mail* (1936-Current), p. 10.

254 *The Toronto Daily Star*. (1941, December 8), p. 24.

255 *The Toronto Daily Star*. (1943, February 2), p. 22.

256 *The Toronto Daily Star*. (1947, August 22), p. 22.

257 Boy overcomes deafness; has fine school record. (1936, June 19). *The Globe* (1844-1936), p. 11.

258 Jazz band trumpeter turns evangelist after blindness. (1938, April 28). *The Globe and Mail* (1936-Current), p. 7.

259 *The Toronto Daily Star*. (1946, July 6), p. 14.

260 HANDICAP OVERCOME BY BRAVE STUDENT. (1933, September 15). *The Globe* (1844-1936), p. 11.

261 Boy overcomes deafness; has fine school record. (1936, June 19). *The Globe* (1844-1936), p. 11.

262 INDIAN YOUTH SETS AN EXAMPLE. (1938, November 19). *The Globe and Mail* (1936-Current), p. 6.

263 Jazz band trumpeter turns evangelist after blindness. (1938, April 28). *The Globe and Mail* (1936-Current), p. 7.

264 Bryan and Roosevelt Principal Speakers at Labor Day Demonstration. (1900, September 4). *The Washington Post* (1877-1922), p. 9.

265 Quails, Y. (1950, May 17). The great American sport: Success story. The Bookshelf. *Christian Science Monitor* (1908-Current File), p. 22.

Chapter Nine: Rehabilitation of the Handicapped

Although some disabled veterans of the First World War did obtain employment, the overall lack of success of American and Canadian reeducation efforts had a strong impact on the preparations made for World War Two veterans. President Roosevelt in his "Address on the Progress of War and Plans for Peace" acknowledges,

> They must not be demobilized into an environment of inflation and unemployment, to a place on the bread line or on a corner selling apples. We must, this time, have plans ready—instead of waiting to do a hasty, inefficient and ill-considered job at the last moment (*NYT*, July 29, 1943, p. 4)**[266]**.

Likewise, in Canada, the overwhelming thrust of World War Two civil reestablishment plans was a commitment to "getting it right the second time around" (Canadian Forces Advisory Council, 2004; Keshen, 1998).

This chapter will discuss overcoming as it is taken up in the promotion of rehabilitation science (Physical Medicine and Rehabilitation)—the new medical subspecialty that emerged in the wake of American World War Two demobilization.

Rehabilitation and World War Two America

The stage is set.

Three events set the stage for rehabilitation science to flourish in World War Two America: the passing of legislation that concerned rehabilitation, intense public interest, and the employment of disabled citizens during the war.

First, the political activism of World War One veterans resulted in hard-won legislative change, such as the Barden-LaFollette amendments to Vocational Rehabilitation Act (1943) and

the Servicemen's Readjustment Act (1944) (also known as the G.I. Bill of Rights)[19]. The latter outlined the pensions, allowances, and benefits available to returning soldiers including: funding for education, vocational training, or setting-up businesses, and loans for purchasing farms and homes. Unlike World War One, where rehabilitation benefits were offered only to disabled soldiers and minors, rehabilitation services in World War Two were available to all who had served a minimum amount of time (Mettler, 2005). The G.I. Bill benefits were so popular that over one half of American World War Two veterans (7.8 million) took advantage of college and vocational or apprenticeship training benefits (Mettler, 2005). While educational inequities pertaining to gender, race, sexuality, and disability were not erased, there is little question that the legislation impacted the class mobility, civil engagement, and post-war prosperity of a generation of American citizens (Mettler, 2005).

Second, the memory of the inadequate reconstruction efforts of the Great War was fresh in the minds of the American public, and, faced with another tide of returning soldiers, the anxiety that hovered just below the surface in World War One bubbled over in World War Two. *The New York Times* records a large number of books published in anticipation of the soon-to-be returning soldiers. Historians, World War One reconstruction officials, rehabilitation advocates, doctors, sociologists, psychiatrists, economists and previously rehabilitated civilians, among others, all weighed in on the matter. They offered up warnings, dire predictions, recommendations, calls to action, commentary, friendly advice, or words of encouragement in titles, such as *When Johnny Comes Marching Home* (Dixon, 1944), *Report on Demobilization* (Mock and Thurber, 1944), *Principles and Practice of Rehabilitation* (Davis, 1946), *Normal*

[19] Canada enacted the Veterans Charter (1945) and, in Canada, university attendance more than doubled (Ives, 1998).

Lives for the Disabled (Yost and Gilbreth, 1944), *When G.I. Joe Comes Home: The Veteran Comes Back* (Waller, 1944), *A Psychiatric Primer for the Veteran's Family and Friends* (Dumas, 1945), *Inventory for Peace: The Rest of Your Life* (Cherne, 1944), and *And Now to Live Again* (Barton, 1944).

Among the books cited above, the issue was regarded as "a social problem to be studied as closely as criminology or immorality" (Waller, as cited in *NYT*, Aug 6, 1944, BR3)**[267]**. Veterans were viewed as a dangerous population: "embittered, jobless, womanless[20], voteless . . . who will descend upon us with frightening suddenness, ready to follow the first demagogue who plays artfully upon their grievances" (Waller, ibid)**[268]**. In terms of sheer numbers, "the returning army" was predicted to be "the most powerful political block in history" that would "hold the balance of power at the ballot box" (Cherne, as cited in *NYT*, June 4, 1944, BR5)**[269]**. Rehabilitation of the "mentally unfit" was of particular concern: those apt to display "a dangerous restlessness or an equally dangerous apathy unless energetic measures are introduced to redirect the energies of the people into satisfying social channels" (Davis, as cited in *NYT,* April 23, 1944, BR8)**[270]**. Some authors appealed to the American government to learn from the mistakes of the previous war maintaining that "it was the cumulative effects of our failure to plan readjustment that produced the depression of 1920" (Mock and Thurber, as cited in *NYT,* April 23, 1944, BR8)**[271]**. However, others presented a renewed rehabilitation rhetoric claiming, "Most of those with serious handicaps can win their way back to physical and economic independence if they have the courage to make the effort (Yost and Gilbreth, as cited

[20] It is interesting to note that the implication here is that veterans' "dangerousness" is premised on their anticipated failure to participate in the normative capitalist economy ("jobless") as well as normative heterosexuality ("womanless"). I thank J. P. Catungal for this observation.

in *NYT*, Nov 5, 1944, BR4)**[272]**. It was no exaggeration when Brig. Gen. Frank T. Hines made the statement, "Never before in our history has the general public shown so much interest in plans for the returning veteran" (*NYT*, Oct 10, 1944, p. 14)**[273]**.

Third, the rapid expansion of the American armed forces during the war created unprecedented labour shortages at home. On April 18, 1942**[274]**, President Roosevelt, by executive order 9139, established the War Manpower Commission in order to address the urgent need for manpower and to maintain wartime production levels. Individuals who were not normally part of the labour market, such as women, youth, older workers, and persons with disability, were called upon to join in "the war effort" and vocational training was expanded to equip them for this "war work" (*NYT*, Jun 7, 1942)**[275]**. In 1943, the medical division of the Civil Service Commission published a manual, *Link Work and Disability,* enumerating the hundreds of jobs suitable for injured veterans upon their return. A representative for the commission states, "The immediate need was to solve the manpower shortage by using the handicapped, but the work was started with the realization that it would be a blueprint for finding jobs for disabled veterans during and after the war" (*NYT*, Sep 13, 1943, p. 30)**[276]**. The Lockheed Aircraft Corporation, Ford Motor Company, Consolidated Vultee Corporation, and Oregon Shipbuilding Corporation are among the companies that hired over 8,300 disabled workers during the war years (*NYT*, Oct 6, 1946, p. 50)**[277]**.

In October 1944, government authorities, including President Roosevelt and Brig. Gen. Frank T. Hines (Administrator of Veteran's Affairs), outlined the United States Program for Demobilization and Rehabilitation during a series of three meetings held at Times Hall. The addresses given at the event were printed in full in *The New York Times* (Oct 10, 1944, pp. 14,

15)**[278]**. Brig. Gen. Hine's speech affirms the main focus of rehabilitation efforts for disabled veterans:

> I will tell you of the plans for vocational training to equip the disabled to *overcome* the *handicaps* of their injuries and to train all veterans, whether disabled or not, to improve their opportunities.
>
> Each applicant for this training will be given expert counseling in the selection of an employment objective and such training as will enable him to *overcome* his *handicap*.

It is clear that vocational rehabilitation was explicitly designed to equip and enable "the disabled" to "overcome" their "handicaps"; this was the assumption upon which rehabilitation was built. A year later, the Baruch Committee on Physical Medicine clarified the goals of rehabilitation: "to achieve the maximal function and adjustment" and to prepare individuals "physically, mentally, socially, and vocationally for the fullest possible life compatible with [one's] abilities and disabilities" (*NYT*, Sept 6, 1945, p. 40)**[279]**. Such "maximal function and adjustment" would benefit the nation by: reducing dependency, increasing its productive manpower, increasing tax revenues by converting disabled persons from tax-consumers to tax-producers, and offering hope to those who may become disabled (U.S. Office of Vocational Rehabilitation, 1946)**[280]**. This was *overcoming handicap*.

Three key advocates.

A trio of doctors involved with military rehabilitation and skilled at developing political and philanthropic connections were key advocates for rehabilitation: a physiatrist, Dr. Frank Krusen; an orthopedic surgeon, Dr. Henry Kessler; and an internist who became interested in vocational rehabilitation, Dr. Howard A. Rusk. These doctors, and their research, provided legitimacy to the rehabilitation movement; their political connections provided the ongoing

legislative framework; and their close relationship with philanthropic donors provided much of the necessary funding (Verville, 2009).

While little of the military programs and administrative apparatus for rehabilitation from the First World War survived to be of assistance in the Second (Verville, 2009), the three doctors were influenced by the medical knowledge acquired during the Great War. For instance, Krusen personally experienced the regimens of physical medicine in a tuberculosis sanitarium (Kinney & DePompolo, 2013). Kessler was mentored by World War One orthopedic surgeon Dr. Fred H. Albee (Hull, 1998), and Rusk drew upon the expertise of Dr. George Deaver from the New York Institute for the Crippled and Disabled (the same institution directed by Douglas McMurtrie in World War One) (Kevorkian, Bartels, & Franklin, 2013). However, during World War One, rehabilitation was neither conventional nor given high standing among medical professionals of the time. Further, the distinctions between physical medicine and therapy (for example, hydrotherapy, massage, exercise), occupational therapy (for instance, basket weaving, woodworking), and vocational rehabilitation (preparation for employment) were considerably blurred (Verville, 2009). Following the Second World War, each would become separate fields of study and practice in their own right and, through the efforts of Krusen, Kessler, and Rusk, among others, would move from the margins to the centre of modern rehabilitative services.

Dr. Frank Krusen is the only doctor among the three who had personal experience of disability. He contracted pulmonary tuberculosis part way through his surgical residency training. This changed the course of his career and ultimately put him on the path to becoming "the Father of Physical Medicine." "Some would say it was this experience with the 'rest cure' and 'fresh air' used for treating tuberculosis at the time that stimulated his interest in the use of

physical agents in medicine" (Kinney & DePompolo, 2013, p. 163). In 1942, at the request of the U.S. Army and Navy, Krusen developed an emergency program at the Mayo Clinic to train medical officers in physical therapy and physical medicine techniques. By 1947, the intense three month program had trained 171 government and Veteran's Administration physicians (called "90 day wonders") (Verville, 2009). This group of doctors would go on to make up the 100 members necessary to establish Physical Medicine and Rehabilitation as a new subspecialty of medicine.

Dr. Henry Kessler, an orthopedic surgeon with a Ph.D. in Social Legislation, was medical director of the New Jersey Rehabilitation Commission from 1925-1941 (Hull, 1998). During the war, he served as a navy surgeon in the South Pacific. In 1943, he was called to be the Chief of Orthopedics at the Mare Island Naval Hospital in San Francisco. The Mare Centre, under Kessler's leadership, became the leading amputee care and rehabilitation centre in the navy. The hospital also offered treatment for individuals with other orthopedic and neuropsychiatric conditions. Kessler developed a comprehensive rehabilitation program that included: physical therapy, occupational therapy, prosthetic device service, psychological services, vocational training, and job placement. After the war, Kessler returned to New Jersey and founded the Kessler Institute for Rehabilitation (Verville, 2009).

However, the doctor of most interest to my project is the man who would come to be called "the Father of Rehabilitation"—Dr. Howard Rusk. Rusk joined the war effort in the medical service of the Army Air Force in 1942. There, he began to recognize the need for a "Reconditioning and Recreation Program" initially designed to help wounded men to return to the battlefield as quickly as possible. Rusk presented his program to General Hap Arnold and

soon there were 12 rehabilitation centers for the Army Air Force across the United States (Verville, 2009). After the war, Rusk established an academic program for research and training in rehabilitation, the Institute for Rehabilitation Medicine, at New York University in partnership with Bellevue hospital. By 1952, the institute boasted 35 physicians in training.

Rusk's greatest skill, arguably, was his ability to develop networks of medical, political, philanthropic, and journalistic support including: Drs. Frank Krusen (Mayo Clinic), Paul Magnuson (Veteran's Affairs), George Deaver (Institute for Crippled and Disabled), and Henry Viscardi (Walter Reed Army Hospital); President Harry Truman, General Omar Bradley, and Mary Switzer (Procurement and Assignment Board); philanthropist Bernard Baruch; and *New York Times* publisher Arthur Hayes Sulzberger. Sulzberger offered Rusk a position as *NYT*'s associate medical editor, and for 25 years Rusk wrote a weekly column promoting rehabilitation (Kevorkian et al., 2013). The rhetoric and stories of overcoming handicap held a prominent place in Rusk's column.

In the emerging field of rehabilitation science, Rusk was a driving force. Dr. Kristjan Ragnarsson, a student of Rusk's who went on to become Chair of the Department of Rehabilitation Medicine at New York's Mount Sinai School of Medicine, describes Rusk's influence: "Rusk taught us how to be leaders, mentors, and fund raisers. Most of all he infected us with his missionary spirit. He was more inspirational than any other physician I have worked with" (Kevorkian et al., 2013, p. 250). Four "important professional rules" Ragnarsson says that he learned from Rusk nicely encapsulate Rusk's leadership style:

> (1) You must be totally committed to the cause you believe in; (2) to succeed, you have to surround yourself with good people, people who are totally committed to your message and goals; (3) you have to work swiftly to solve a problem and work diligently toward your personal goals because action absorbs anxiety; and

> (4) every speaking engagement is important, no matter what the size or the apparent importance of the audience (Kevorkian et al., 2013, p. 250).

In this way, Rusk wrote and spoke widely providing evidence, case by case, that rehabilitation programs were crucial for the disabled in adjusting to "living with what's left" (1949)**[281]** and in learning "how to get along with their handicap in a normal world" (*NYT*, July 8, 1947, p. 25)**[282]**. The overcoming stories Rusk recounted were presented as success stories, as proof of rehabilitation's efficacy. Rusk's vision, and towards this he campaigned tirelessly, was to establish rehabilitation as the "third phase of medicine" (curative medicine and preventative medicine being the first two) (Kevorkian et al., 2013).

Rehabilitation: The "Third Phase" of Medicine

The promotion of rehabilitation as medicine's "third phase" relied upon three ideas: a new concept of disability, a new theory of rehabilitation, and their application to a much broader population of potential patients. First, the new "functional" understanding of disability emphasized what an individual could do or relearn to do, in contrast to the "anatomical" approach that simply focused on a person's physical defect (Rusk & Taylor, 1952)**[283]**. As early as 1935, Henry Kessler called for "a conception that places the emphasis on the positive rather than the negative abilities of the individual, on his demonstrated versatility rather than on his supposed limitations" (p. 6)**[284]**. He stressed, "Organic defects have often been over-emphasized and their effect on working capacity wrongly interpreted" (p. 12)**[285]**. Rusk et al. concur,

> Ability, not disability counts . . . The vocational placement of persons with chronic illness and disability is a reflection of our basic democratic beliefs. It accepts a man, not for what he is not, but for what he is (1952, p. 597)**[286]**.

I was surprised to learn that this focus on abilities, so widely used to promote inclusiveness by present-day disability organizations, has a history that is over 80 years old. That it still merits repeating after all this time, gives me pause. I suggest that the discussion regarding abilities in the early rehabilitation literature, forwarded in the context of competitive employment, "working capacity," and "vocational placement," served as a dividing practice rather than an inclusive one; it offered only conditional social acceptance, acceptance *if* an individual could overcome his or her handicap by demonstrating the ability to work.

Second, the advance of rehabilitation medicine was founded on a new approach towards rehabilitation called *the whole man theory*. Simply stated, the whole man understanding of rehabilitation attempted to address all aspects of an individual's care including his or her: physical, emotional, educational, and vocational needs in the context of his or her social relationships, friends, and family (Rusk, 1972)**[287]**. While intuitively the whole man theory seems to make a lot of sense, it effectively medicalized all areas of an individual's life. Even more, it required an extensive team of professionals and left the disabled person confronted with an army of well-meaning experts. Rusk and Taylor forward,

> Fundamental to the solution of the complex problems of the disabled individual is the team approach in which the various disciplines—medicine, psychology, sociology, and economics are brought together through the medium of the physician, nurse, physical therapist, occupational therapist, speech therapist, psychologist, social worker, vocational counselor, prosthetic specialist, recreation leader and others to focus on the individual as a whole in terms of his total environment and his total problems (1952, p. 1)**[288]**.

Furthermore, integral to the whole man theory, was an emphasis on the application of psychological theories of adjustment to disability (Garrett, 1952)**[289]**. Perhaps this is not too surprising given that psychiatry and psychology were both burgeoning fields in the United States

at the very time that rehabilitation medicine was advancing. Before the Second World War, early rehabilitation advocates, such as Henry Kessler, viewed disability as "an individual problem of vocational adjustment," but sought "remedy in legislation and changing social attitudes" (1935, p. 32)**[290]**. However, with the advance of psychology, the focus of social scientists returned to seeking a solution for the "problem" of disability within the individuals themselves. Researchers from the Social Science Research Council were keenly interested in the question of how changes in an individual's physical condition affect his or her behaviour, attitudes, and personality. The influx of large numbers of disabled soldiers provided both the impetus and opportunity for research (Barker et al., 1946)**[291]**. While authors drew from a number of theorists including Freud (ego and adjustment), Adler (inferiority and compensation), and Allport (physique and personality), the general consensus was that issues, such as unemployment, poor body image, "the dependent personality," social devaluation, insecurity, hostility, or social withdrawal, were essentially problems of *maladjustment* (see, for example, Garrett, 1952)**[292]**. Lee Meyerson, a rehabilitation psychology pioneer, summarizes, "There is general agreement in the literature on physical disability that the major problems of the handicapped are not physical but social and psychological" (1948, p. 2)**[293]**.

The final key to the promotion of rehabilitation as the third phase of medicine was the universal application of rehabilitation medicine to the civilian population. Certainly, there had been vocational services for civilians that grew out of veteran's rehabilitation programs of the First World War. However, after World War Two, the vision of those in the rehabilitation movement involved establishing medical rehabilitation as a public health issue, that is, as an integral and necessary component of medical care. Rusk portrays disability as "a national

problem" (Rusk & Taylor, 1948a)**[294].** He paints a dire picture of "the appalling extent of disability" in the United States—a "staggering" 23,000,000 persons "handicapped" by disease, various medical conditions, accidents, and war (Rusk & Taylor, 1948b, p. 45)**[295].** He argues that the very success of medicine in saving lives had "produced a population with a high incidence of chronic disability" (Rusk & Taylor, 1956, p. 60)**[296]**. For all, from cardiac and cancer patients (Kevorkian et al., 2013) to disabled housewives (Rusk et al, 1955)**[297]**, Rusk describes the great need for rehabilitation centers, programs, and trained personnel. According to Rusk, the question is "not of how much vocational rehabilitation we can afford to undertake but of how much we can afford not to" (*NYT*, June 12, 1949, BR5)**[298]**. His message is uplifting. He concludes his autobiography (1972)**[299]** with these words: "To believe in rehabilitation is to believe in humanity." He asserts, "The sooner people of the world demand rehabilitation services, the sooner they will get the services" (1972, p. 36)**[300]**. Towards that ends, Rusk worked diligently.

Overcoming stories supported all three of the ideas central to the promotion of medical rehabilitation: They demonstrated the abilities of persons with disability; they highlighted the importance of psychological factors (particularly will and motivation) to successful rehabilitation; and, with the inspiring possibilities they presented, they helped to create a demand for rehabilitation as an essential component of medical care.

Contradictions or Tensions

Nonetheless, the tension between viewing the problem of disability (and its solutions) as located either within the individual (rehabilitation) or in society (legislation and attitude change) was ongoing. This is evident in the newspaper record as well as the rehabilitation literature. For

instance, Roger Barker's "minority group" model is discussed in a *New York Times* article on March 20, 1949**[301]**. Presaging Harlan Hahn's position (1985) by almost 40 years, Barker contends that individuals with physical disability in American culture occupy "the position of an underprivileged minority" (1946, p. 101)**[302]**. Ten years earlier, Henry Kessler had similarly raised the issues of social barriers and discrimination:

> The man in the street is familiar with the individual who has reached his goal by a fight against overwhelming odds. He is not aware, however, of the larger number who, because of social attitudes, are unable to make their adjustments. Though many disabled persons display qualities of character that reach an heroic level, their efforts are largely futile (1935, p. 3)**[303]**.

Likewise, after surveying the available research, Barker et al., conclude, "The data on attitudes towards the physically handicapped . . . can leave no doubt that behavioral incapacities and social rejection place people in a subordinate position where many goals are inaccessible" (1946, p. 101)**[304]**. However, in a *New York Times* article, Rusk summarily dismisses Barker's position:

> Most physically handicapped individuals . . . are not so concerned with the social and psychological forces that produce the attitudes, values and concepts within themselves or the social group as with the question of how they as individuals can cope with them (Mar 20, 1949, p. 22)**[305]**.

In other words, the real issue for persons with disability, according to Rusk, was not so much discrimination as finding ways to cope with that discrimination.

The point I am underlining here is that the struggle between an individual versus a more social understanding of disability is not new. Furthermore, the debate as recorded in the newspaper archive reveals that the question was far from settled at the time that rehabilitation science was emerging. Rusk clearly used his position as a medical editor of *The New York Times* to influence public opinion on the issue and the rhetoric of overcoming was central to his

argument. For instance, consider the following excerpts from Rusk's column written in response to the Sparkman Bill initiated to legislate quotas for hiring the handicapped (emphases mine):

> The most important medical aspect in the rehabilitation of a handicapped man is the measure of the desire he has to *overcome* his misfortune. Doctors, therapists, educators, and other professional personnel are essential to any rehabilitation program, but the actual tedious, hard work of *overcoming handicaps* can be done only by the patient himself . . . Dignity and self-respect *cannot be bought for the disabled by either government or industry*. They come only through the disabled man's ability to take his place on a par with the rest of society, asking no favors except opportunity (*NYT*, March 31, 1946, p. 40)**[306]**.
>
> The answer lies, *not in legislation providing special employment privileges*, but in opportunity which enables disabled persons to compete on an equal basis with normal workers. That opportunity can come only through rehabilitation of the individual and the understanding and cooperation of industry (*NYT*, May 19, 1946, p. 31)**[307].**

Rusk's concern here is that individuals would lose the motivation necessary for them to engage with rehabilitation programs if they could get jobs through legislated employment quotas. I find the whole discussion to be quite telling. Although Rusk employs an economic argument to promote rehabilitation and states that "productivity is the real goal of rehabilitation" (*NYT*, March 31, 1946, p. 40)**[308]**, it appears that Rusk was not satisfied with productivity as an ends if it could be achieved without rehabilitation. Rusk's purpose was to create a demand for rehabilitation services, and this required individuals who needed them.

Nevertheless, even apart from the question of legislation, the conflict between individual versus social understandings of disability remained because the "opportunity" Rusk argues for required public attitude change or, in his words above, "the understanding and cooperation of industry" (*NYT*, May 19, 1946, p. 31)**[309]**. Overcoming stories mitigated the tension and anxiety evoked in such social change because, in them, disability could be portrayed as a problem of individuals who, by their hard work and perseverance, could demonstrate they

deserved social acceptance. In this way, the inclusion of persons with disability in the workforce remained merit-based rather than rights-based. This is clear in the following statement from Rusk's column written for "National Employ the Physically Handicapped Week" (emphases mine):

> Through their courage and fortitude in *overcoming handicaps*, disabled persons have *earned our respect and admiration as individuals*; and, by their ability, perseverance and loyalty, they have *proved their worth as employees*. It is our duty, as members of a democracy to provide—not charity, nor pity, nor privilege—but equal opportunity for the disabled, opportunity to compete for social and economic security (*NYT* , Oct 6, 1946, p. 50)**[310]**.

Moreover, I find it interesting that the U.S. Department of Labor put a different spin on the issue. In 1958, they re-define rehabilitation as a transformed attitude towards persons with disability:

> This change in attitude is reinforced by knowledge—by new medical procedures to eliminate or reduce the disability itself, by new understanding of the emotional and family problems which so often are involved in disability, by recognition of the educational and job needs of many disabled persons—in short, by combining the knowledge of many professions into an individual plan to *overcome* the problems of a disabled person. This is rehabilitation (p. 1, emphasis mine)**[311]**.

This new definition implied that attitudes towards persons with disability did not need to change because rehabilitation itself exemplified this change: a change legitimized by the "knowledge of many professionals." Accordingly, the underlying assumptions (that disability is a problem, that it is a problem "had" by individuals, that it requires the expertise of professionals, and that it needs to be reduced or eliminated) escaped acknowledgement.

The conflict between the individual versus social approach towards disability is apparent in another issue raised in the early rehabilitation literature: the question of accommodations. Many present day disability scholars argue that rehabilitation required individuals to adapt to

society through normalization, rather than asking society to be inclusive of persons with disability through legal accommodations (see, for example, O'Brien, 2001). Donald Covalt, head of the Veterans Affairs' medical rehabilitation program, states, "We do not believe in teaching our disabled veterans to rely on special devices which are not always available. If he relies on devices . . . he limits himself and is helpless without them" (*NYT,* Aug 18, 1946, p. 40)**[312]**. However, this was not without considerable tension because, in practice, new adaptive technologies were *central* to progress in rehabilitation. The range of devices developed, to name but a few, included: prostheses, crutches, wheel chairs, abdominal corsets, large grips or extended handles on utensils, remote controlled typewriters, adjustable tables and work stools, and adapted automobiles (Sverdlik and Rusk, 1950**[313]**; Rusk et al., 1955**[314]**). Many of Rusk's books, for example *Living with A Disability* (1953)**[315]** and *Manual for Treating the Disabled Homemaker* (1955)**[316]**, contain extensive pictures of individuals working with adaptive equipment. Sverdlik and Rusk directly state, "Imagination and ingenuity are important in creating new devices to make these patients more comfortable and self sufficient" (1950, p. 323)**[317].**

Further, the experience of companies that had employed disabled workers during the war led to the recognition of the significance of workplace accommodations. Rusk writes in his column,

> United States Employment Services do not believe in making major engineering changes in equipment in order that certain machines can be used by disabled workers. When efforts are made to adapt the job to the worker through extensive changes in equipment, the worker loses his flexibility . . . This agency, however, has an industrial engineer on its staff who studies employment opportunities from the standpoint of slight job modifications or training techniques (*NYT*, Oct 6, 1946, p. 50)**[318]**.

Examples of the kind of minor job modifications promoted by government vocational rehabilitation agencies can be found throughout the literature. For instance, this example from the pamphlet, *Help for Handicapped Women* (1958), describes the changes made in an office for a woman named Janet:

> Janet must have space enough to maneuver her wheelchair in and out; she can reach only the second and third file drawers in the cabinet; she uses a headphone in telephoning. Janet does her typing with one hand on an electric typewriter provided for her use by the State Division of Vocational Rehabilitation (p. 10)**[319]**.

Of course, even "slight job modifications" opened the door for accommodations in the work place, and persons with disability brought the very "imagination and ingenuity" encouraged in simplifying tasks in their homes into their work environments. Ruth O'Brien (2001) argues that resistance to accommodations stemmed from the threat to social and employment hierarchies inherent in empowering individuals to negotiate their own employment conditions. There is clear tension in the literature between promoting "slight job modifications" at the same time as trying to avoid what some consider "special privileges." The Office of Vocational Rehabilitation (1946 p. 13)**[320]** offers this advice on the matter (emphasis mine): "Do not segregate disabled persons but *assimilate* them into the working population; do not set them apart from society as a group for whom special privileges must be sought." I maintain that overcoming stories rewarded the success that individuals could attain without requiring any "special privileges" and, in this, any anxiety about potential threats to the social order could be moderated.

Overcoming, Categories of Difference, and the American Story

However, the growing civil unrest of the 1950s and multiple civil rights movements of the 1960s threatened to destabilize the social order even more. In the midst of this, it is

interesting to note how categories of difference grew to be profoundly entangled with the overcoming narrative and, at the same time, the overcoming story became expressly linked to the American Dream. I will discuss, specifically, the gendered nature of the rehabilitation discourse and the extension of the overcoming narrative to the *handicaps* of poverty and race.

First, the 1955 booklet, *Manual for Treating the Disabled Homemaker*, offers a prime example of the gendered nature of the rehabilitation discourse. Rusk et al., present a strong argument for providing rehabilitation services for the more than seven million disabled American women. Reinforcing traditional gender roles, their premise is that "the role of wife and mother" is "the keystone of family life." The case they build is essentially an economic one; they contend that "home life, worry, and additional responsibilities at home" affect "the efficiency" of their husbands "on the job," and they argue that a woman's disability is "a financial drain" on the family "if she cannot carry out her usual responsibility" (p. x)**[321]**.

It is noteworthy that these disabled women were not viewed asexually; they were wives and mothers. Consequently, they did not escape the gender-role push back resulting from the employment of women in the Second World War. As is recorded in *The New York Times*, government policy during the Korean War promoted "employment of the handicapped rather than recruiting married women for the labor market as was done in World War Two." The article continues,

> In the last war . . . we learned that it was possible to carry the employment of home-makers too far. Our mobilization program today may go on for many years; and we cannot afford to take the risks of broken homes, family separations and childhood insecurities that the unlimited employment of married women might bring about (Aug 18, 1951, p. 6)**[322]**.

In the same article, a two-fold overcoming-based rationale for hiring "the handicapped" is offered. First, it is "a 'real business opportunity' because of the strong character acquired in *overcoming* obstacles." Second, "if they [handicapped men] are put to work they will not create new social problems" [like employing married women did], but "will be solving the very social problems which so often arise out of their disablement." In the struggle for position in the social hierarchy and with the support of overcoming rhetoric, the categories of gender and disability (handicapped men) are articulated together to uphold and reinforce the subordinate position of women. Here again, threats to the social order are appeased.

Second, by 1950 in the newspaper record, the logic of rehabilitation begins to be extended to other social problems, in particular, to "overcoming" the "handicaps" of poverty and race. For example, in his convocation address at American University (*Washington Post*, Feb 24, 1950)**[323]**, attorney Otto E. Koegel appeals to the values "most Americans believe in," that is,

> A self-reliant society where opportunity and incentive can abolish poverty . . . a society in which the individual experiences the maximum of self-reliance, and where each individual having *physical or economic handicaps* is assisted in *overcoming* them so he may become self-reliant (emphasis mine).

Later, that same year, Hollywood released "The Jackie Robinson Story." Starring African-American athlete Jackie Robinson himself, the movie tells the story of Robinson breaking the colour line in major league baseball. An article reviewing the movie states that it has "all the ingredients of the American success story: poor boy, widowed mother, obstacles to *overcome*, college romance with a pretty co-ed, and, at last, the crowning success of a position on the Brooklyn Dodgers' baseball team" (*CSM*, May 17, 1950, p. 22)**[324]**. Moreover, the movie, the article continues, adds a "new ingredient in the success formula—*overcoming* the *handicap* of race."

The above two examples also illustrate the way the overcoming narrative became overtly tied to American values and the American success story. A 1960 in-service training manual published by the Office of Vocational Rehabilitation makes this connection even more explicit. The manual affirms the two assumptions upon which vocational rehabilitation rests:

> First, that every member of a democratic society has an inherent right to the opportunity to earn a living, and make his contributions to society.
>
> Second, that society has the obligation to equalize, as best it can by special services, the disabled person's opportunity to earn a living equal to the opportunity possessed by the non-disabled members of society **[325]**.

The manual then continues, "These assumptions are particularly important in American society which places great emphasis upon self-sufficiency, hard work, industriousness, contribution to society, and upward social mobility of the individual" (p. 21). I am struck by the irony that "special services" were promoted at the same time that "special privileges" were to be avoided at all costs. I contend that what was at stake as minority groups began to press for their civil rights in the 1950s was a threat to the assumptions of the American Story itself. Overcoming stories served to reaffirm the grandiose American Dream, again and again, in their growing repetition amidst civil turmoil. This becomes particularly evident in the promotion of *social rehabilitation* by Mary Switzer.

Social Rehabilitation

While Rusk was the driving force for rehabilitation on the medical front, Mary Switzer was his ally and counter-point in the political arena. Switzer was passionate, well connected, and politically savvy with over 30 years of government experience when she took over the leadership of the National Vocational Rehabilitation Agency in 1950 (Verville, 2009). Dr. Henry Betts,

Rusk's successor, would say, "She and Rusk made the field of rehabilitation medicine" (as cited in Verville, 2009, p. 134). In a successful bid to gain political momentum, Switzer procured the support of disability organizations for her proposed legislation. Rehabilitation programs had been steadily growing since the war. However, in 1954, changes in the Rehabilitation Act and disability provisions of the Social Security Act firmly established rehabilitation as the third phase of medicine, and hospitals became instituted as centers of rehabilitation education and care. The Act provided funding for training, research, and the construction of new facilities: by 1960, grants had been awarded to 1,177 rehabilitation professionals and 124 institutions and over 200 rehabilitation centers had been opened (Verville, 2009).

Then, in response to the continuing civil unrest of the 1960s and in conjunction with Lyndon Johnson's "war on poverty," Switzer became a strong advocate for *social rehabilitation*: the application of successful rehabilitation techniques "toward helping welfare clients to help themselves" (Switzer, 1968a, p. 2)**[326]**. She hoped that:

> Public discussion and knowledge of what rehabilitation had accomplished might be extended to reach other millions, people who were not victims of precise physical or mental disability, but who were *handicapped* at least as seriously by social, educational, cultural, economic, and other limitations. In essence, there was a growing consensus that problems of the perennially poor and fundamentally disadvantaged should be attacked on the same general basis as had been used with the physically and mentally *handicapped* (1968b, p. 12)**[326]**.

Switzer was given the position of Administrator of the Social and Rehabilitation Service in 1967. With the support of Rusk and key individuals in the Johnson administration, she promoted social rehabilitation as a "message of hope"—an "act of faith" that would help to restore civil order in the United States (1968b). Social rehabilitation, by keeping the focus on the disadvantaged individual, ultimately served as an attempt to depoliticize the issues central to the fight for civil

rights. Nevertheless, Switzer's effort to build public and political support for social rehabilitation was thwarted by the steadfast opposition of the Poor People's Movement. Like other protest groups of the time, those in the Poor People's Movement demanded recognition of their civil rights (particularly the right to appeal) and argued that poverty was the result of social dynamics outside of the individual's control (O'Brien, 2001).

In New York City, as part of her 1968 campaign to promote social rehabilitation, Switzer sponsored a seminar for key media professionals on "The Influence of the Communications Media on the Caliber of American Civilization." The booklet, *The Communications Media and Social Rehabilitation Programs* (1968a), contains Switzer's full address at the event. I was intrigued to find a document that reveals that rehabilitation advocates, such as Rusk and Switzer, consciously and deliberately appealed to the media in order to advance their agenda. Switzer begins by thanking the media for its past support, in particular, for the "countless stories and pictures of our labors and our successes," and affirms, "rehabilitation is good press" (p. 4)**[328]**. She underlines the power of images portrayed by the media either to incite violence or to promote hope and progress. Her plea is this:

> Let TV go out with our rehabilitation counselors and welfare workers and show some of the quiet miracles that are taking place in work-training programs. Let them show welfare mothers at work in welfare agencies or day care centers for children. Let the cameras show us how a family has been pulled together, made more comfortable, brought some happiness—perhaps for the simple reason that a trained homemaker went into the home and taught the mother housekeeping. Let TV show what to the media may seem like mere inches of improvement but which to people in need have actually been giant strides forward (p. 8)**[329]**.

She proposes that by showing "the disadvantaged" the opportunities that are possible, "perhaps they will choose democratic involvement over civil disorder and riots" (p. 9)**[330]**. Switzer concludes, "Dr. Howard Rusk feels very strongly, and so do I, that television can, if it chooses,

become a most important vehicle for hope, the keystone of successful rehabilitation" (p. 12)**[331]**. Although the immediate effects of Switzer's appeal to the media are unclear, what is evident in the stories of overcoming disadvantage and economic handicap so commonly reported today is that the media did take up her challenge. While social rehabilitation itself did not gain purchase with the American public, stories of overcoming social disadvantage did.

Overcoming Stories in Post World War Two America

In post World War Two America, the newspaper record shows that overcoming stories began to be recounted not only in the newspapers, but also more and more in film (documentaries), in books, on the radio, and on television. A film example reported in *The New York Times* is the 1946 documentary *Come Back* released by the Office of Vocational Rehabilitation. *Come Back* promotes rehabilitation for the 1,146,000 Americans "eligible for and in need of rehabilitation services." Through the stories of disabled individuals overcoming their handicaps by finding employment the film's clear message is: "A disabled person, properly prepared for work and placed in the proper job, is no longer vocationally *handicapped*" (*NYT*, Dec 15, 1946, p. 66)**[332]**.

A book example is Rusk and Taylor's *New Hope for the Handicapped: Our Progress in Rehabilitation* (1948). *New Hope* explicitly promotes rehabilitation as the third of phase of medicine and recounts the "rapid and remarkable evolution of rehabilitation" in the United States (Kessler, 1949)**[333]**. Oscar R. Ewing, Federal Security Administrator for the Office of Vocational Rehabilitation, describes the book in a *NYT* book review: "Written in human terms and filled with heart-stirring episodes, it is a warm picture of gallantry in the face of danger, and, often, desperation" (1949, June 12, BR5)**[334]**. In *New Hope*, Rusk and Taylor provide case

studies (success stories) and statistics along with anecdotes and personal reflections. The review continues, "Probably never before has the importance of motivation in *overcoming* illness or disability been so sensitively—and so practically—presented in a book intended primarily for a non-professional audience."

In 1952, Jack Gould, a *New York Times* writer, reports on the growing interest in educational programming for radio and television (Feb 13, p. 41)**[335]**. One example he discusses is the first episode of the television show, *Here's to Your Health,* developed as "joint effort" between the New York Medical Association and the National Broadcasting Company. The episode addresses the topic of polio and features Dr. Howard A. Rusk, director of the Institute of Physical Medicine and Rehabilitation. Gould begins by criticizing the program for opening "with an overly melodramatic scene showing a distraught mother whose son had contracted the disease." However, he commends medical professionals for their "initiative in clearing away the fear and confusion that so often are attached to such diseases as polio" and for showing viewers "the remarkable results achieved for both children and adults in *overcoming* the after-effects of polio." Gould concludes, "By the simple act of sharing its authoritative information and showing what it can do, the world of medicine can hardly help but win new admirers through the instrumentality of television." I have little doubt that that was Rusk's intention.

In the years following the Second World War, overcoming stories in America start to differ from their World War One predecessors in five significant ways: they become increasingly naturalized, they overtly appeal to science for legitimacy, they begin to elevate their central

characters to heroic status, their overcoming characters reach out to help others, and they expressly uphold overcoming individuals as symbols of hope and inspiration.

First, by the early 1940s, the rhetoric of overcoming is becoming mainstream in the newspaper record, and overcoming is talked about in a naturalized and off-handed way. You find allusions to overcoming in sermon titles, such as "The Handicaps of Life" (Presbyterian Church, *NYT*, Jun 1, 1940)**[336],** and in Display Ads, for example, this blurb for a book, *The Attractive Child*: "Modern science has discovered many ways of *overcoming* natural *handicaps*; your boy or girl can be not only attractive-looking, but happy and successful as well" (*NYT*, Feb 23, 1941)**[337]**. You see it in parenting advice columns, such as "Parent and Child: Overcoming Handicaps" (*NYT*, Oct 5, 1941)**[338],** and in fundraising efforts, for example, this statement from the "Chest Gifts" campaign (*WP*, Nov 15, 1940)**[339]**: "We treat blindness as just another *handicap to be overcome* and then try to convince our clients to go on as normally as possible." In the linguistic evolution of the word "handicap," it began to be used, more and more, to signify disadvantage. Handicaps of all kinds, in this way, became widely discussed as "just another" natural disadvantage in life to be overcome, and *overcoming* became the expected and normalized way to approach any kind of disadvantage.

Second, post World War Two overcoming stories regularly appeal to the authority of medical science and statistics. Success stories are often introduced in the context of "studies have proved" (*NYT*, Aug 18, 1946, p. 40)**[340]** or are presented as "medical history in the making" (*NYT*, July 8, 1947, p. 25)**[341]**. Comments like the following in an article, "Girl Long Invalid Walks with Pride," are not uncommon. Rusk says that Miss Jamie Coffman, paralyzed in an automobile accident, "underwent the 'third phase' of *medical treatment*—rehabilitation—and

was able to *overcome* her disabilities through the use of *scientifically developed* skills and mechanical devices" (emphasis mine, *NYT*, May 12, 1948, p. 31)**[342]**. Rehabilitation clearly gained respectability through its association with medical science. Further, the various statistics cited imbue overcoming stories a ring of scientific truth. Rusk describes Miss Coffman as "a symbol of the hopes of the 23,000,000 crippled and disabled civilians in this country." Other articles enumerate the "2,000,000 physically handicapped who could be employed" (*NYT*, Feb 3, 1952, p. 54)**[343]** or state, "disabled civilians outnumber the war injured by 8 to 1" (*NYT,* Mar 21, 1948, p. 41)**[344]**. (This number was raised to 10 to 1 in *NYT*, Aug 18, 1951**[345]**.) Presenting overcoming stories in the context of scientific progress and statistics obscured the highly selective nature of their production.

Third, overcoming stories following World War Two begin to extend the heroic status attributed to war veterans to civilians with disability. For example, retired Fleet Admiral William F. Halsey in his graduation address for the New York Institute for the Crippled and Disabled states that the students "displayed the same kind of courage, even more, than men display on the battlefields" (*NYT*, Jun 10, 1952, p. 29)**[346]**. In pleading for the nation to employ the *handicapped*, President Truman contends, "The true measure of a man's ability—the true measure of the character and ability of a nation—comes out only in a struggles against difficulties" (*NYT*, Aug 18, 1951, p. 6)**[347]**. It is through overcoming obstacles, the reasoning goes, that individuals (and nations) can develop strength of character and demonstrate the stuff of which they really are made. Such individuals are exceptional—they are heroic by very nature of the fact that not everyone can achieve such character. In his autobiography, *A World to Care For* (1972)**[348]**, Rusk writes,

> You don't get fine china by putting clay in the sun. You have to put the clay through the white heat of the kiln if you want to make porcelain. Heat breaks some pieces. Life breaks some people. Disability breaks some people. But once the clay goes through the white-hot fire and comes out whole, it can never be clay again; Once a person *overcomes* a *disability* through his own courage, determination and hard work, he has a depth of spirit you and I know little about (emphasis mine).

The division of those "disability breaks" from those who "come out" of the fire "whole," elevates some individuals to a heroic status: a status attained by overcoming disability, a status "you and I" (we who are surely not disabled) "know little about." According to this logic, rehabilitation is successful with courageous, determined, and hard working individuals; any lack of success in rehabilitation, therefore, is attributable to individuals who do not have the strength of character to overcome their disability. In this way, the attribution of heroic overcoming status can be considered a dividing practice; it not only ranks persons with disability within the social hierarchy, but is also serves to separate "you and I" from "them."

Taken together, the scientific and the heroic rationales present two conflicting but self-serving logical fallacies. The first is faulty generalization: If a person is successful in a rehabilitation program (success story), it is proof that rehabilitation is effective. This logic over generalizes from a few select individuals to the whole population. The second is the fallacy of the single cause: If a person fails, it is because only the heroic can succeed. This logic over attributes causation to a single variable (character). The inherent contradiction in such heads-I-win-tails-you-lose logic is smoothed over by the predictable elements of the overcoming narrative.

An overcoming narrative that demonstrates the characteristics and logical fallacies of overcoming stories post World War Two is found in a full-page book review for *Reach for the*

Sky: The Story of Douglas Bader, Legless Ace of the Battle of Britain (*NYT,* Aug 1, 1954, BR10)**[349]**. According to the reviewer, the biography tells the heroic story of an athletic young man, Douglas Bader, who lost both his legs in an airplane crash, yet "wangled his way into a combat assignment" and became "the legendary legless flier who led squadrons and entire wings of fighter planes against the Luftwaffe." The reviewer writes that the book presents "a picture of a man *overcoming a physical handicap* that confines ordinary mortals to a wheelchair." Overcoming, here, is lightly passed over as something quite natural, at the same time that Baden is portrayed as exceptional, as a more than an "ordinary mortal." Even more, the reviewer's appeal to medical science is paradoxical (emphasis mine): "All this was before the days of prosthetic devices and rehabilitating therapy. What the doctors didn't take into account *with this patient* was a third dimension of medicine—courage." Although Baden was able to reach overcoming status without the help of rehabilitation, his role as a patient is emphasized and his courage is framed as a "dimension of medicine." In this way, the conflicting logic is smoothed over: rehabilitation remains central to a story in which it played no actual role, and Baden attains heroic status. Further, this story illustrates a new characteristic of overcoming stories post World War Two, Baden helps others: "Whenever necessary, he writes a letter or visits some discouraged paraplegic veteran or accident victim."

A final example of overcoming stories subsequent to the Second World War illustrates the ongoing tension between individual versus social views of disability and also the gendered nature of overcoming stories. The story, "Counsel by Example: A Case History of How a Young Couple Transcended Their Crippling Handicaps," is found in Rusk's Christmas Day column (1955, p. 33)**[350]**. Although framed scientifically as "a case history," the account, in Rusk's

heart-stirring style, reads like a Hallmark Movie of the Week and morality tale combined. Rusk tells the story of an un-named married couple he reencounters at an annual Christmas party at "New York's famed Institute for the Crippled and Disabled"—the "School of Another Chance." Ten years earlier, Rusk had witnessed "the young red-haired Navy veteran completely paralyzed from the waist down" directing "that special look" towards "a pretty young girl who had been paralyzed by polio." Rusk editorializes, "It was not the look of a man brooding over his present predicament or thinking backward to his life before his accident. It was the look of a young man in love who looks forward to a new life." The couple get married (with 150 of their 190 wedding guests attending in wheelchairs) and, in time, design a house "to meet their particular needs":

> The house has no steps, the sliding doors are wide enough for a wheel chair, the garage door opens automatically, and closets, cabinets, electric outlets and even the storm windows can be managed from a wheel chair. The telephone is in a wall opening where it can be reached from the rooms on either side and the lights are controlled by delayed-action switches.

Rusk emphasizes that "this house is unusual, but this home is not." That is, while he goes to work, "she runs the home, does the laundry, plans their entertaining and is kept busy caring for a 6-year old nephew who came to live permanently with them four years ago." The main differences between this couple and any other, according to Rusk, are "that they live in wheelchairs" and have a steady stream of guests with "disabling conditions" to whom they offer their counsel. Their advice, writes Rusk, is this: "Concentrate on what you can do, rather than what you can't do, and you'll find you can do almost anything." Rusk closes by imagining a homely scene on Christmas morning and offers the inspirational "true meaning" of the story (emphasis mine):

> Sitting in their wheel chairs amid the wrappings and packages this morning, this couple share the excitement and joy of a family Christmas. By *overcoming*

> *disabilities* inflicted by mankind's two greatest enemies—war and disease—this couple symbolize the real fulfillment of the true meaning of the old Chinese proverb, "It is better to light a candle than to curse the darkness."

In this account, there is little doubt that the couple gain social acceptability through the performance of normalized gender roles. Additionally, the editorialized message to persons with disability is this: Don't be negative ("brood" or "concentrate on the things you can't do"), but rather be positive ("look forward to a new life" and "concentrate on the things you can do"). In this way, the focus remains on the need for disabled persons to cultivate the right attitude rather than on the need for society to accommodate persons with disability in public spaces (even though, it is the accommodations made to their house that clearly allow them to live in the community). Moreover, symbolic meaning is plainly ascribed to the couple. By appealing to the cultural associations of Christmas, domesticity, light in the darkness, and overcoming the enemies of war and disease (white, Christian, middle class domesticity), the couple are held up as icons of hope and inspiration. Considered as symbols, the un-named husband and wife are no longer seen as the human beings they are; they become bearers of meaning for the inspiration of others.

Summary

Rehabilitation science thrived after the Second World War through the combined efforts of key medical doctors, politicians, and philanthropists and keystone to these efforts was the idea that rehabilitation would enable individuals to *overcome* their *handicaps*. Although the achievement of "maximal function and adjustment" was still largely defined in terms of economic independence through paid employment, the whole man approach to rehabilitation extended rehabilitation's normalizing reach into all areas of a disabled person's life. Overcoming

stories, presented as success stories, were used to support the assumptions upon which rehabilitation was built and, also, to provide evidence of rehabilitation's effectiveness. There is little doubt that the overcoming narrative helped pave the way for rehabilitation to become firmly established as the third phase of medicine. In the struggle between competing approaches towards disability, they were employed to support an individualized view that kept the onus for change on individuals rather than on society. Through overcoming, obtaining employment, and the performance of normalized gender roles, respect and social acceptance could be earned and threats to the social order mitigated. As social hierarchies came under even more threat during the civil unrest of the 1950s and 1960s, the concept of social rehabilitation extended the logic of rehabilitation and the well-used overcoming story to the "handicaps" of poverty (economic disadvantages) and race (social disadvantages). In post World War Two America, overcoming stories became expressly linked with the American success story. They became naturalized and grew to be widely recounted in newspapers, film, books, radio, and television. They gained legitimacy through their association with the authority of medical science and deep cultural purchase in the presentation of their main characters as heroic symbols of hope and inspiration.

Historical References Chapter Nine

266 Text of president Roosevelt's address on progress of war and plans for peace. (1943, July 29). *The New York Times* (1923-Current File), p. 4.

267 Gottschalk, L. (1944, August 6). When G. I. Joe comes home. *The New York Times* (1923-Current File), p. BR3.

268 Gottschalk, L. (1944, August 6). When G. I. Joe comes home. *The New York Times* (1923-Current File), p. BR3.

269 FURNAS, C.C. (1944, June 4). Inventory for peace. *The New York Times* (1923-Current File), p. BR5.

270 MacCormac, J. (1944, April 23). War's end, and after. *The New York Times* (1923-Current File), p. BR8.

271 MacCormac, J. (1944, April 23). War's end, and after. *The New York Times* (1923-Current File), p. BR8.

272 Match, R. (1944, November 5). When the disabled G.I. comes home. *The New York Times* (1923-Current File), p. BR4.

273 Texts of the addresses at times hall on U.S. programs for demobilization and rehabilitation. (1944, October 10). *The New York Times* (1923-Current File), p. 14.

274 Roosevelt, F, C. (1942, April 18). "Executive Order 9139 Establishing the War Manpower Commission." In G. Peters & J. T. Woolley, The American Presidency Project [Online]. Retrieved October 25, 2016 from http://www.presidency.ucsb.edu/ws/?pid=16248

275 McNutt, P. V. (Chairman, War Man Power Commission). (1942, June 7). For full use of our man power. *The New York Times* (1923-Current File), p. SM6.

276 North American Newspaper Alliance. (1943, September 13). JOBS ARE PLANNED FOR WAR'S INJURED. *The New York Times* (1923-Current File), p. 30.

277 Rusk, H. A. (1946, October 6). REHABILITATION. *The New York Times* (1923-Current File), p. 50.

278 Texts of the addresses at times hall on U.S. programs for demobilization and rehabilitation. (1944, October 10). *The New York Times* (1923-Current File), p. 14.

279 Special to THE NEW YORK TIMES. (1945, September 6). Baruch's report urging new help for veterans and a national 'work director'. *The New York Times* (1923-Current File), p. 40.

280 United States, Office of Vocational Rehabilitation. (1946). Vocational rehabilitation for civilians: A public service to restore the disabled to paid jobs through medical service counsel & guidance, training, job findings. Retrieved October 25, 2016 from https://catalog.hathitrust.org/Record/100719449

281 Rusk, H. A. (1949). Living with what's left. *American Journal of Surgery*, November, 551-555.

282 CITY OPENS WARDS TO AID HANDICAPPED. (1947, July 8). *The New York Times* (1923-Current File), p. 25.

283 Rusk, H. A., & Taylor, E. J. (1952). Team approach in rehabilitation and the psychologist's role. In J. F. Garrett (Ed.), *Psychological aspects of physical disability* (pp. 1-7). Washington, DC: Office of Vocational Rehabilitation. Retrieved October 25, 2016 from https://archive.org/details/psychologicalasp00jame

284 Kessler, H. (1935). *The crippled and the disabled: Rehabilitation of the physically handicapped in the United States*. New York, NY: Morningside Heights. Retrieved October 25, 2016 from https://archive.org/stream/crippleddisabled00henr#page/n11/mode/2up

285 Kessler, H. (1935). *The crippled and the disabled: Rehabilitation of the physically handicapped in the United States* (p. 12). New York, NY: Morningside Heights.

286 Rusk, H. A., Garrett, J. F., Viscardi, H. Jr., & Taylor, E. J. (1952). Employability of the chronically ill and disabled. *JAMA*, *149*(6), 595-597.

287 Rusk, H. A. (1972). *A world to care for*. New York, NY: Random House.

288 Rusk, H. A., & Taylor, E. J. (1952). Team approach in rehabilitation and the psychologist's role. In J. F. Garrett (Ed.), *Psychological aspects of physical disability* (p. 1). Washington, DC: Office of Vocational Rehabilitation.

289 Garrett, J. F. (Ed.), (1952). *Psychological aspects of physical disability*. Washington, DC: U.S. Government Printing Office. Retrieved October 25, 2016 from https://archive.org/details/psychologicalasp00jame

290 Kessler, H. (1935). *The crippled and the disabled: Rehabilitation of the physically handicapped in the United States* (p. 32). New York, NY: Morningside Heights.

291 Barker, R. G., Wright, B. A., & Gonick, M. R. (1946). *Adjustment to physical handicap and illness: A survey of the social psychology of physique and disability*. New York, NY: Social Science Research Council. Retrieved October 25, 2016 from https://archive.org/details/adjustmenttophys00roge

292 Garrett, J. F. (Ed.), (1952). *Psychological aspects of physical disability*. Washington, DC: U.S. Government Printing Office.

293 Meyerson, L. (1948). Physical disability as a social psychological problem. *Journal of Social Issues*, *4*(4), 2-10.

294 Rusk, H. A., & Taylor, E. J. (1948a). Physical disability: A national problem. *American Journal of Public Health*, 38(October), 1381-1386.

295 Rusk, H. A., & Taylor, E. J. (1948b). Rehabilitation: A challenge to education. *The Journal of Educational Sociology*, *22*(1), 44-50.

296 Rusk, H. A., & Taylor, E. J. (1956). New hope for the handicapped. *Challenge*, *4*(7), 59-62.

297 Rusk, H. A., Kristeller, E. L., Judson, J. S., Hunt, G. M., & Zimmerman, M. E. (1955). *Rehabilitation monograph VIII: Manual for treating the disabled homemaker.* New York, NY: The Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center. Retrieved October 25, 2016 from http://babel.hathitrust.org/cgi/pt?id=mdp.39015070495653;view=2up;seq=2

298 Ewing, O. R. (1949, June 12). Our progress in rehabilitation. *The New York Times* (1923-Current File), p. BR5.

299 Rusk, H. A. (1972). *A world to care for*. New York, NY: Random House.

300 Rusk, H. A. (1972). *A world to care for* (p. 36). New York, NY: Random House.

301 Rusk, H. A. (1949, March 20). Physical handicaps helped by psycho-social services. *The New York Times* (1923-Current File), p. 22.

302 Barker, R. G., Wright, B. A., & Gonick, M. R. (1946). *Adjustment to physical handicap and illness: A survey of the social psychology of physique and disability* (p. 101). New York, NY: Social Science Research Council.

303 Kessler, H. (1935). *The crippled and the disabled: Rehabilitation of the physically handicapped in the United States* (p. 3). New York, NY: Morningside Heights.

304 Barker, R. G., Wright, B. A., & Gonick, M. R. (1946). *Adjustment to physical handicap and illness: A survey of the social psychology of physique and disability* (p. 101). New York, NY: Social Science Research Council.

305 Rusk, H. A. (1949, March 20). Physical handicaps helped by psycho-social services. *The New York Times* (1923-Current File), p. 22.

306 Rusk, H. A. (1946, March 31). REHABILITATION. *The New York Times* (1923-Current File), p. 40.

307 Rusk, H. A. (1946, May 19). REHABILITATION. *The New York Times* (1923-Current File), p. 31.

308 Rusk, H. A. (1946, March 31). REHABILITATION. *The New York Times* (1923-Current File), p. 40.

309 Rusk, H. A. (1946, May 19). REHABILITATION. *The New York Times* (1923-Current File), p. 31.

310 Rusk, H. A. (1946, October 6). REHABILITATION. *The New York Times* (1923-Current File), p. 50.

311 U.S. Department of Labor, U.S. Department of Health, Education and Welfare. (1958). *Help for handicapped women: Woman's Bureau Pamphlet V*. Washington, DC: U.S. Government Printing Office. Retrieved October 25, 2016 from https://fraser.stlouisfed.org/scribd/?item_id=5914&filepath=/docs/publications/wb_pamphlets/p005_dolwb_1958.pdf

312 Rusk, H. A. (1946, August 18). REHABILITATION. *The New York Times* (1923-Current File), p. 40.

313 Sverdlik, S.S., & Rusk, H. A. (1950). Rehabilitation of the quadriplegic patient. *JAMA*, *142*(5), 321-324.

314 Rusk, H. A., Kristeller, E. L., Judson, J. S., Hunt, G. M., & Zimmerman, M. E. (1955). *Rehabilitation monograph VIII: Manual for treating the disabled homemaker*. New York, NY: The Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center.

315 Rusk, H. A., & Taylor, E. J. (1953). *Living with a disability*. New York, NY: Blakiston.

316 Rusk, H. A., Kristeller, E. L., Judson, J. S., Hunt, G. M., & Zimmerman, M. E. (1955). *Rehabilitation monograph VIII: Manual for treating the disabled homemaker*. New York, NY: The Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center.

317 Sverdlik, S.S., & Rusk, H. A. (1950). Rehabilitation of the quadriplegic patient. *JAMA*, *142*(5), 323.

318 Rusk, H. A. (1946, October 6). REHABILITATION. *The New York Times* (1923-Current File), p. 50.

319 U.S. Department of Labor, U.S. Department of Health, Education and Welfare. (1958). *Help for handicapped women: Woman's Bureau Pamphlet V* (p. 10). Washington, DC: U.S. Government Printing Office.

320 United States, Office of Vocational Rehabilitation. (1946). Vocational rehabilitation for civilians: A public service to restore the disabled to paid jobs through medical service counsel & guidance, training, job findings, p. 13.

321 Rusk, H. A., Kristeller, E. L., Judson, J. S., Hunt, G. M., & Zimmerman, M. E. (1955). *Rehabilitation monograph VIII: Manual for treating the disabled homemaker* (p. x). New York, NY: The Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center.

322 Special to THE NEW YORK TIMES. (1951, August 18). PRESIDENT PLEADS FOR HANDICAPPED. *The New York Times* (1923-Current File.), p. 6.

323 Film Lawyer Appeals for Self-Reliance. (1950, February 24). *The Washington Post* (1923-1954), p. B9.

324 Quails, Y. (1950, May 17). The Great American Sport: Success Story The Bookshelf. *Christian Science Monitor* (1908-Current File), p. 22.

325 McGowan, J. F. (Ed.) (1960). *An introduction to the vocational rehabilitation process: A manual for orientation and in-service training*. U.S. Department of Health, Education and Welfare: Office of Vocational Rehabilitation. Retrieved October 25, 2016 from https://archive.org/stream/introductiontovo00john#page/n1/mode/2up

326 Switzer, M. E. (1968a). *The communications media and social rehabilitation programs*. Washington, DC: U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service. Retrieved October 25, 2016 from https://catalog.hathitrust.org/Record/100718707

327 Switzer, M. E. (1968b). *Rehabilitation: An act of faith*. Washington, DC: U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service. Retrieved October 25, 2016 from https://babel.hathitrust.org/cgi/pt?id=umn.31951d035022119

328 Switzer, M. E. (1968a). *The communications media and social rehabilitation programs* (p. 4). Washington, DC: U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service.

329 Switzer, M. E. (1968a). *The communications media and social rehabilitation programs* (p. 8). Washington, DC: U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service.

330 Switzer, M. E. (1968a). *The communications media and social rehabilitation programs* (p. 9). Washington, DC: U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service.

331 Switzer, M. E. (1968a). *The communications media and social rehabilitation programs* (p. 12). Washington, DC: U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service.

332 Rusk, H. A. (1946, December 15). REHABILITATION. *The New York Times* (1923-Current File), p. 66.

333 Kessler, H. (1949). New hope for the handicapped (Book Review). *American Journal of Public Health*, October, 1358.

334 Ewing, O. R. (1949, June 12). Our progress in rehabilitation. *The New York Times* (1923-Current File), p. BR5.

335 Gould, J. (1952, February 13). RADIO AND TELEVISION. *The New York Times* (1923-Current File), p. 41.

336 Topics of sermons that will be heard in the churches of the city tomorrow. (1940, June 1). *The New York Times* (1923-Current File), p. 20.

337 Display ad 90 -- no title. (1941, February 23). *The New York Times* (1923-Current File), p. BR29.

338 MacKenzie, C. (1941, October 5). Overcoming handicaps. *The New York Times* (1923-Current File), p. SM18.

339 Sullivan, B. (1940, November 15). *The Washington Post* (1923-1954), p. 14.

340 Rusk, H. A. (1946, August 18). REHABILITATION. *The New York Times* (1923-Current File), p. 40.

341 CITY OPENS WARDS TO AID HANDICAPPED. (1947, July 8). *The New York Times* (1923-Current File), p. 25.

342 GIRL LONG INVALID WALKS WITH PRIDE. (1948, May 12). *The New York Times* (1923-Current File), p. 32.

343 Rusk, H. A. (1952, February 3). Community action urged to aid the handicapped. *The New York Times* (1923-Current File), p. 54.

344 HANDICAP CALLED A SPUR TO EFFORT. (1948, March 21). *The New York Times* (1923-Current File), p. 41.

345 Special to THE NEW YORK TIMES. (1951, August 18). PRESIDENT PLEADS FOR HANDICAPPED. *The New York Times* (1923-Current File), p. 6.

346 Graduation exercises held afloat by class of handicapped students. (1952, June 10). *The New York Times* (1923-Current File), p. 29.

347 Special to THE NEW YORK TIMES. (1951, August 18). PRESIDENT PLEADS FOR HANDICAPPED. *The New York Times* (1923-Current File), p. 6.

348 Rusk, H. A. (1972). *A world to care for*. New York, NY: Random House.

349 Mitgang, H. (1954, August 1). The devil took the odd man out. *The New York Times* (1923-Current File), p. BR10.

350 Rusk, H. A. (1955, December 25). Counsel by example. *The New York Times* (1923-Current File), p. 33.

Chapter Ten: Philanthropy of Mass Giving, the Nonprofit Sector, and the Rise of Compulsory Heroism

With the rhetoric and stories of overcoming increasingly naturalized post World War Two, compulsory heroism emerged towards the end of the twentieth century in a tangle of interwoven social forces and institutional practices. From this tangle, I pull out five strands for closer examination, they are: disability as spectacle, the development of a peoples' philanthropy of mass giving, the role of the March of Dimes in fundraising innovation aimed at finding a cure for disease and in nurturing a symbiotic relationship between charity and the state, the activism of the disabled persons and survivor movements, and the retrenchment of the welfare state. I then return to consideration of the inspiration-award-type gala fundraiser, the event where overcoming stories become a way to raise money and where compulsory heroism shines clearly.

Disability as Spectacle

Disability as spectacle has a long history (Garland-Thomson, 1997). From entertainment for medieval kings and queens, to case studies for examination in medical theatre, for profit in Freak Shows and for promotion of various causes, as one medical textbook states: "The strange and the exceptional" has long been "of absorbing interest" (Gould and Pyle, 1896, p.1)**[351]**. As illustrated in earlier chapters, the public exhibition of disabled persons is an established social practice. Educators for the deaf, such as l'Abbé Sicard, held public lectures with students on display in order to promote instructional methods (1815)**[352]**. Institutions for the blind, such as the Halifax Asylum for the Blind (1879)**[353]**, took students on musical promotional tours in order to recruit new students and advocate for public support. Progressive Era reformers, by way

of the new technology of photography, employed images of marginalized individuals in order to advance social reform (for example, Riis, 1890, *How the Other Half Lives*)**[354]** as well as to motivate wide spread giving (for example, "Smiling Joe")**[355]**. Reeducation advocates in World War One sought out "every form of publicity" (Mock, 1918, p. 27)**[356]** for their propaganda widely publishing pictures of disabled veterans hard at work. Rehabilitation proponents following World War Two, actively and successfully courted the media in the promotion of rehabilitation. Furthermore, as grass roots fundraising activity increased over the twentieth century, charitable organizations relied more and more upon the spectacle of disability in order to raise funds.

Rosemarie Garland-Thomson interprets the act of staring at embodied difference with a Foucauldian lens. She observes,

> Staring is an intense form of looking that enacts a relationship of spectator and spectacle between two people . . . The dynamic of staring registers the perception of difference by the viewer and enforces the acceptance of difference by the viewed. As such, it manifests the power relations between the subject positions of 'disabled' and 'able-bodied' (2001, pp. 346-347).

Garland-Thomson argues that in the staring relationship, the viewer (constituted as normal) possesses agency while the viewed (constituted as a stigmatized Other) remains the passive object of scrutiny. She furthers that the use of photography intensifies this relationship because it offers viewers license to stare; "it offers the spectator the pleasure of unaccountable, insistent looking" (p. 349).

Extending Garland-Thomson's insights, Paul Longmore maintains that the communal, planned, and repetitive "fixed stylized conventions" of many charity fundraising events establishes them as "collective rituals of staring" (Longmore & Kudlick, 2015). As such, "they

reenact the dominant ideology of disability and the dominant power dynamics of collective social relations between disabled and nondisabled people" (Longmore, 2005, p. 503). In other words, the cultural work they perform involves perpetuating certain beliefs or truths about disability (disability as a personal tragedy), stances towards disease (a focus on cure rather than care), assumptions about philanthropy (its significant role in "the provision for public health and welfare"), and attributions to contributors (the generosity of Americans). Like Garland-Thomson, Samantha King also interprets collective fundraising rituals in Pink Ribbons campaigns (discourse and practice) through Foucault. She maintains that they operate as technologies of power; that is, they "shape identity" (the able-bodied and the disabled), "cultivate political subjects" (the volunteer citizen and the benevolent donor), and "produce knowledge and truths" (2003, p. 297).

Public fascination with famous people has also long been combined with this enduring interest in exceptional bodies. Although a *New York Times* article states, "Altogether too much has been written concerning Miss Helen Keller" (1900, May 12, BR14)**[357]**, *The New York Times* alone would produce over twelve hundred articles about her in the sixty years that followed. A *Washington Post* article announces, "How Mr. Edison Hears Through His Shoulder Blades: The Famous Inventor's Method of *Overcoming* His Handicap of Deafness by Having an Assistant Telegraph" (Feb 4, 1917)**[358]**. The historical newspapers record overcoming stories about: Lord Sanderson who had a "rich and romantic life, made possible after *overcoming* his handicap of blindness" (*NYT*, April 13, 1931)**[359]**; Austrian pianist and World War One amputee, Paul Wittgenstein, who "*overcoming* a seemingly insuperable handicap . . . trained himself to become a left-handed piano virtuoso" (*WP*, Mar 13, 1942)**[360]**; outfielder Pete Gray,

the one-armed ball player who "crashed the big leagues" and "is an inspiration to practically every wounded veteran" (*NYT*, Nov 17, 1946, p. 61)**[361]**; and pro-golfer Ed Furgol, who "received the gold statue for *overcoming* the handicap of a withered and shortened left arm and becoming one of the world's best golfers" (*WP*, Jan 29, 1955)**[362]**. Both the spectacle of disability and its association with famous people would become central to the fundraising techniques that evolved over the twentieth century.

Fundraising Growth and Innovation

During the Progressive Era, institutions dedicated to scientific philanthropy, such as the Carnegie (1911) and Rockefeller (1913) Foundations, were established with broad and open-ended humanitarian aims that have remained unchanged to this day, respectively: "to promote the advancement and diffusion of knowledge and understanding" (Carnegie Foundation, 2016) and "to improve the well-being of humanity" (Rockerfeller Foundation, 2016). In contrast to charity, seen as offering only temporary relief for the needy, philanthropy was envisioned as a means to provide long-term solutions for all of mankind. In this "capitalist venture in social betterment," the major innovation was "to conceive of philanthropic funding as yet another financial investment, to use the skills they had acquired in business to minimize the risk of their speculations, and to vastly enlarge the scope of their charitable giving" (Zunz, 2012, p. 2). Such efforts would transform higher education, research, and social policy in the United States and in Canada.

It is also in the Progressive Era that the large-scale philanthropy of the wealthy began to be met by a people's philanthropy of mass giving (Zunz, 2012). Many of the methods developed continue to this day. The public health movement campaign for "The Study and Prevention of

Tuberculosis" was the first large, single cause fundraising drive that recruited "volunteer crusaders" and directed its efforts at the increased disposable income of the growing middle class. Public Health reformers initiated the first North American "Seals Campaign" (1908) and also established funding partnerships with large foundations, businesses (life-insurance), labor, and government (Zunz, 2012). The YMCA is another organization that led in fund raising innovation: It was the first organization to hire a publicist, to seek out corporate donations to cover advertising costs, and to design a time-limited campaign measured by a "campaign clock" (Wooster, 2000).

The Community Chest Movement emerged in 1913 to address the rapidly expanding number of nonprofits appealing to the public for funds. The federated fundraising idea was intended to reduce the time and cost of raising funds, to pool resources, and to foster a sense of community responsibility towards addressing local needs. Lillian Brandt writes in *How Much Shall I Give* (1921),

> The support of social work can be made a genuine community responsibility instead of being left to a handful of the relatively well-to-do . . . What was once the task of the privileged few has become the job of the common man (p. 56)**[363]**.

Community Chests evolved into War Chests during World War One and became known in the 1950s as the United Way.

Nevertheless, it was World War One that would bring about a lasting culture of mass giving (Cutlip, 1965). During the Great War, the Red Cross became the largest mass charity of its time across North America. Other wartime fundraising efforts included the United War Work campaign (War Chests), Liberty and Victory bonds, and, in Canada, the Canadian Patriotic Fund. Mass advertising orchestrated by paid publicists stressed the patriotic duty of each man, woman,

and child to contribute to the war effort. No effort was considered too small: Quarters could be saved to purchase War Savings Stamps, women knitted socks, and children were exhorted to do their part ("Little Americans do your bit. Leave nothing on your plate.")(Learn NC, n.d.). This created what Olivier Zunz calls a climate of "compulsory voluntarism"; there was considerable public pressure to participate, and some employers went so far as to unilaterally contribute a percentage of each employee's wages to the war effort (2012). In both Canada and the United States supporting the war became viewed as a collective responsibility—"a symbol of nationalism and a measure of citizenship" (p. 66) (see *Figure 4*).

Figure 4. Examples of American and Canadian World War One Posters (Public Domain) (Library of Congress POS - WWI - US, no. 246; POS - Can. A01, no. 75)

In this way, a culture of mass giving was established. Historian Scott Cutlip explains,

> The giant campaigns and the numerous appeals placed in an enormous setting, stimulated by a vast emergency, opened wide the hearts and purses of the people who poured into the lap of philanthropy sums equal to the ransom of kings. Once acquired, this habit could never shrink to the minor proportions prevailing before the war (1965, p. 203).

Following World War One, professionalized philanthropy grew quickly, and, by 1930, New York City was home to more than twenty well-known fundraising consulting firms. Their biggest clients were, notably, institutions for higher education (Zunz, 2012). A 1928 article in *The American Mercury* comments on the dramatic changes in fundraising methods and personnel:

> Instead of chasing after fat checks of six figures, they snatch up whatever is offered—dimes and nickels and even pennies. In what was once a simple art, practiced exclusively by amateurs, is now in the hand of Science and Organization. It has become indeed, a Great Profession, with trained specialists who, for a fee and expenses, stand ready day or night to raise funds for any Great Cause (Pendergrast, April, p. 464)**[364]**.

Thus, a culture of mass giving, that is, a philanthropy of the everyday citizen and a whole industry to uphold it, was established. In the United States, "giving to worthy causes" became lauded as "an historic characteristic of the American people" (Association of Fundraising Professionals, 2010, p. 4), and Americans came to see philanthropy as "a quintessential part of being American" (Zunz, 2012, p. 3). Overcoming rhetoric would enter into the picture with President Roosevelt's campaign to find a cure for infantile paralysis.

The March of Dimes

While vacationing on Campbello Island, New Brunswick, in 1921, 39-year-old Franklin Delano Roosevelt became feverish—he was one of tens of thousands of Americans who would

contract poliomyelitis in epidemics that recurred each summer (Berish, 2014). Roosevelt writes in a letter to his friend Dr. William Egleson, "I felt thoroughly achy all over. By the end of the third day practically all muscles from the chest down were involved" (1924)**[365]**. He withdrew from politics in order to devote his energy to his recovery. In 1924, he accepted an invitation to visit a run-down resort in Warm Springs, Georgia whose natural mineral springs, with an average temperature of 88 degrees, were believed to have "healing waters" (Minchew, 2004). Roosevelt felt that he had made so much progress in his own rehabilitation at Warm Springs that he built his home, the Little Whitehouse, there. When the spa faced closure in 1928, he purchased "the property—springs, hotel, cottages, and 1,200 acres of land" and established the Georgia Warm Springs Foundation as a treatment centre for other Americans with polio (Cutlip, 1994). Roosevelt describes the benefits of Warm Springs as he saw them,

> Our use of natural warm water as the medium for the giving of carefully directed exercises seems to enable the average patient to take much more exercise without fatigue than in the older method of giving these exercises in the air (Roosevelt, 1928)**[366]**.

However, Roosevelt returned to politics and, by the time he became president in 1933 after the stock market crash and the onset of the Depression, the Warms Springs Foundation was virtually bankrupt. Public relations consultant Carl Byoir was called upon. He proposed the idea of holding Birthday Balls for the dual purpose of celebrating the President's Birthday and raising funds for Warm Springs Foundation (Cutlip, 1994). The Birthday Balls and the fundraising events they spawned would become the model future health campaigns would emulate.

The first Birthday Ball was held in 1934 raising over a million dollars for Warm Springs. Three pages of articles beginning on the front-page of *The New York Times* describe the event (Jan 31, 1934, pp. 1-3)**[367]**. The main gala, held at Manhattan's Waldorf-Astoria Hotel, was full

of “pageantry and song” and included: a mounted guard, the president’s radio message, six orchestras, ballet dancers, a giant human jig-saw tableaux that formed into a picture of Roosevelt, and 52 debutantes in shimmering white satin and chiffon representing the 52 candles on the 15 by 28 foot birthday cake. Broadway composer George M. Cohan waved a flag to introduce his song “What a Man!” written for the occasion. Further, some six thousand individual celebrations (more than forty in New York City alone) were organized across the country with over four thousand communities participating in school auditoriums, community clubs, churches, lodges, hotels, and theatres. Americans across age, class, race, religion, and political lines were all said to have “joined in the celebration.” Moreover, the scope of the campaign reached even into the education system: “During the day principals and teachers in the public schools gave talks to their pupils, emphasizing the courage and heroism of the President, especially in his *overcoming* of physical handicaps after being stricken with infantile paralysis.”

The extravagant Birthday Balls continued until Roosevelt’s death in 1945, each year’s coordinators across the United States innovating and attempting to out-do the year before (see, for example, Guo and Dai, n.d.)**[368]**. Organizers in 1936 brought in the “magic of Hollywood” inviting big stars, such as Jean Harlow, Ginger Rogers, and Robert Taylor, to make appearances at various events escorted by movie fan, Eleanor Roosevelt. One organizer exclaimed, “This movie star thing grew like wildfire. They started to come in droves” (Tomes, 2007, p. 48). Thus began “the celebrification” (Tomes, 2007) of fundraising—a symbiotic relationship where campaign events gained “glamour” and expanded their public profile at the same time that celebrities gained publicity and enhanced their own images. It was a novelty upon which even the tabloids were prompted to comment: “Hollywood, Broadway and the radio biz joined hands .

. . [receiving] gobs of publicity and pats on the back" enthused an article in *Variety Magazine* (1938) (as cited in Tomes, 2007, p. 48).

In 1937, vaudeville star and radio personality, Eddie Cantor, became one of the promoters for the Birthday Balls in California. Organizers there were looking for a new idea to reignite their flagging campaign; Cantor suggested an intense radio appeal to encourage large numbers of everyday Americans to send small amounts, such as dimes, directly to the President. He quipped that they could call it "The March of Dimes" (a play on the newsreel series "The March of Time") (March of Dimes Foundation, 2017a). The idea took off, and, in 1938, the first March of Dimes radio appeal was aired the week before the Birthday Balls. On his birthday, Roosevelt thanked Americans in a radio address:

> During the past few days bags of mail have been coming, literally by the truck load, to the White House. Yesterday between forty and fifty thousand letters came to the mailroom of the White House. Today an even greater number—how many I cannot tell you, for we can only estimate the actual count by counting the mail bags. In all the envelopes are dimes and quarters and even dollar bills—gifts from grownups and children—mostly from children who want to help other children to get well. Literally, by the countless thousands, they are pouring in, and I have figured that if the White House Staff and I were to work on nothing else for two or three months to come we could not possibly thank the donors. Therefore . . . I must take this opportunity . . . to thank all who have aided and cooperated in the splendid work we are doing (March of Dimes Foundation, 2017a).

In total, over 2.6 million dimes had arrived at the White House. From that time forward, March of Dimes appeals became an important part of annual Birthday Ball campaigns.

In 1938, Roosevelt and his law partner, Basil O'Connor, established the National Foundation for Infant Paralysis (NFIP) with headquarters in New York City "to lead, direct, and unify the fight" to find a cure for polio (Roosevelt, 1938)**[369]**. The foundation changed its name to the March of Dimes in 1979. The NFIP would ignite "a grassroots revolution in fundraising"

(D. W. Rose, 2003, p. 23) and turn "the funding of polio treatment and research into a mass-marketing enterprise" (Rogers, 1995, p. 121). The "spectacular nature of polio epidemics" provided ready imagery, such as, children in iron lungs, leg braces, or wheelchairs, and gave urgency to the cause: "The painful momentum of each epidemic was an opportunity for both relief and solicitation, for it was an all-out war against a disease" (D. W. Rose, 2003, p. 23).

In such a climate, innovation in fundraising flourished. Promoters did not shy away from sentimentality or hesitate to draw upon a wide range of intense human attachments including those concerning: regional competition, religion, parenting, and American nationalism. The 1939 nation-wide "Mile'O'Dimes" campaign challenged communities to compete for the longest line of dimes (Zunz, 2012). The New York NFIP committee enlisted the support of Bishop Stephen J. Donahue, Administrator of the Roman Catholic Archdiocese of New York, in the "fight" against infantile paralysis (*NYT*, Jan 26, 1939, p. 27)**[370]**. In 1942, promoters rolled in fifty "paralysis victims" (including 2-year old Marie Gagne and 4-year old Jerry King) in a ceremony to unveil a twenty-five by twelve foot poster installed in Times Square. The poster depicts a young girl in a wheel chair and reads, "I could be <u>your</u> child." It was mounted on 3,100 other billboards across the country (*NYT*, Jan 4, p. 39)**[371]** (see *Figure 5*).

Figure 5. NFIP 1942 Billboard. (Courtesy of The March of Dimes).

Moreover, organizers readily appealed to American nationalism. At the dawn of the Second World War, the NFIP began to portray Roosevelt as an exemplar of overcoming in order to encourage Americans to strive for similar strength of character in the midst of uncertain times and, even more, to continue to support the NFIP during in the fiscally tight war years.

> This dreadful affliction develops in those afflicted a fortitude which must appeal to every one of us who are fortunate enough to have escaped it . . . Today American character is meeting its first real test in a generation. It should be an inspiration to every one of us to see the way in which our President has met recurring crises. He knows *adversity* can be *overcome* only with calmness and courage. Under his leadership all America will demonstrate to the world not only that we can take it but that we can dish it out (*NYT*, Jan 4, 1942, p. 39)**[372]**.

Long after his death, Roosevelt would continue to be held up as "a role model of colossal influence not only to the physically disabled but to anyone who faces personal adversity of any kind and accepts responsibility for one's actions to others" (D. W. Rose, 2003, p. 42).

In the last twenty-five years, there have been several biographies of FDR that have outlined Roosevelt's attempts to hide his disability, such as disallowing photographs that show him in his wheelchair or leg braces. Among these, notably, is Hugh Gregory Gallagher's *FDR's Splendid Deception: The Moving Story of Roosevelt's Massive Disability-And the Intense Efforts to Conceal It From the Public* (1985). However, the large-scale, nation-wide fundraising efforts of the NFIP and MOD present challenges to Gallagher's thesis; they demonstrate that the American public was intensely aware of what *The New York Times* calls Roosevelt's "physical handicaps after being stricken with infantile paralysis" (*NYT*, Jan 31, 1934, p. 3)**[373]**. Additionally, rather than conceal Roosevelt's disability, Roosevelt and his supporters had to prove to detractors that he was fit for the presidency (see, for example, Looker, 1932, *This Man Roosevelt)***[374]**. In order to do this, *any* residual effects resulting from polio were downplayed

and the advantages of working from a wheelchair were highlighted. In other words, Roosevelt was portrayed as overcoming polio. A 1932 article in *Time* magazine is illustrative:

> Constitutionally he is sound as a nut and always has been. His affliction makes people come to him to transact business, saves him useless motion, enables him to get prodigious amounts of work done at a sitting. Governor Roosevelt is confident of ultimate total recovery . . . Never have his crippled legs deterred him from going where he would (as cited in Clausen, 2005, p. 27).

Projections of "total recovery," such as this, were employed by Roosevelt and his supporters in order to manage his public image; it is not that he concealed his disability, but that he actively directed the way the disability was portrayed (Brechin, 2014).

After Roosevelt's death in 1945, March of Dimes campaigns replaced the Birthday Ball events. In 1943, Elaine Whitelaw, a wealthy New York socialite and professional fundraiser, was brought in to lead the March of Dimes national women's committee. Whitelaw was highly successful in enlisting the grassroots support of middle class, white women across the United States with innovations, such as MOD Fashion Shows, the MOD Women's March, the Women's Porchlight campaign, and, of interest to my project, the MOD Poster Child campaigns ("March of Dimes", 2000). The first poster child, Donald Anderson, was selected in 1946 and, to this day, a "special" child is chosen every year by the March of Dimes "to give a face" to their "mission" (March of Dimes Foundation, 2017a). The following describes the rationale guiding the selection process:

> The March of Dimes Poster Child was meant to look happy and attractive, though leg braces or some other symptom of disability was evident. These children were far from pathetic, and it was a vision of disability that had not been seen in the United States before. The image of the vibrant, though crippled, child projected hope for recovery and inspired people to give money to the foundation ("March of Dimes", 2000).

In accordance with Roosevelt's image, these resilient, mostly white[21] children were portrayed determinedly standing up or walking, leaving markers of disability, such as hospital beds or wheelchairs, behind. Posters often depicted before-and-after heartbreak-and-hope scenarios. Captions, such as "Your dimes did this for me!," "Look! I can walk again," or "You can help too!," cast viewers as benevolent rescuers (Garland-Thomson, 2001) whose very dimes would be catalysts for medical miracles (see *Figure 6*). Poster children were portrayed, both in the posters and in newspaper accounts, as "afflicted" "victims" in the before scenario and miraculously normal children in the after. Local and national poster children travelled across the United States and received considerable media attention. The following are examples from *The New York Times*:

> Terry Tullos, three-year old poliomyelitis victim . . . was stricken with polio before he had learned to walk . . . and has come to personify the NFIP . . . [he] spent ten months in hospitals, now walks, runs, plays with braces on his lower legs, will eventually discard them (*NYT*, Dec 15, 1947, p. 21)**[375]**.

> Nancy Drury . . . was a victim of the 1944 epidemic in Kentucky. Today she is completely recovered, as is the case the more than 50 percent of those stricken, thanks to progress in research, diagnosis, and care, all heavily financed by the Foundation. Her illness "is like a bad dream," says her mother, Mrs. Frank Drury, "now that her father and I watch her playing and walking as easily as any of her friends" (*NYT*, Jan 14, 1947, p. 31)**[376]**.

It is noteworthy that although the early the poster children stories are structured as before and after scenarios, they do not contain overcoming rhetoric—the children are not described as courageously overcoming. It is the organization that receives the praise. The emphasis is that, thanks to the NFIP, they can once again walk, run, and play like normal children. The children are symbols that "personify" the work of the NFIP.

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[21] For discussion of the racial disparities in NFIP funding and services, see, for example, Mawdsley, 2010 and Rogers, 2007.

Figure 6. Examples of Early March of Dimes Poster Child Posters (Courtesy of the March of Dimes)

Other organizations followed the NFIP in establishing their own Poster Child campaigns, for example: the Muscular Dystrophy Foundation (Associated Press, 1952)**[377]** and the Arthritis Foundation (Longmore & Kudlick, 2015). In Canada, Easter Seals Ontario launched their first "Timmy" campaign in 1947 (from Dickens, *A Christmas Carol*) (Easter Seals Ontario, n.d.). In recent years, these organizations have replaced their poster children with children "ambassadors" (see, for example, Easters Seals Ontario, n.d.).

There is much discussion in the disability studies literature about the use of children in fundraising and the way disability is portrayed as childlike dependency through their images. Notably, the posters only ever portray children; "there were never poster adults" (Shapiro, 1994, p. 15). Rosemarie Garland-Thomson describes the poster child as "the quintessential sentimental figure of twentieth-century charity campaigns" (2001, p. 355) involving what Paul Longmore describes as "the unashamed exploitation of the pathetic appeals of crippled children" (2013, p. 13). Cindi Jones was a March of Dimes Poster Child in St. Louis in 1956. She speaks out strongly against the practice:

> Pity oppresses . . . The poster child says it's not okay to be disabled . . . It plays on fear. It says this could happen to you, your child or your grandchild. But it says, if you just donate some money, the disabled children will go away (as cited in Shapiro, 1994, pp. 12, 14).

Nevertheless, the use of children has been an enormously successful and enduring fundraising strategy. The ends, it seems, justified the means; as the author of one history of polio writes, "It was exploitative and manipulative, but the cause was worthy, and the campaign worked" (Seavey et al., 1998, p. 74).

On April 12, 1955, the MOD announced the success of the Salks vaccine trials (D. W. Rose, 2010). Polio could be prevented through immunization. What does an organization do

when it is so successful that its raison d'être no longer exists? A nation-wide army of volunteers had been enlisted, and a vast apparatus for fundraising and medical research and had been created. In 1958, the organization announced a new mission with an exclusive focus on children: the prevention of birth defects. Some of medical breakthroughs funded by the MOD over the years include: APGAR and PKU tests for new born infants, the identification of fetal alcohol syndrome, the development and implementation of the rubella vaccination as well as the identification of genes that cause Fragile X Syndrome, heart defects, and cleft palate (D. W. Rose, 2010). In 1998, the March of Dimes lobbied congress to pass the Birth Defects Prevention Act. In 2003, their mission expanded: "to improve the health of babies by preventing birth defects, premature birth, and infant mortality" (March of Dimes Foundation, 2017b). Prevention efforts include: public education for pregnant women aimed at changing unhealthy behaviors such as smoking and alcohol consumption, and promoting healthy behaviors such as taking folic acid supplements; fetal (in utero) surgery, for instance, to improve outcomes for babies with spina bifida and congenital diaphragmatic hernia; and genetic counseling. MOD is also involved in ongoing research directed at improving the quality of life of those born with birth defects. (Walani & Biermann, 2017). Nevertheless, an emphasis on prevention has eugenic resonances for persons with congenital disability and remains an area of concern for disability activists (see, for example, J. V. Switzer, 2003).

However, with the introduction of the Salk (and later, Sabin) vaccines and the adoption of their new 1958 mission, the NFIP also changed the emphasis of their Poster Child campaign. There were three poster children chosen in 1959 representing "the three faces of crippling": birth defects, arthritis, and polio (*NYT*, Dec 21, 1958, p. J2)**[378]**. This was the last campaign that

would feature a poster child with polio; her name was Pamela Ruth Henry. While newspaper articles lauded the "complete victory of polio" (*NYT*, Oct 13, 1957, p. 72)**[379]**, over 50,000 individuals throughout the United States were still living with its after-effects (March of Dimes Foundation, 2012); they were not cured. Disability scholar and "regenerate poster child" Marilyn Phillips contends that such children and adults "became an affront to the country's postwar faith in technology and progress" (as cited in Shapiro, 1994, p. 15). The NFIP gradually gave over their polio patient aid to other rehabilitation programs. This was a natural transition—Dr. Howard Rusk had been named to the advisory committee for the NFIP in 1953 (*NYT*, April 13, 1953, p. 20)**[380]**. The causes of the NFIP and the rehabilitation movement had aligned. Phillips maintains,

> Now . . . disabled children were "damaged goods" who had to "try harder" to prove themselves worthy of charity and society's respect. If science could not cure disabled people, then society would expect them to cure themselves. It would take hard work, determination, and pluck . . . The worthy cripple was expected to *overcome* his or her disability. You were expected to be jumping up stairs, even if you used a wheelchair. You were expected to be doing anything you had to do, even if it meant collapsing at the end of the day (as cited in Shapiro, 1994, p. 15).

Throughout the 1960s and 1970s, *The New York Times* continued to mention each year's chosen poster child (now with a birth defect) along with photos of them posing with movie stars or successive Presidents of the United States. However, the articles are increasingly brief.

Adapting to the times, as television increased in popularity, the March of Dimes looked for new ways to raise funds. Beginning in the 1950s, regional MOD chapters throughout the United States began to hold "television fund-raising marathon" (telethon) or "telerama" events following the examples set in 1949 and 1950, respectively, by the Runyan Memorial Cancer Fund (Kessel, n.d.) and the United Cerebral Palsy Association (Romero, 2009). National MOD

telethons ran from 1983-1987 (*NYT*, August 3, 1987)**[381]**. The March of Dimes was also the first organization in the United States to hold a fitness-related fundraising event: Walk America in 1970. Its contemporary manifestation is called the March of Dimes Walk for Babies. Other special events held by the March of Dimes today include: celebrity golf tournaments, Signature Chef Auctions, Bikers for Babies, and Jail and Bail (March of Dimes Foundation, 2017b).

There is little question that the March of Dimes has left a lasting legacy in medical research, volunteer engagement, and continuing fundraising innovation. Moreover, it is through organizations like the March of Dimes and the "unique encounter between philanthropy and the state" (Zunz, 2012, p. 4) that the nonprofit sector emerged in North America. Before I turn to a brief discussion of the nonprofit sector in Canada, I would like to look at the resistance and activism raised in response to the pity-producing personal tragedy view of disability and illness.

Resistance

There are two upsurges of resistance that I will discuss in terms of their relationship to overcoming: a group that called themselves "Jerry's Orphans" and the survivor movement.

Jerry's orphans.

Although there had been earlier demonstrations by disability rights advocates ("Disabled in Action" against the United Cerebral Palsy NY Telethon; *NYT*, Feb 13, 1977, p. 8)**[382]** and critique of telethons for their stereotypical portrayal of disabled persons as child-like, dependent and, helpless objects of pity (*NYT*, Sept 3, 1981)**[383]**, protest erupted in force in response to an article written by Jerry Lewis in *Parade* Magazine, September 2, 1990 called "If I Had Muscular Dystrophy" (Hershey, 1993). It should be required reading in disability studies courses as an

example of what it is that persons with disability find offensive in able-bodied solipsism. It is revealing and instructive in so many ways.

First, it exposes the limits of the able-bodied imagination. Lewis candidly states, "I think it might help for the reader to understand that none of what I write is fantasy or assumption. I have lived with 'my kids' for 41 years now." What Lewis fails to see is that his whole piece *is* a fantasy. It is what he imagines, what he assumes life would be like with muscular dystrophy, and that is the heart of the problem; he cannot imagine disability as anything but tragic.

Second, Lewis appears to be oblivious to the fact that language he employs is pejorative and patronizing. I had to laugh at an article in *The Disability Rag* (Johnson, 1994) that quite justly charges that Lewis "managed to include nearly every term or concept offensive to disability rights advocates." He describes disability as "a curse," "a bad hand dealt by fate," and refers to persons with disability as "afflicted" "cripples." Moreover, in his mind's eye, Lewis considers, "I would put myself in that chair . . . that steel imprisonment that long has been deemed the dystrophic child's plight." Lewis had been with "his kids" for 41 years and had never realized that wheelchairs are valued as tools of freedom.

However, the real kicker, the comment that so enraged disability advocates was one that betrayed the real value he ascribed to disabled people (italics mine):

> I know the courage it takes to get on the court with other cripples and play wheelchair basketball, but I'm not as fortunate as they are, and I bet I'm in the majority. I'd like to play basketball like normal, healthy, vital, and energetic people. I really don't want the substitute. I just can't half-do anything -- either it's all the way, or forget it. That's a rough way to think in my position. When I sit back and think a little more rationally, I realize my life <u>is</u> half, so I must learn to do things halfway. I just have to learn to try to be good at being a half a person. . . and get on with my life. I may be a full human being in my heart and soul, yet I am still *half a person*, and I know I'll do well if I keep my priorities in order.

Three previous MDA poster children embarked upon what would become twenty years of protest aimed removing Lewis and reforming the Muscular Dystrophy Association telethon: brother and sister Mike Ervin and Cris Matthews ("Jerry's Orphans") and Laura Hershey ("Tune Jerry Out"). A thirty-minute video, *The Kids Are Alright,* (Richardson, 2005) documents their efforts.

The responses of Lewis, the MDA, and many everyday Americans are also instructive and speak to the depth of their vested interests in the telethon. Lewis was defensive and spoke with a degree of hostility that is shocking. He pointed out the 2.7 billion dollars he had helped raise (an inflated amount), the one hundred million plus people who had supported all the work he'd done, and retorted, "Why wasn't I a terrible man when we bought them the wheelchairs?" When asked directly about his "half a person" comments, Lewis replied, "In truth, aren't they given half? Haven't they been left with half?" (moreeclipsplease, 2009). Subsequent comments only dug Lewis into deeper trouble. In a CBS Sunday Morning interview in 2001, Lewis outdid himself remarking, "Pity? You don't want to be pitied because you're a cripple in a wheelchair? Stay in your house!" (Hershey, 2001).

While Lewis's response was defensive, the MDAs reaction was to go on the attack: They attempted to discredit the protestors (denying they were ever poster children), their lawyers sent threatening letters, and the MDAs Director of Community Service sent out a letter holding protestors responsible for cuts in services. In one letter to Laura Hershey, an MDA attorney accused her of perpetuating "the false, age-old stereotype of disabled people as angry, deeply embittered, negative persons." Fans of Lewis and supporters of the telethon sent hate letters calling protestors "ungrateful" and "selfish" "dissidents" (Johnson, 1994).

My point here is not to bash Jerry Lewis, the MDA, or individuals who have supported the telethon over the years but to raise questions about the kinds of psychic, social, economic, and professional investments celebrity philanthropists, organizations, and their audiences have in the causes they support and/or represent. Clearly, the challenge this protest represented to the self-image, good intensions, and moral virtue of the various players triggered a vitriolic reaction. Another way to pose the question is to ask: What is at stake in challenging the status quo of charitable practice? David Wagner, author of *What's Love Got to Do With It?: A Critical Look At American Charity,* contends, "Charity is a moral enterprise with a clear social script. It produces heroes and model citizens who give, and deferential meek citizens who accept" (as cited in Longmore & Kudlick, 2015, p. 214). Jerry's Orphans and company went off script: They were not passive, they were not appreciative, and they cast the deeds of their benefactors as oppressive rather than heroic. The challenge to and the potential loss of Lewis', the MDAs, and telethon supporter's "self-image of moral benevolence" left them indignant (Longmore & Kudlick, 2015).

Ilan Kapoor (2012) understands the psychic investments involved in charity practice in another way: through an Althusserian lens. He argues that charity work serves the social order by creating a "safety net" that enables capitalism to survive. He calls this "decaf capitalism": "a sort of humanized capitalism that manages to hold together both enormous wealth accumulation and significant [global] inequality by attending to the worst manifestations of such inequality through charity" (Kapoor, 2012, p. 2). He maintains that being ideologically interpellated none of us can step outside ideology and, thus, we "have psychic investments in a range of ideological fantasies." "The fantasy of celebrity charity," Kapoor asserts, allows us "to escape the traumatic

kernel (inequality, unevenness, social marginalization)" produced by capitalism (pp. 7, 11). Along similar lines, Paul Longmore argues that the moral uncertainty resulting from capitalism's "conspicuous consumption" is eased by rituals of "conspicuous contribution" enacted through charity events (2009).

Further, Longmore and Kudlick point to the "central role of disability" in the social, financial, and political economies of western countries (2015, p. 213). Charitable organizations, foundations, research programs, and corporations are big business, often offer lucrative careers, and have considerable material and economic interests in the business of charity. In Canada, the charitable and nonprofit sector represent 8.1% of our GDP and 10.5% of our labour force (almost equal to the manufacturing sector and more than construction, agriculture, forestry or utilities) (Emmett & Emmett, 2015).

Not withstanding all of this, the MDA did finally oust Jerry Lewis and bring in sweeping changes to their fundraising methods. The last Jerry Lewis telethon was held in 2010. The new rehabilitated "entertainment special" was renamed the "MDA Show of Strength." And this is where the overcoming narrative enters the picture. It was announced that the new "prime time spectacular" would "offer up great entertainment" with "fantastic performers" and would "inspire millions of viewers" with: "dramatic stories of children and adults waging battles against life-threatening muscle diseases," "inspiring stories of those who are fighting muscle disease with grace and courage," and "compelling stories of strength and hope profiling children and adults living with these diseases" (Associated Press, 2014)**[384]**. Kelly Clarkson's hit "Stronger (What Doesn't Kill You)" was a 2013 theme song. Aiming to present positive images of persons with disability, the MDA moved from pity to its flip side—inspirational overcoming.

After 45 years and raising nearly $2 billion dollars (Crary, 2016), the MDA cancelled the telethon in 2015 prompted by "new realities of television viewing and philanthropic giving" (MDA, 2015).

As a final note, the MDA has continued to work on its messaging, and their current web-site demonstrates that they have moved away from the rhetoric and stories of inspirational overcoming. Over the years, other high profile organizations, such as Easter Seals, have undergone similar changes in response to appeals from disability advocates. In 1994 and 1995, Easter Seals CEO James Williams outlined his organization's efforts in a series of articles in *Fund Raising Managemen*t. He writes, "While other telethons have been criticized for the way they portray people with disabilities, ours is a celebration of what people with disabilities can achieve and how Easter Seals helps them take steps toward independence" (Williams, 1994, p. 16). Nevertheless, Easter Seals fell into the same trap as the MDA. Williams asserts that Easter Seals "direct marketing packages promote independence, not pity," and then goes on to list various campaigns, among them: "Back a Fighter" and "The Power to Overcome."

"Survivor" movements.

The transformation of pity into empowerment and the replacement of victimhood with a sense of survivorship has formed the basis upon which a wide range of activist consumer support groups have come to name themselves as "survivors" including: holocaust survivors, rape survivors, incest survivors, mental health survivors, AIDs survivors and cancer survivors. While individuals within the Disabled Persons Movement do not generally refer to themselves as "survivors," they do reject the passivity and pity that characterize the victim role. Further, a certain "social movement spill over" is inevitable (King, 2006). I find it fascinating that the

Independent Living Movement of the 1970s (ILM) reflects many characteristics of survivor movements that would follow. The psychiatric consumer recovery movement, in particular, drew directly from ILM (Zucker, 2014).

The first Center for Independent Living was founded at Berkeley, California in March 1972 by Ed Roberts and the "rolling quads." By the end of the year, there were Independent Living (IL) centers in five states (Shreve, 1982). Today there are over 500 IL centers in the United States as well as centers in 17 other countries from Pakistan to Finland (ILRU, 2017).

The professional influence of Gerben DeJong, a researcher and academic, added legitimacy to the fledgling ILM. DeJong supported what was considered a radical paradigm for understanding disability. In contrast to the medical model, where the "problem" lay within the sick or broken individual, DeJong proposed an "Independent Living or Disability Pride" paradigm which located the problem in "the socio-economic, political, and cultural environment; in the physical environment; *and in the medical, rehabilitation, service delivery or charity processes themselves (in dependency-creating)*" (emphasis mine; McDonald & Oxford, 2002). DeJong maintained that IL is both a movement *and* an "analytic paradigm" (1979). He writes,

> The IL movement is the clearest statement available about how disabled persons want to be viewed in American society - not as passive victims needing constant professional intervention, but as self-directed individuals seeking to remove environmental barriers that prevent their full participation in community life. Thus, Independent Living should be viewed not merely as a social movement, but also as a state of mind that should become deeply rooted in our basic understanding of disability issues.

Additionally, DeJong (1979) maintained that five social movements contributed to the development of the IL movement and philosophy: consumerism, the self-help movement, de-medicalization, de-institutionalization, and the civil rights movement. Other health activist and

survivor groups would, similarly, draw upon these movements. First, consumerism impacted the growing disability rights and IL movements as persons with disabilities re-defined their role to that of being "consumers" rather than "patients." As consumers, disabled persons reclaimed the power and autonomy to choose the services and products that *they* felt necessary. This was in direct contrast to the paternalism characterizing rehabilitation at the time where "experts" decided what was best for the "patient." Second, in self-help movements, such as Alcoholics Anonymous, the belief was that peers could support and empower members more effectively than professionals. Leaders in the ILM took their role as peer counselors very seriously, and this was a significant component in the success of the movement. Third, the disability rights and IL movements moved away from what they felt was an over-medicalization of their lives. Like other condition-based patients groups that would follow, they challenged the unequal distribution of power that defined traditional doctor-patient relationships: They called for recognition of their experiential knowledge and for their concerns to be given priority in setting research agendas. Fourth, the IL movement protested the inhumane treatment of persons with disability in institutions. While de-institutionalism was one outcome, others include: a move towards home birth, the right to die at home, and an expansion of home care services. Lastly, as Jerry's Orphans illustrates, the ILM adopted the terminology and many of the protest methods of other civil rights movements.

Since the 1970s, feminists have framed the transformation from victim to survivor as a process of becoming politicized. Feminists emphasize the empowerment (agency) women gain by: breaking the silence around questions of rape, incest, and abuse; claiming a space to be heard; and identifying social practices that silence women. While this does give women space to

support each other and share common experiences, the act of telling one's story is central to claiming survivorship and is primarily promoted as a political act (Orgad, 2009).

Health activist groups, for example for AIDS and cancer survivors, became prominent in the 1980s and 1990s (King, 2006). They brought the private nature of the experience of illness into public awareness—a "coming out" of such diseases "from the closet to the commonplace" (Leopold, 1999; as cited in Orgad, 2009, p. 147). Shani Orgad notes that survivor activism, like that of the ILM, "was part of a broader shift in the control of the communicative space of health and illness, from the hands of the medical profession to those of laypersons" (2009, p. 147). AIDS survivors shook off the sense of shame and hopeless that surrounded AIDS and asserted their right to be treated with more than pity and to be viewed as more than their "condition": "We condemn attempts to label us as victims, which implies defeat, and we are only occasionally 'patients,' which implies passivity, helplessness, and dependence on the care of others. We are 'people with AIDS'" (Navarre, 1988, p. 148; as cited in King, 2006, p. 93). Cancer survivors lobbied for improved public education about cancer, access to health care, and increased funding for research (King, 2006). Moreover, in promoting survivorship, both movements adopted the language of warfare, of battle, and of triumph (Sontag, 2001).

Further, overcoming rhetoric entered the discussion of survivorship directly when psychologists took up the discourse in application to various kinds of trauma. A prime example is found in *Trauma and Its Wake* (1985):

> Victims and survivors are similar in that they both experienced a traumatic event. But while the victim has been immobilized and discouraged by the event, the survivor has *overcome* the traumatic memories and become mobile. The survivor draws on the experiences of coping with the catastrophe as a source of strength, while the victim remains immobilized. What separates victims from survivors is a conception about life, an attitude about the safety, joy, and mastery of being a

> human being. Being a survivor, then, is making peace with the memories of the catastrophe and its wake (Figley, 1985, p. 399).

Indeed, "overcoming" is considered the appropriate way to survive "trauma" to such a degree that there are currently *hundreds* of self-help books in circulation with "overcoming trauma" in their titles. Television talk shows, such as *Oprah* and *Dr. Phil,* and motivational books, such as *Chicken Soup for the Soul* (Canfield, 2016), have supported and widely popularized this view.

Talcott Parsons' 1951 description of the social role expectations of the "sick role" is illuminating; he characterizes patients as "helpless, technically incompetent, and too emotionally involved, therefore needing to put themselves into the hands of a professional who is technically expert, functionally specific, and affectively neutral" (p. 456; as cited in Zola, 1991, p. 7). The activism of the various survivor movements was, in large part, resistance to the objectifying paternalism of such role expectations. Claiming survivorship, naming oneself "a survivor," was a direct challenge to the sick role: It offered a sense of personal power, demonstrated competence, and recast emotional involvement as courage and determination.

However, the discourse of survivorship was co-opted, put on display for public consumption (in books and talk shows), employed as a device for raising funds (for example, in the Pink Ribbons campaign for breast cancer), and combined with the self-responsibility and mandatory optimism of positive psychology. From a resistant stand in response to the power imbalance of medical professional-patient relationships, the "survivor" discourse developed into a set of normative expectations—"a desirable mode of being or identity that people are encouraged to comply with and take on," that is, the self as "the bearer of a story of self-overcoming, improvement, and triumph" (Orgad, 2009, pp. 150, 128). In a sleight of hand, survivorship slid into compulsory heroism.

One cancer activist has become a revered Canadian symbol and hero. "One-legged marathon runner," Terry Fox, began his cross-country Marathon of Hope "to raise money for cancer research and awareness" in St. John's, Newfoundland on April 12, 1980 (*GAM*, Aug 5, 1980, p. 8)**[385]**. Terry's marathon ended in Thunder Bay, Ontario 143 days and 5,373 kilometers later because the cancer had spread to his lungs (Terry Fox Foundation, 2017). This "everyday" Canadian who never aspired to be a hero so moved the hearts and minds of Canadians that, during his Marathon of Hope, Fox received over 65,000 letters and cards from people across the nation. The Canadian Museum of History has digitized the correspondence and invites visitors to search the collection through an interactive display (2015). A *New York Times* article (Sept 14, 1980, p. 17)**[386]** reports on the "outpouring of emotion" by Canadians:

> The plight of Mr. Fox, hobbling his way across the continent with a bloodied leg, only to be halted by the very disease he was battling, has set off an outpouring of unity, emotion and charitable contributions unparalleled here in recent memory . . . Everywhere people talk about Mr. Fox as if he lived next door. Each day brings new examples of spontaneous fund-raising events.

Indeed, school children went door-to-door, stock car drivers passed their helmets through the crowd, one man sat in a tub of lemon banana custard for over 51 hours, female mud wrestlers held a tournament, and the CBC sponsored a telethon all to raise funds in support of Terry Fox (Ellison, 2015a). In the 12 days after the marathon ended, more than $10 million was raised (ten times the amount raised while Fox was still running) (*NYT*, Sept 14, 1980).

When Fox died on June 28, 1981 his funeral was broadcast nationally. Thousands of Canadians of all ages wrote letters to politicians, government offices, newspapers, the Fox family, and the Canadian Cancer society asking for Terry Fox to be honoured (Ellison, 2015a). He received the Order of Canada, the Order of the Dogwood (British Columbia), the Lou Marsh

Trophy (Canada sports editors, for athletic achievement), and the Sword of Hope (American Cancer Society). Editors of the Canadian Press named him "Canadian of the Year" two years in a row (1980 and 1981), and the Sports Network named him "Athlete of the Decade." A bronze statue, a one-dollar coin, and a commemorative stamp have been created in his honor. A mountain, a Canadian Coast Guard ship, many parks and public buildings, fourteen schools, fourteen roads, and an eighty-three kilometer stretch of the Trans-Canada highway between Nipigon and Thunder Bay, Ontario have been named after him. In a 1999 national survey, Terry Fox was voted "Canada's Greatest Hero." The first Terry Fox Run was held September 13, 1981 at more than 760 sites across Canada. By 2014, over $650 million had been raised in Terry Fox's name (Terry Fox Foundation, 2017).

There are several Canadian scholars who engage with the Terry Fox story. Through a disability lens, Sally Chivers (2009, p. 81) argues that "the Terry Fox story invites spectators—ordinary Canadians—to feel like participants in his quest," and therefore, "to feel more tied to an ideal Canadianness even though, in fact, disabled Canadians face innumerable barriers to social inclusion." Jenny Ellison (2015b) underlines the constructed nature of accounts of Fox's marathon and of the meanings attached to them; notably, she complicates the discourse describing Fox as a unifying national figure. Danielle Peers (2015) reads the Terry Fox story through Sunera Thobani (2007) as reproducing the "exalted" status of white, Canadian nationalist subjectivity.

Weaving through all of these discussions, my interest in Terry Fox lies in the process that heroized him. Although it has been stated that Canadians "don't handle the business of heroes very well" (*GAM*, Jun 29, 1981, p. 8)**[387]**, Canadians certainly seemed to be able to get past any

reticence with respect to Terry Fox. Lucy Hughes-Hallett (2004) maintains that the heroes people choose reflects their attitudes, values, and needs: "Every retelling of a heroic story is colored by the politics and predilections of the teller, whether that teller's intentions are deliberately propaganda or ostensibly innocent. Looking at heroes, we find what we seek" (p. 12). A statement made by Prime Minister Trudeau on the death of Terry Fox is instructive:

> For as long as we live, we will remember Terry Fox, with profound admiration. We will remember how he responded to the personal crisis of his own misfortune by pouring out his energies on behalf of other people. He could have made a far different choice, a perfectly understandable choice. When he lost a leg to the most ravaging disease of our time, he could have retreated from life, behind a wall of discouragement and despair. No one would have blamed him for that, because each of us knows that, faced with the same crisis, we might well make that choice. Terry Fox made an incredibly different choice. He *chose* to *overcome his handicap*, through sheer strength of will, in the most audacious way imaginable. Learning to walk again would have been admirable enough. Trying to run a short distance would have marked him as a man of courage. But his attempt to run 4,000 miles, from the Atlantic to the Pacific, to give help and hope to others, elevated him into the exceedingly thin ranks of the truly heroic. His Marathon of Hope began in lonely obscurity. The few who knew of his effort and his goal thought that he would soon be forced to give up. But this was a young man who refused to give up. (*GAM*, Jun 29, 1981, p. 11, emphasis mine)**[388]**

Of course, one of the contradictions within this account is that Fox *did* have to give up (he did not finish his Marathon of Hope), and, ultimately, he did not *overcome* cancer and this had nothing to do with his *choice* in the matter. Other scholars forward that Terry Fox, as an ordinary Canadian, represented "everything Canadians are supposed to want Canada to be" (that is, strong, generous, courageous, articulate, and determined), and that he "symbolized the unity for which English Canadians hoped for" (Chivers, 2009, p. 81; Ellison, 2015a). I emphasize that whatever Fox might represent, it is articulated through and framed by the overcoming narrative. The "overcomer" has come to resonate deeply and widely in the Canadian imagination, and the degree of veneration accorded to Terry Fox speaks very clearly to this.

The Nonprofit Sector

One way to look at the relationship between charity and the state is to consider charity as a sector of the economy. In Canada, and in many other countries, the nonprofit or charitable[23] sector (also known as the volunteer, civil society, or third sector) reflects the dynamic relationship between the state, the market, philanthropy, and citizen engagement. While it is often defined in terms of what it is *not* (that is, the public–government or private–business sectors), in practice, the lines of separation between the sectors are considerably blurry (Corry, 2010). In Canada, nonprofit organizations and charities are governed by federal and provincial legislation (including restrictions on "political" activity), receive certain tax exemptions, and governments provide 20% of revenues (Imagine Canada, 2012a, 2012b). Corporations engage with charitable organizations to market their products or services (cause-based marketing) and to enhance their corporate image through community involvement (King, 2006). More and more, corporate advertising and charitable donations provide a significant stream of revenue for charities and nonprofits: from 1990-2009, they increased 581% (Ayer, 2011). Further, nonprofit agencies are increasingly managed according to business or economic models and "are required or encouraged to take an entrepreneurial approach to service delivery" (Woolford & Curran, 2013, p. 46).

Citizens participate through volunteer activity and through charitable donations. Statistics Canada reports that, in 2013, 12.7 million Canadians volunteered 1.96 billion hours of their time (the equivalent of one million full time jobs), and 82% of Canadians made donations to nonprofit or charitable organizations (Turcotte, 2013). While economists tend to describe the sector in

[23] While not all nonprofits are charities, all charities are nonprofits. See, for example, Imagine Canada, 2012b.

terms of the "non-distribution of wealth," sociologists focus on participatory democracy and "the value driven motivation of participants," such as gaining social capital and the "symbolic rewards" derived from shared values and feelings of making a difference (Corry, 2010).

Canada has a long history of "relying on nonprofit and voluntary organizations to address the needs and interests of its population," in particular, the country's core needs for education, health care, social services, and housing (Hall et al., 2005, p. IV). Nonprofit and charitable organizations are understood as filling "a gap in society to address the needs not met by the public and private sectors," and 79% of Canadians agree or strongly agree with this statement (Ipsos Reid, 2013).

However, 1985 saw the beginning of a process of government retrenchment, and, between 1990-1996 alone, $51 billion were withdrawn from social programs in Canada (Rice & Prince, 2013). Driving retrenchment was a move, in many countries around the world (including: the United Kingdom, Common Wealth countries, the United States, and parts of Europe), toward neoliberal government policy and practice; one characterized by "state withdrawal from service provision, deregulation, increased privatization, and the liberation of markets" (Rice & Prince, 2013; Woolford & Curran, 2013, p. 46). This shift continues. Obtaining government funding is a competitive request for proposal (RFP) process that requires agencies to adopt accountability indicators that measure success, largely, at the level of the individual (for example, the number of participants who completed programs, found jobs etc.). Further, legislation (CRA) has limited the amount of "political activity" an organization can engage in to ten percent of its total resources (Imagine Canada, 2012a). Therefore, agencies delivering social services are constrained in their activities: Energies are directed towards the reponsibilization of individuals

as a strategy to address social problems and away from consideration of systemic issues (for example, the need for advocacy or policy reform) (Nickel & Eikenberry, 2009). Neoliberalism, in this way, can be viewed as a mentality and technique of power that creates self-disciplining, enterprising, and autonomous individuals responsible for their own success in an ostensibly even playing field (Corry, 2010). The overcomer represents the ideal, neo-liberal citizen. Tanya Titchkosky concurs,

> The overcoming story honours the sort of humanness that belongs to the enlightened liberalism of late capitalism, in which lone individuals pursue a competitive striving, making use of a transcendent intellect, or otherwise displaying the strength of the human spirit. This sort of 'strength' is generated from the basis of neo-liberalism's constant downward shifting of responsibility on the individual (2007, p. 179).

Further, nonprofit and charitable organizations are forced to find alternate sources of revenue in order to survive. In this respect, for fundraising professionals, the job market is looking pretty good: "Fundraising campaigns are seen as the most important investment for charities to carry out their mandate" (Ipsos Reid, 2013). This trend, "one in which government will do less and charities will need to do more," a recent Imagine Canada report acknowledges, "isn't likely to reverse itself soon" (Emmett & Emmett, 2015, p. 28).

Overcoming Stories Become the Event

Given the long fascination of the public with the spectacle of disability; the history of, and ongoing innovation in, the use of disabled persons in charitable fundraising; the expansion of survivor movements and the popularization of the language of survivorship (and overcoming) in psychology; the enormous response of Canadians to the heroic overcoming of Terry Fox (and later Rick Hansen); and the urgent demands placed upon nonprofit organizations through

government retrenchment, perhaps it is not surprising that fundraising professionals would look to inspiring stories of overcoming as a possible way to raise money. By the early 1990s, the overcoming narrative entered the spotlight as the main attraction in a type of fundraising event Alan Wendroff calls "Testimonial Events: Awards or Tribute Dinners" (2004). As I see it, the innovation was to combine the pomp or tradition of gala dinners (like the Birthday Balls) and the glamour or elegance of the Academy Awards with the hallelujahs or inspiration of a revival tent meeting.

In his book, *Special Events: Proven Strategies for Nonprofit Fundraising*, Wendroff states the goals of Testimonial Events, Awards or Tribute Dinners: "exposure for your firm, networking, and prestige" (2004). Drawing on Wendroff, an event security company affirms: "Award or Tribute Dinners hold the prospect of setting your firm above the competition. The honor of the award recipient or the prestige of the ceremony is transferred by association to the firm that conceives the event" (Pro Secure, 2015). At the present time, Award or Tribute Dinners are lauded as "the most popular type of special event."

I have come full circle: back to the event that caught my interest and prompted my research, the Courage to Come Back Awards, and back to compulsory heroism. I do not view compulsory heroism as emerging at one specific time or in one particular location. Rather, I understand it as developing over time in a constellation of social forces and practices that manifested themselves differently in many locations. The Courage to Come Back Awards is but one site where we can see that it has arrived in force.

Historical References Chapter Ten

351 Gould, G. M., Pyle, W. L. (1900). Anomalies and curiosities of medicine: Being an encyclopedic collection of rare and extraordinary cases, and of the most striking instances of abnormality in all branches of medicine and surgery, derived form an exhaustive research of medical literature from its origin to the present day, abstracted, classified, annotated, and indexed. Philadelphia, PA: W.B. Saunders. Retrieved October 25, 2016 from https://archive.org/details/anomaliescuriosi00gouluoft

352 Massieu, J., Clerc, L., & Sicard, R. A. C. (1815). A collection of the most remarkable definitions and answers of Massieu and Clerc, deaf and dumb, to the various questions put to them, at the public lectures of the Abbé Sicard, in London. London, UK: Cox and Baylis.

353 Fraser, Charles S. (Ed). (1879). *Fighting in the dark.* Halifax, NS: Charles S. Fraser. Retrieved April 19, 2017 from http://nowbook.ru/Fighting-in-the-dark-microform/3/hhbgce

354 Riis, Jacob. (1890). *How the other half lives: Studies among the tenements of New York*. Chapter 22: The wrecks and the waste. New York, NY: Charles Scribner's Sons. [Bartleby.com]

355 "Smiling Joe". (1911, November 26). *The Pittsburg Press*, p. 54. Retrieved October 25, 2016 from https://www.newspapers.com/newspage/143375270/

356 Mock, Lt.-Col. H. E. (1918). The way out: Desire and ambition must be born in the man himself. *Carry On*: *A Magazine on the Reconstruction of Disabled Soldiers and Sailors*, Vol. 1, August. Published for the Surgeon General by the American Red Cross.

357 NOTES AND NEWS. (1900, May 12). *The New York Times (1857-1922)*, p. BR14.

358 How Mr. Edison Hears Through His Shoulder Blades. (1917, February 4). *The Washington Post* (1877-1922), p. SM4.

359 SANDERSON RECOUNTS LIFE. (1931, April 13). *The New York Times* (1923-Current File), p. 21.

360 Display Ad 32. (1942, March 13). *The Washington Post* (1923-1954*)*, p. 32.

361 Rusk, H. A. (1946, November 17). REHABILITATION. *The New York Times* (1923-Current File), p. 61.

362 Handicapped Furgol Helps Handicapped. (1955, January 29). *The Washington Post* (1954-1959), p. 15.

363 Brandt, L. (1921) *How much shall I give*. New York, NY: Frontier Press. Retrieved October 25, 2016 from https://archive.org/stream/howmuchshalligi00brangoog#page/n74/mode/2up/search/community+responsibility

364 Pendergrast, R. J. (1928, April). Raising the big wind. *The American Mercury,* p. 464-470. Retrieved October 25, 2016 from https://www.unz.org/Pub/AmMercury-1928apr-00464

365 Roosevelt, F.D.R. (1924). FDR to Dr. Egleson. FDR Family, Business, Personal Papers. File: "Infantile Paralysis" [Collection]. Franklin D. Roosevelt Presidential Library and Museum. Retrieved June 6, 2016 from http://www.fdrlibrary.marist.edu/aboutfdr/polio.html

366 Roosevelt, F.D.R. (1928). FDR to Jeremiah Milbank. FDR Family, Business, Personal Papers. File: "Infantile Paralysis" [Collection]. Franklin D. Roosevelt Presidential Library and Museum. Retrieved June 6, 2016 from http://www.fdrlibrary.marist.edu/aboutfdr/polio.html

367 40 PARTIES IN CITY CELEBRATE THE DAY. (1934, January 31). *The New York Times* (1923-Current File), p. 1.

368 Guo, A., Dai, V. (n.d.). Franklin Delano Roosevelt: An inspiration. The dazzling birthday balls [Collection]. Retrieved October 25, 2016 from http://franklinrooseveltpolio.weebly.com/the-dazzling-birthday-balls.html

369 Roosevelt (1938), in Guo & Dai (n.d.). Guo, A., Dai, V. (n.d.). Franklin Delano Roosevelt: An inspiration. The dazzling birthday balls [Collection].

370 $20,000 MARK PASSED BY 'MARCH OF DIMES'. (1939, January 26). *The New York Times* (1923-Current File), p. 27.

371 FIGHT ON PARALYSIS OPENED BY MORRIS. (1942, January 4). *The New York Times* (1923-Current File), p. 39.

372 FIGHT ON PARALYSIS OPENED BY MORRIS. (1942, January 4). *The New York Times* (1923-Current File), p. 39.

373 40 PARTIES IN CITY CELEBRATE THE DAY. (1934, January 31). *The New York Times* (1923-Current File), p. 3.

374 Looker, E. (1932). *This man Roosevelt*. New York, NY: Brewer, Warren & Putnam. Retrieved October 28, 2016 from https://catalog.hathitrust.org/Record/009630026

375 POSTER CHILD FOR THE 1948 MARCH OF DIMES FUND CAMPAIGN. (1947, December 15). *The New York Times* (1923-Current File), p. 21.

376 POLIO POSTER GIRL'S HERE FOR BIG DRIVE. (1947, January 14). *The New York Times* (1923-Current File), p. 31.

377 Associated Press. (1952). Bess Truman and Muscular Dystrophy Poster Child. Harry S. Truman Library & Museum. Retrieved https://www.trumanlibrary.org/photographs/view.php?id=62901

378 Mrs. Eisenhower opens appeal for widened March of Dimes. (1958, December 21). *The New York Times* (1923-Current File), p. J2.

379 Rusk, H. A. (1957, October 13). War on cystic fibrosis. *The New York Times* (1923-Current File), p. 72.

380 NEW POST FOR DR. RUSK. (1953, April 13). *The New York Times* (1923-Current File), p. 20.

381 Belkin, L. (1987, August 3). Telethons are fading as their costs increase. *The New York Times* (1923-Current File), p. C16.

382 Thousands are picketing, filing suits and lobbying for promised equal protection of the law. (1977, February 13). *The New York Times* (1923-Current File), p. 8.

383 Kemp, E. Jr. (1981, September 3). Aiding the disabled: No pity, please. *The New York Times* (1923-Current File), p. 19.

384 Associated Press. (2014, August 7). The 49th Annual Broadcast of the MDA Show of Strength Telethon Airs Sunday, August 31 on ABC. *The Futon Critic*. Retrieved from http://www.thefutoncritic.com/news/2014/07/08/the-49th-annual-broadcast-of-the-mda-show-of-strength-telethon-airs-sunday-august-31-on-abc-725414/20140708abc02/#37ATTEr1lxGYWScL.99

385 Doesn't need medical attention, Fox tells cross-country run critics. (1980, August 5). *The Globe and Mail*, p. 8.

386 Malcolm, A. H. (1980, September 14). Special to The New York Times. Cancer victim bringing unity to Canadians. *The New York Times* (1923-Current File*)*, p. 17.

387 Fraser, J. (1981, June 29). Greater because of a hero. *The Globe and Mail*, p. 8.

388 Courage inspired Canada as never before, PM says. (1981, June 29). *The Globe and Mail*, p. 11.

Chapter Eleven: Discussion Across Genealogies

In the Snapshot, SHWU and Hotspot genealogies of the last seven chapters, I have offered a detailed description of a contemporary manifestation of the overcoming narrative, charted shifts in word usage of the expression "overcoming handicap," and explored those hotspots where the use of overcoming rhetoric and narratives are plentiful. Each genealogy can serve as a stand-alone project, that is, each one reveals something about the work of the overcoming narrative. In this chapter, returning to the key concepts from critical disability studies and Foucauldian theory that inform my project, I direct my analysis across genealogies.

Since genealogy wages its struggle against the effects of knowledge/power, all of the following observations concern the knowledge/power effects of the overcoming narrative that run throughout this historical survey. First, I begin with a discussion of the reach of the overcoming narrative. Second, I look at the subject positions and subjectivities produced through three binaries: the able-bodied/the-variously-other-classified, the helper/the needy, and the productive/the dependent citizen. Third, I turn to the work of the overcoming narrative as: tools of persuasion, devices of disavowal, techniques of depoliticization, and instruments of homogenization.

The Reach of the Overcoming Narrative

Recall that Foucault conceptualizes knowledge/power as a web of relationships that produces macro effects (for example, in governments, discourse, and institutions) as well as micro effects (in the everyday life and bodies of individuals). One observation I made about the overcoming narrative is that it is hard to find a sphere of life in North America outside of its

reach. Across genealogies, I found that ideas about overcoming are embedded in the world-view of Protestant Christianity, foundational to the social reform of the Progressive Era and the disciplines that emerged at that time (that is, social work, criminology, sociology, psychology, and education to name a few), integral to development of rehabilitation, and entangled with charitable enterprise. With varying degrees of government involvement, institutions for education, social work, rehabilitation, and charity–philanthropy were all built supported by ideas about overcoming. The contemporary site, the Courage to Come Back Awards, illustrates the reach of the overcoming narrative right down to the micro level. The Awards are: supported by the media, businesses, service providers, donors, community volunteers, and the government of British Columbia; consumed by a wide audience of participants, readers, listeners, and viewers; reinforced as teachers nominate students, employers nominate employees, friends nominate friends, and family members nominate family members; and performed publicly as they are narrated by individuals or unnamed authors. The roots of the overcoming narrative run deep and its shoots have spread wide. Likewise, the power/knowledge effects of the overcoming narrative run deep and spread wide.

Three Binaries

In this section, I consider three binaries produced and maintained by the overcoming narrative and exposed across genealogies: the able-bodied/the-variously-other-classified, the helper/the needy, and the productive/the dependent citizen. First, at a fairly broad level, across all these genealogies, a picture emerges about how we (people in Western societies) have come to know illness-deformity-disability while constituting ourselves as *able-bodied subjects*. On one side of the binary, these genealogies illustrate the ways that individuals have been constituted as

"disabled subjects" through the knowledge produced and employed in networks of schools, social reform, vocational programs, rehabilitation services, and charitable activity. On the other side of the binary, in the very same knowledge/power networks, able-bodied subjects and subjectivity have been produced. Lurking behind the classifications of "the blind," "the deaf," "the feeble-minded," "the defective, dependent and delinquent," "the cripple," "the handicapped," and "the overcomer," the phantasmic able body looms large. The able body is the assumed, unremarked, unchallenged ideal. It is so naturalized, so taken-for-granted that its actual existence goes unquestioned. Such "able-bodied solipsism" operates as if the able body described the world and fails to "imagine human being-ness differently" (Campbell, 2008, p. 1). The strangeness of this becomes apparent against the ever-growing list of Otherness against which the able body constitutes itself, a list that, in itself, manifests the variability of human embodiment, and a list that, in the promotion of rehabilitation as the third phase of medicine, paradoxically exposes the instability, vulnerability, and ultimate unsustainability of the able body. Margrit Shildrick (2005) describes the "transhistorical anxiety" stirred up:

> That deep anxiety pertaining to difference at the level of both the individual psyche and the cultural imaginary . . . is less about an absolute separation of the categories of the normal and the abnormal, than about the unbearable ambivalence of not being able to definitively settle on difference. People with disabilities provoke anxiety, not because of their difference as such, but because they are too much like everyone else; worse yet, anyone could become one of them. In other words, they defy the boundaries of sameness and difference and spread impurity through the normative categories (p. 765).

Susan Wendell gives this disavowal of Otherness a name: "the rejected body" (1996). Against the anxiety provoked by the ontological insecurity of the abled body, the repetition of the overcoming narrative operates as a shield. At a psychic level, it reinforces the able-bodied/disabled-bodied dichotomy thereby safeguarding able-bodied subjectivity.

Second, analysis across genealogies illuminates the many professional identities that have been shaped, enhanced, and advanced, both directly and indirectly, through the work of the overcoming narrative including, ironically, my own. While I can roll my eyes at Col. Enoch Henry Currier congratulating himself on his deaf-mute fife and drum corps, grimace at Progressive Era photographer and reformer Jacob Riis' description of the poor as "the flotsam and the jetsam," raise my eye-brows at reeducation advocate Douglas McMurtrie's "cripple parties," shake my head over rehabilitation pioneer Dr. Howard Rusk's sentimental success stories, and gape in disbelief at celebrity philanthropist Jerry Lewis's outrageous comments, all of us in the helping professions have gained professional status and social and cultural capital by positioning ourselves as "helpers" to the "needy"—an unequal "we"/"them" relationship where "we" (noble rescuers) set ourselves apart from "them" (grateful recipients). Trinh Minh-Ha writes,

> The setting up of unitary opposites is a result of the well-meant intention of equating the unequal, which thereby assumes its responsibility for the constraints of equality while allowing inequality to maintain its being. Thus, the invention of "needs" and missions to "help" the needy always blossom together (1989, p. 54).

On the "needy" side of the equation, reformers and promoters of various causes across this historical survey faced the ongoing challenge of demonstrating that their beneficiaries were pitiable, pathetic, and/or not us (in order to stimulate reform, donations) and salvageable, able-to-be-advanced, and/or like us (in order to promote programs). In either case, beneficiaries were positioned as needing redemption, reform, and intervention. In this asymmetrical relationship (Moss & Prince, 2015), beneficiaries were objectified (positioned as objects of study and reform) and shaped into docile bodies that could be continually "subjected, used, transformed and improved" (Foucault, 1977, p. 136). The overcoming narrative served as a micro technology of

power to reproduce and sustain this power imbalance by disciplining laggers or complainers in the "normal" population (morality tales), motivating compliance in education, reeducation, and rehabilitation (propaganda and success stories) and, ultimately, rewarding the performance of normalized roles, embodiment, and social (work place) participation (award ceremonies).

A third related binary that is evident throughout the historical sources I surveyed is that of the "dependent" or useless citizen versus the "productive" or useful citizen. The bifurcated categories of difference produced by the able-bodied/disabled binary are ascribed economic and, even, moral value. A "dependent" person stands in opposition to the ideal citizen (the autonomous individual) of late capitalism. The blind were eager to separate themselves from the "dependent classes." In the Progressive Era, the "dependent" were classified together with the "defective" and the "delinquent." In the reeducation literature, dependency cast individuals as "burdens" in the "social waste pile." In the rehabilitation literature, "the dependent personality" was considered a result of an individual's maladjustment. Moreover, the activism of the Independent Living Movement was a response to the dependency that disabled persons claimed was created by rehabilitation and charity. There is a certain tension and irony here: Institutions that were established to address the problem of one kind of dependency (unemployment or financial need) served to sustain and reproduce another kind of dependency (being positioned as passive recipients of care). Narratives of individuals overcoming dependency uphold and reproduce the ideal of the autonomous enterprising citizen. Compulsory heroism holds the individual solely responsible for achieving that status.

The Overcoming Narrative as Tool or the Work it Accomplishes

By looking at the overcoming narrative metaphorically as a tool, the work it accomplishes becomes clearer. In this section, I discuss the use of the overcoming narrative as: tools of persuasion, devices of disavowal, techniques of depoliticization, and instruments of homogenization.

First, across genealogies, the overcoming narrative has been employed in different roles that can all be broadly understood as tools of persuasion. Whether it was to promote a cause (such as education, social reform, various health-related organizations), elicit support (financial, volunteer, or symbolic), restore public confidence (for example, after World War One or amidst civil unrest), influence public opinion (gain legitimacy for policy or programs), or motivate people (gain compliance, inspire change), the overcoming story has been employed to persuade people, to manipulate people, to market something. While this isn't necessarily a "bad" thing, it does have to be recognized for what it is. Part of the persuasive power of the overcoming narrative is that it is widely received and perceived as a feel-good *story*, not as a sales pitch. Those who employ the overcoming narrative have an agenda. Understanding the work of the overcoming narrative involves acknowledging and examining those multiple agendas.

Moreover, part of the persuasive work of the overcoming narrative involves psychological manipulation. The overcoming narrative plays to human emotion as it is meant to. Across genealogies, its appeal to the noblest of sentiments, such as perseverance, hope, courage, and inspiration, is evident. It speaks to core values, such as manliness, worthy citizenship, family, god, or nation, using powerful before and after images of affliction and relief, disease and cure, or battle and victory. It does its work subconsciously through repetition and by

simplifying complex issues. In this, audiences and participants gain psychic capital; they are made to feel less anxious, more significant, and ennobled.

Second, compulsory heroism is a device of disavowal. One way compulsory heroism generates an emotional response is through the recitation of a long series of negative events. Compulsory heroism requires a pitiable before in order for there to be a heroic after. Rosemarie Garland-Thompson contends that any political or social action viewers or readers take in response is based either on "false identification" (motivated by fear that this could happen to us) or "disidentification" ("pity for the poor 'other' while distancing ourselves as we take comfort in our own good fortune") (2001; as cited in J. C. James, 2011, p. 150). The worse the horrific condition in the before, the greater the emotional satisfaction gained in the after and the more the assumed able-bodied viewer, reader, or participant is reassured of their own normality. This is not simply theoretical, it is articulated by participants. For example, in the Courage to Come Back Awards, "When ever I get upset over this or that I just have to think of Robb and realize how truly blessed we are to be able-bodied" (see note **[47]** Chapter Four). The overcoming narrative produces and maintains fear and pity in order to sustain a we/them dichotomy that allows people to dissociate themselves from the anxiety producing face of the Other and shore up their threatened able-bodied subjectivity. This is disavowal.

Third, compulsory heroism is a technique of depoliticization. Overcoming stories seem to increase in frequency at times of social unrest, at times where fear of social unrest intensifies, or at times when there are direct calls for social change. The morality tales of the Progressive Era disciplined the "complainers" (those calling for change in living and working conditions). The propaganda post World War One shone the spotlight on returning soldiers and away from the

social and economic consequences of war. The success stories of rehabilitation and social rehabilitation, amidst the civil unrest in the years following World War Two, placed the responsibility on individuals to work hard to take advantage of the opportunities afforded them, rather than on society to address issues of injustice and systemic discrimination. The resistance of those in survivor movements against the power imbalance in helping relationships was redirected and reformulated into compulsory heroism. In each case, pressure for social change was rerouted into individual projects of overcoming. Overcoming narratives, then, are well-used tools of depoliticization, and compulsory heroism masks this frontline political work.

One way this depoliticization occurs is through a collapsing or lumping of social problems together into a single explanatory label. In the Progressive Era, all those who were the beneficiaries of social reform were classified under the broad label of the "defective, delinquent, and dependent classes." After World War Two, rehabilitation for the physically "handicapped" was extended to include social rehabilitation for those "handicapped" by racial, economic, or social disadvantage. In the Courage to Come Back Awards, the social problems of poverty, homelessness, unemployment, addiction, health, trauma, discrimination, violence, and abuse are all collapsed under one broad descriptive label, "adversity."

Fourth, the homogenizing effects of compulsory heroism also need to be addressed. The effects of homogenization are numerous and are widely discussed by scholars who take up a critique of normalization. Compulsory heroism, in its normalizing work, strips persons of their individuality (Silva & Howe, 2012). It erases complex experience (Barton, 2001) and simplifies complex social issues (Gilmore, 2010). Therefore, knowledge is lost (Wendell, 1996). The overcoming narrative is so entrenched in our collective cultural imaginary that many people

cannot even conjure a different storyline. This limits and restricts the resources we could collectively draw upon and the possibilities we could collectively envision: "Blind hands see, deaf eyes listen, or mouths paint and write and touch-type" (Siebers, 2008). Moreover, we need these possibilities because there are many times when overcoming is simply not possible (Struhkamp, 2005). Compulsory heroism robs us of a legitimized space to grieve, to get angry, and to bear witness to stigma (which *is* discrimination) and institutional violence in all of its guises (Reaume, 2012). Thus, compulsory heroism is a forcible instrument of silencing. Compulsory heroism obscures social contexts, social histories, and material realities (Gilmore, 2010), like the present realities of declining supports and differential access to resources (Douglas, 2010). Further, it co-opts discourses of empowerment (for instance, discourses of survivorship or recovery) (King, 2006; Morrow, Wasik, Cohen, & Perry, 2009) for financial and or political ends. Clearly, the overcoming narrative is an instrument of homogenization[24].

Summary

The reach of the overcoming narrative has deep historical roots and wide contemporary implications. Across genealogies, the subjects and subjectivities produced and sustained through the overcoming narrative become apparent. In particular, the overcoming narrative maintains three binaries: the able-bodied versus the dis-labeled bodied, the helper versus the needy and the productive versus the dependent citizen. The overcoming narrative operates as a tool of persuasion, a device of disavowal, a technique of depoliticization and an instrument of homogenization.

My final chapter will consider the contributions of my project to research.

[24] A version of this paragraph is published in DeVolder, 2013. See Preface.

Conclusion

The central question that guided this project is the question of what work the overcoming narrative accomplishes. I wondered why, in North American society, we do not seem to get tired of telling or hearing the same story over and over again. I wondered why the overcoming narrative seemed so resistant to change, why over twenty years of critique from the disability community seemed to have so little impact on its deployment. To answer these questions, I turned, instrumentally, to Foucauldian genealogy, a history of the present. I chose genealogy as a methodology for inquiry because I felt it would be a productive way to explore the complex, contradictory, and multi-faceted effects of the overcoming narrative. I wanted to counteract the over-use of disabled subjects in research (Snyder & Mitchell, 2006), and I saw the potential of genealogy to denaturalize a narrative with significant cultural purchase.

Experimenting with Snapshot, SHWU and Hotspot styles of genealogies, I have followed the overcoming narrative over 150 years as it wove through the literature of: institutions for the blind and the deaf, the Progressive Era, the reeducation of World War One soldiers, rehabilitation, and charitable fundraising. I describe how the overcoming story has been employed in a variety of ongoing roles and forms (religious rhetoric, morality tales, propaganda, success stories, and compulsory heroism) amidst changing characterizations of social problems (the afflicted classes; the defective, dependent, and delinquent classes; the crippled; the handicapped; and those facing adversity).

In this conclusion, I offer the conceptual or theoretical, methodological, and substantive contributions that I believe this project will make to research. I reiterate its limitations and consider some of the micro and macro implications of my study.

Contributions

First, at conceptual or theoretical level, this study makes a contribution to the intersectionality literature. Not only do class, race, gender, ability, and hetero-normative sexuality become implicated in the production of able-bodied subjects and subjectivity, but the collapse of categories into the labels of "the defective, delinquent, and dependent" classes during the Progressive Era, those "handicapped" by disadvantage of all kinds post World War Two, and, most recently, into "adversity" speaks to one way difference has been and continues to be produced, re-produced, managed, and governed as an unruly ensemble. The overcoming narrative is not just a disability story; it is a micro technology of power aimed at managing, normalizing, and depoliticizing difference of all kinds.

In terms of methodological contributions, I intend the analytical approaches I clarify (Genealogy As Analysis of Lines of Descent [GALD], Genealogy As Analysis of Lines of Emergence [GALE], and Genealogy As Analysis of Counter-Memory [GACoM]) and the three styles of genealogy I experiment with (Snapshot, Shift in Historic Word Usage-SHWU and Hotspot genealogies) to serve as tools for other scholars embarking upon the experimental, always-unfinished, disruptive, and multiple endeavor of genealogical research.

Snapshot genealogy enabled me to paint a detailed picture of a contemporary site. It lends itself well to GALE analysis of contradictions, tension, or struggle and helped me to identify strands and themes within strands for further exploration. In this particular instance (the Courage to Come Back Awards), it allowed me see some of the implications of knowledge/power relationships at both macro and micro levels. Using the genetic metaphor, Snapshot genealogy provides a good current picture of the "animal" whose DNA is being traced. In terms of

challenges, I found the disruptive nature of genealogy in the contemporary Snapshot site to be much more difficult to navigate emotionally than it was in the historical sites. A word to the wise, genealogy bites back.

SHWU genealogy offers a preliminary picture painted in broad strokes. It points towards key areas to direct further inquiry and serves as a touch point for iterative analysis. SHWU was my first line of inquiry in the historical archive. In my historical research, it helped me to avoid interpreting terms with only their present day meanings and connotations. It was SHWU that enabled me to identify and articulate the work of the overcoming narrative in the Progressive Era. The biggest difficulty I had with SHWU genealogy was in integrating analysis after I had moved on to other areas of exploration. However, returning to SHWU iteratively, moving back and forth between the broader picture sketched by SHWU and the more detailed pictures obtained in the Snapshot and Hotspot genealogies, helped me to frame my discussion.

Hotspot genealogies are formed around clusters of "hits" found while searching through the historical archive. Hotspots are those promising, and I found fruitful, places for further exploration. For me, this was the most exciting part of the research process, that feeling when you are pretty sure that you're on to something. The greatest difficulty with Hotspot genealogy lies in knowing when to stop. Perhaps the biggest limitation of genealogy is that it *never* is complete. Moreover, focus on hotspots undoubtedly leaves many historical gaps and may miss important absences or silences in the historical record. Further, the subjective aspect of following rabbit trails is indisputable. I followed items that intrigued, confused, and seemed promising to me; these undeniably reflect my own interests and theoretical orientations.

A substantive contribution my dissertation makes is in forwarding, explicating, and charting the emergence of *compulsory heroism*. Understanding compulsory heroism as the only acceptable subject position made available to marginalized persons facing adversity of all kinds is central to understanding the work it does. If the overcoming story can be said to place the onus for change on the individual, emphasis on the *compulsory* nature of the call to overcome affects a reversal: it shifts the focus away from individuals and back onto its social production as an effect and strategy of normalization. Following Foucault, since compulsory heroism has been made, and genealogy demonstrates something of the conditions of possibility that allowed it to be made, it can be unmade. The act of naming *compulsory heroism* is an act of de-subjugation (Foucault, 1997, p. 45). It is an act toward opening up a space to be different as a very practice of freedom.

Implications: Micro and Macro

Part of opening up a space to be different involves wresting with some of the implications of this study. I begin with implications of the micro politics of the disciplinary power the overcoming narrative exerts on bodies and minds. I then turn the discussion to the implications of the influence of the overcoming narrative in the macro politics of power working through the state and its institutions.

First, I would like to emphasize that, in North America, we are all called or interpellated by compulsory heroism. Whether we feel its expectations upon ourselves (internalized oppression) or place its expectations upon others (normalizing judgment), whether we are overwhelmed by it or inspired by it, or whether we experience a mixture of all of these at different times, it has become "our primary cultural framework" for making sense of "adversity,"

suffering, trauma, or problems in North America at the present time (Orgad, 2009). One goal of my dissertation is to encourage my readers to become textual and media critics so that we can recognize and identify compulsory heroism where and when we see it. In the same way, for example, that we can watch a movie like Sandra Bullock in *The Blind Side* and say, "There's another white rescue story," I hope that we can begin to recognize and name compulsory heroism for what it is. "Oh yeah, there it is again, compulsory heroism."

Second, I hope that my readers will begin to critically reflect upon their own investments in compulsory heroism. One question that invariably comes up as I discuss compulsory heroism in various settings is: What about inspiration? Isn't it good to have role models that inspire us? My answer is, "Yes. Of course." However, there is a difference between recognizing something in another person that you want to emulate and being told repeatedly who or what you *should* aspire to be. Further, there is not any one ideal role model; there are many diverse people that will serve as role models to a wide range of equally diverse people. Moreover, I would turn the assumptions of compulsory heroism around. Can we be inspired by resistance? By anger? By acknowledging that not everything is possible, or, even, by having the courage to give up?

For individuals in the helping professions, critical reflection is crucial. This is where, following Foucault, we need to bring together "all those people [who] have come into collision with each other and with themselves, run into dead ends, problems, and impossibilities, been through conflicts and confrontations" (2000, p. 235). Like Foucault, I am reluctant to formulate an overall agenda. However, the following are examples of the kinds of questions that need to be carefully considered: What are our assumptions about the "problem" and what needs to be done about it? Who defines the problem? Whose knowledge is valued in considering solutions?

Whose is disregarded? Do we recognize the asymmetry of power in the relationship between the helper and the helpee? Have we considered ways to address this imbalance of power? Are the labels and classifications we employ necessary? Who benefits from such classification? What are the power effects of the reports we write, the records we keep, and the programs we implement?

At a macro level, I want to raise questions in two areas: about ethics in fundraising and about the implications of the symbiotic relationship between philanthropy and the state.

I am concerned that the ends have justified the means, in the wide spread the use of representations of vulnerable populations in fundraising practice. The Association of Fundraising Professionals offers the following broad statement in their "International Statement of Ethical Principles in Fundraising" (Association of Fundraising Professionals, 2006):

> Fundraisers will respect beneficiary rights and preserve their dignity and self-respect. They will not use fundraising materials or techniques that undermine this dignity.

Imagine Canada's *Ethical Code Handbook* (2011) is more specific, stating,

> The charity shall not exploit its beneficiaries. It shall be sensitive in describing those it serves (whether using graphics, images or text) and fairly represent their needs and how these needs will be addressed.

In Canada, compliance with ethical guidelines is largely voluntary for charities. While research involving the use of human participants must adhere to ethical standards (CIHR, NSERC, & SSHRC, 2010), fundraising organizations (often raising money for research) are not held to standards that address issues of autonomy, ongoing informed consent, privacy, and risks to the welfare of individuals with special concern for vulnerable populations. I believe this is a serious over-sight.

For organizations, like Coast Mental Health, who depend upon fundraising events to enhance their public profile, to develop networks of support, and to provide a significant stream of revenue, the issue is very complex indeed. However, I believe such organizations have a responsibility to engage with and demonstrate that they are addressing the concerns raised by advocates for the people they are representing, including: persons with disability, mental health consumers, women, Indigenous peoples, LGBT communities, and immigrants among others. The only sure way to protect human dignity is to listen carefully to those who take exception to your practice. Don't be a Jerry Lewis.

Second, the relationship between philanthropy and the state needs interrogation. I believe it is time to raise serious questions about the role of charities and nonprofits in society. Canada's needs for education, health care, social services, and housing are too important be nonchalant about "gaps" in services—gaps that we hope will be filled by the voluntary goodwill of the nonprofit sector. Are we content to have our governments off-load responsibility for the social welfare of citizens to a wide-and-varied rag-tag collection of nonprofits all competing for a piece of the proverbial pie? In the turn away from redistribution of wealth to an increased emphasis on voluntarism and philanthropy, who benefits, who is excluded, and what are the social and material effects on the people served?

In this genealogy of compulsory heroism I believe that I have accomplished what I set out to do. I have denaturalized the overcoming narrative. I have demonstrated the dark side of a practice that appears noble. I have shown its lines of emergence, its contradictions, and complications. I have problematized its employment and troubled its assumptions. I have demonstrated the struggles it silences and the kinds of knowledge, subjects, subjectivities, and

material conditions it maintains and produces. I have articulated the work it does.

Compulsory heroism is a tough nut to crack. Our challenge is to interrupt its iteration. However, overcoming stories are not uniquely or even fundamentally disability stories—they are redemption stories (see, for example, Gilmore, 2010). And, central to these redemption stories, ironically, disability serves as both the exemplar and the exception. It is only in confrontation with the exception that compulsory heroism finally begins to show its cracks. The unruly body, that body that despite all our best efforts refuses normalization, stubbornly proclaims that there are some things that simply cannot be overcome. Faced with the unruly body, compulsory heroism reveals itself it all its mythic, normalizing violence[25].

[25] This paragraph has been published in Moss et al., 2016. See Preface.

References

Abberley, P. (1998). The spectre at the feast: Disabled people and social theory. In T. Shakespeare (Ed.), *The disability reader: Social science perspectives* (pp. 79-93). London, UK: Cassel.

Association of Fundraising Professionals. (2006). International Statement of Ethical Principles in Fundraising. Retrieved August 11, 2017 from https://www.afpnet.org/Ethics/IntlArticleDetail.cfm?ItemNumber=3684

Association of Fundraising Professionals. (2010). The First 50 Years. Retrieved October 25, 2016 from https://www.afpnet.org/files/ContentDocuments/AFP_TheFirst50Years.pdf

Allan, J. (1996). Foucault and special educational needs: A 'box of tools' for analysing children's experiences of mainstreaming. *Disability & Society, 11*(2), 219-234.

Allan, J. (2005). Inclusion as an ethical project. In S. Tremain (Ed.), *Foucault and the government of disability* (pp. 108-130). Ann Arbor, MI: University of Michigan Press.

Ahmed, S. (2010). *The promise of happiness*. Durham, UK: Duke University Press.

Ayer, S. (2011). Corporate giving in Canada: The latest data, trends, and implications. Imagine Canada. Retrieved April 19, 2017 from http://www.imaginecanada.ca/sites/default/files/www/en/partnershipforum/ayer_en_june2011.pdf

Barker, C. (2014). Interdisciplinary dialogues: Disability and postcolonial studies. *Review of Disability Studies: An International Journal, 6*(3).

Barker, K., & Burdick, D. (1995). *The new international version study bible.* Grand Rapids, MI: Zondervan Publishing.

Barry, A., Osborne, T., & Rose, N. (Eds.). (1996). *Foucault and political reason: Liberalism, neo-liberalism and rationalities of government*. London, UK: Routledge.

Barton, E. (2001). Textual practices of erasure: Representations of disability and the founding of the United Way. In J. C. Wilson and C. Lewiecki-Wilson (Eds.), *Embodied Rhetorics: Disability in Language and Culture* (pp. 169-199). Carbondale, IL: Southern Illinois University Press.

Baynton, D. C. (1996). *Forbidden signs: American culture and the campaign against sign language*. Chicago, IL: University of Chicago Press.

Bell, C. (2006). Introducing white disability studies: A modest proposal. In L. J. Davis (Ed.), *The disability studies reader* (2nd ed.) (pp. 275-282). New York, NY: Routledge.

Berger, R. J. (2008). Disability and the dedicated wheelchair athlete: Beyond the "supercrip" critique. *Journal of Contemporary Ethnography, 37*(6), 647-678.

Berish, A. (2014). FDR and Polio. FDR Library. Retrieved October 25, 2016 from https://fdrlibrary.org/polio

Bickenbach, J. E., Chatterji, S., Badley, E. M., & Üstün, T. B. (1999). Models of disablement, universalism and the international classification of impairments, disabilities and handicaps. *Social Science & Medicine, 48*(9), 1173-1187.

Blackman, L. (2007). Psychiatric culture and bodies of resistance. *Body & Society, 13*(2), 1-23.

Blackman, L. (2010). “It’s down to you”: Psychology, magazine culture, and the governing of female bodies. In L. Reed & P. Sauko (Eds.), *Governing the female body: Gender, health, and networks of power* (pp. 19-39). Albany, NY: State University of New York.

Branson, J., & Miller, D. (2002). *Damned for their difference: The cultural construction of deaf people as "disabled”. A sociological history*. Washington, DC: Gallaudet University Press.

Brechin, G. (2014, September 12). “Everything Possible”: The New Deal Response to Polio. *The Living New Deal*. Retrieved September 13, 2016 from https://livingnewdeal.org/newsletters/fall-2014/

Bremner, R. H. (1956a). *From the depths: The discovery of poverty in the United States*. New York, NY: New York University Press.

Bremner, R. H. (1956b). Scientific Philanthropy, 1873-93. *Social Service Review, 30*(2), 168-173.

Burch, S. (2001). Reading between the signs: Defending Deaf culture in early twentieth-century America. In P. K. Longmore & L. Umansky (Eds.), *The new disability history: American perspectives* (pp. 214-235). New York, NY: New York University Press.

Bury, M. (2000). A comment on the ICIDH2. *Disability & Society, 15*(7), 1073-1077.

Butler, J. (1993). *Bodies that matter: On the discursive limits of sex*. New York, NY: Routledge.

Butler, J. (2004). *Precarious life: The powers of violence and mourning*. New York, NY: Verso.

Byrom, B. (2001). A pupil and a patient: Hospital-schools in Progressive America. In P. K. Longmore & L. Umansky (Eds.), *The new disability history: American perspectives* (pp. 133-156). New York, NY: New York University Press.

Cahill, A. J., & Hansen, J. (2004). *Continental feminism reader*. Lanham, MD: Rowman & Littlefield Publishers.

Campbell, F. K. (2005). Legislating disability: Negative ontologies and the government of legal identities. In S. Tremain (Ed.), *Foucault and the government of disability* (pp. 108-130). Ann Arbor, MI: University of Michigan Press.

Campbell, F. K. (2008). Refusing able (ness): A preliminary conversation about ableism. *M/C Journal, 11*(3).

Canadian Forces Advisory Council. (2004). The origins and evolution of veterans benefits in Canada 1914-2004, Reference Paper. Veteran's Affairs Canada.

Canadian Institutes of Health Research (CIHR), Natural Sciences and Engineering Research Council of Canada (NSERC), & Social Sciences and Humanities Research Council of Canada (SSHRC). (2010).Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans. Retrieved from http://www.pre.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf

Canadian Museum of History. (2015). Dear Terry. Retrieved October 10, 2016 from http://www.historymuseum.ca/blog/dear-terry/

Canfield, J. (2017). *Chicken soul for the soul*: Chicken Soup for the Soul, LLC. Retrieved October 10, 2016 from http://www.chickensoup.com/

Carabine, J. (2001). Unmarried motherhood 1830-1990: A genealogical analysis. In M. Wetherell, S. Taylor & S. J. Yates (Eds.), *Discourse as data: A guide for analysis*. London, UK: Sage.

Carden-Coyne, A. (2007). Ungrateful bodies: Rehabilitation, resistance and disabled American veterans of the First World War. *European Review of History: Revue européenne d'histoire, 14*(4), 543-565.

Carlson, L. (2001). Cognitive ableism and disability studies: Feminist reflections on the history of mental retardation. *Hypatia, 16*(4), 124-146.

Carlson, L. (2005). Docile bodies, docile minds: Foucauldian reflections. In S. Tremain (Ed.), *Foucault and the government of disability* (pp. 133-152). Ann Arbor, MI: University of Michigan.

Carlson, L. (2010). *The faces of intellectual disability: Philosophical reflections*. Bloomingdon and Indianapolis, IN: Indiana University Press.

Carnegie Foundation. (2016). Our history. Retrieved October 10, 2016 from https://www.carnegie.org/about/our-history/

Chivers, S. (2009). Ordinary people: Reading the transCanadian Terry Fox. *Canadian Literature*, *202*, Autumn, 80-94.

Chrisman, W. (2011). A reflection on inspiration: A recuperative call for emotion in Disability Studies. *Journal of Literary and Cultural Disability Studies*, *5*(2), 173–184.

Clare, E. (1999). *Exile and pride: Disability, queerness, and liberation*. Cambridge, MA: South End Press.

Clausen, C. (2005). The president and the wheelchair. *The Wilson Quarterly*, *29*(3), 24-29.

Colorado State University. (n.d.). A brief history of legislation. Resources for disabled students. Retrieved October 22, 2016 from http://rds.colostate.edu/history-of-legislation

Colwell, C. (1997). Deleuze and Foucault: Series, event, genealogy. *Theory & Event*, *1*(2).

Combée, J., & Plax, M. (1973). Rousseau's noble savage and European self-consciousness. *Modern Age*, *17*(2). Retrieved August 11, 2017 from https://www.mmisi.org/ma/17_02/combee.pdf

Connell, R. (2011). Southern bodies and disability: Re-thinking concepts. *Third World Quarterly, 32*(8), 1369-1381.

Corker, M. (1999). Differences, conflations and foundations: The limits to 'accurate' theoretical representation of disabled people's experience. *Disability & Society, 14*(5), 627-642.

Corker, M. (2002). *Deafness/disability: Problematising notions of identity, culture and structure*. London, UK: Pearson.

Corry, O. (2010). Defining and theorizing the third sector. In R. Taylor (Ed.), *Third sector research* (pp. 11-20). New York, NY: Springer.

Crary, D. (2016, September 1). Post-telethon, Muscular Dystrophy Association tries to find its footing. *STAT*. Retrieved from https://www.statnews.com/2016/09/01/muscular-dystrophy-association-telethon/

Cruikshank, B. (1999). *The will to empower: Democratic citizens and other subjects*. Ithica, NY: Cornell University Press.

Cutlip, S. M. (1965). *Fund raising in the United States: Its role in America's philanthropy*. New Brunswick, NJ: Rutgers University Press.

Cutlip, S. M. (1994). *The unseen power: Public relations, a history*. Hillsdale, NJ: L. Erlbaum Associates.

Davis, K. (2007). Reclaiming women's bodies: Colonialist trope or critical epistemology. *The Sociological Review, 55*(1), 50-64.

Davis, L. J. (1995). *Enforcing normalcy: Disability, deafness, and the body*. New York, NY: Verso.

Davis, L. J. (2006). The end of identity politics and the beginning of dismodernism: On disability as an unstable category. In L. J. Davis (Ed.), *The disability studies reader* (2nd ed.) (pp. 231-242). New York, NY: Routledge.

DeJong, G. (1979). Independent Living: From social movement to analytic paradigm. *Archives of Physical Medicine and Rehabilitation, 60*(10), 435-446.

DePoy, E., & Gilson, S. (2012). Social work practice with disability: Moving from the perpetuation of a client category to local through global human rights and social justice. *Revista de Asistenţă Socială, 1*, 11-22.

Desmond-Harris, J. (2011, August 26). 98% Welfare Applicants Pass Compulsory Drug Test, *The Root*. Retrieved from http://www.theroot.com/articles/culture/2011/08/98_percent_of_welfare_applicants_pass_drug_test/

DeVolder, B. (2009). *The faces of disability and disability health*. University of British Columbia: Disability Health Research Network. Retrieved from http://www.dhrn.ca/files/DHRN%20PrimerBook-Final.pdf

DeVolder, B. (2013). Overcoming the overcoming story: A case of "compulsory heroism". *Feminist Media Studies, 13*(4), 746-754.

Diedrich, L. (2005). Genealogies of disability: Historical emergences and everyday enactments. *Cultural Studies, 19*(6), 649-666.

Dorr, G. M. (2006). Defective or disabled?: Race, medicine, and eugenics in Progressive Era Virginia and Alabama. *The Journal of the Gilded Age and Progressive Era, 5*(4), 359-392.

Douglas, P. N. (2010). Governing lived embodiment: Autism, Asperger's and care. (Masters Thesis, OISE, University of Toronto). Retrieved from https://tspace.library.utoronto.ca/bitstream/1807/24225/1/Douglas_Patricia_N_201003_MA_thesis.pdf

Drinkwater, C. (2005). Supported living and the production of individuals. In S. Tremain (Ed.), *Foucault and the government of disability* (pp. 229-244). Ann Arbor, MI: University of Michigan Press.

Ealy, L. T., & Ealy, S. D. (2006). Progressivism and philanthropy. *The Good Society, 15*(1), 35-42.

Easter Seals Ontario. (n.d.). About us. Retrieved September 15, 2016 from http://www.easterseals.org/about-us/history/

Ehrenreich, B. (2009a, October 9, 2009). Bright sided (Excerpt). *The New York Times*. Retrieved from http://www.nytimes.com/2009/10/10/books/excerpt-bright-sided.html?pagewanted=all&_r=0

Ehrenreich, B. (2009b). *Bright-sided: How the relentless promotion of positive thinking has undermined America* (1st ed.). New York, NY: Metropolitan Books.

Ehrenreich, B. (2013). Smile or Die [Online Video]. *TED Talks*. Retrieved April 19, 2017 from https://www.youtube.com/watch?v=1xUoKGrH36E

Ellison, J. (2015a). Terry Fox was a rock star. *Canadian History.* Retrieved October 10, 2016 from http://activehistory.ca/2015/04/terry-fox-mania/

Ellison, J. (2015b). A "unifying influence on our nation": Making and remaking the meaning of Terry Fox. *Journal of Canadian Studies/Revue d'études canadiennes, 49*(3), 170-190.

Emmett, B., & Emmett, G. (2015). Charities in Canada as an economic sector: Discussion paper. Toronto, ON: Imagine Canada. Retrieved from http://www.imaginecanada.ca/sites/default/files/imaginecanada_charities_in_canada_as_an_economic_sector_2015-06-22.pdf

Evans, S. (2010). Canada's work for wounded soldiers on film. *Canadian Military History 19*(4), 41-49.

Figley, C. (1985). *Trauma and its wake*. New York, NY: Brunner/Mazel.

Foucault, M. (1977). *Discipline and punish: The birth of the prison* (A. Sheridan, Trans.). New York, NY: Vintage. (Original work published 1975).

Foucault, M. (1980). In C. Gordon (Ed.), *Power/knowledge: Selected interviews and other writings 1972-1977*. (C. Gordon, L. Marshall, J. Mepham, & K. Soper, Trans.). New York, NY: Pantheon.

Foucault, M. (1981). The order of discourse. In R. Young (Ed.), *Untying the text: A post-structuralist reader* (pp. 48-79). Boston, MA: Routledge.

Foucault, M. (1984a). In P. Rabinow (Ed.), *The Foucault reader*. New York, NY: Pantheon.

Foucault, M. (1984b). Neitzsche, genealogy, history. In P. Rabinow (Ed.), *The Foucault reader* (pp. 76-100). New York, NY: Pantheon.

Foucault, M. (1988a). In L. D. Kritzman (Ed.), *Politics, philosophy, culture: Interviews and other writings 1977-1984*. New York, NY: Routledge.

Foucault, M. (1988b). In L. H. Martin, H, Gutman & P. H. Hutton (Eds.), *Technologies of the self: A seminar with Michel Foucault*. Amherst, MA: University of Massachusetts Press.

Foucault, M. (1989). In S. Lotringer (Ed.), *Foucault live: Collected interviews 1961—1984*. New York, NY: Semiotexte.

Foucault, M. (1990). *The history of sexuality.* (R. Hurley, Trans). New York, NY: Pantheon Books. (Original work published 1978).

Foucault, M. (1991). In G. Burchell, C. Gordon & P. Miller (Eds.). *The Foucault effect: Studies in governmentality*. Chicago, IL: University of Chicago Press.

Foucault, M. (1997). In S. Lotringer (Ed.), *The politics of truth.* Los Angeles, CA: Semiotexte.

Foucault, M. (2000). In J. D. Faubion (Ed.), *Power: Essential works of Foucault 1954-1984*. New York, NY: The New Press.

Foucault, M. (2002). *The order of things: An archeology of the human sciences*. London, UK: Routledge. (Original work published 1966).

Franco, Z. E., Blau, K., & Zimbardo, P. G. (2011). Heroism: A conceptual analysis and differentiation between heroic action and altruism. *Review of General Psychology, 15*(2), 99.

Fraser, N., & Gordon, L. (1994). A genealogy of dependency: Tracing a keyword of the U.S. welfare state. *Signs, 19*(2), 309-336.

Frazee, C. (2009). Culture. [Online Video]. Video SNOWcase. Retrieved July 21, 2009 from http://snow.utoronto.ca/index.php?option=com_content&task=view&id=321&Itemid=228

Friedland, J. (2011). *Restoring the spirit: The beginnings of occupational therapy in Canada, 1890-1930*. Montreal, QC: McGill-Queen's University Press-MQUP.

Gallagher, H. G. (1985). *FDR's splendid deception: The moving story of Roosevelt's massive disability and the intense efforts to conceal it from the public*. New York, NY: Dodd Mead.

Galusca, R. (2009). From fictive ability to national identity: Disability, medical inspection, and public health regulations on Ellis Island. *Cultural Critique, 72*(1), 137-163.

Galvin, R. (2004). *Liberating the disabled identity: A coalition of subjugated knowledges.* (Doctoral Thesis, Murdoch University, Perth, Australia). Retrieved April 27, 2017 from http://researchrepository.murdoch.edu.au/id/eprint/38/2/02Whole.pdf

Garland-Thomson, R. (1997). *Extraordinary bodies: Figuring physical disability in American culture and literature*. New York, NY: Columbia University Press.

Garland-Thomson, R. (2001). Seeing the disabled: Visual rhetorics of disability in popular photography. In P. K. Longmore & L. Umansky (Eds.), *The New disability history: American perspectives* (pp. 335-374). New York, NY: New York University Press.

Gelber, S. (2005). A "hard-boiled order": The reeducation of disabled WWI veterans in New York City. *Journal of Social History, 39*(1), 161-180.

Gerber, D. (2000). Heroes and misfits: The troubled social reintegration of disabled veterans in *The Best Years of Our Lives*. In D. Gerber (Ed.), *Disabled veterans in history* (pp. 70-95). Ann Arbor, MI: University of Michigan Press.

Gilmore, L. (2010). American neoconfessional: Memoir, self-help, and redemption on Oprah's couch. *Biography, 33*(4), 657-679.

Goffman, E. (1963). *Stigma. Notes on the management of spoiled identity*. New York, NY: Simon and Shuster Inc.

Goggin, G., & Newell, C. (2004). Fame and disability: Christopher Reeve, super crips, and infamous celebrity, *M/C Journal*, 7 (5). Retrieved April 19, 2017 from http://journal. media-culture. org. au/0411/02-goggin.Php

Goodley, D. (2010). *Disability studies and psychoanalysis: Time for the couch or culture.* Paper presented at the Space Between: Disability in and out of the Counseling Room Conference, University of Toronto. Retrieved from http://www.academia.edu/346166/Disability_Studies_and_Psychoanalysis_Time_for_the_couch_or_culture

Goodley, D. (2011). Introduction: Global disability studies. In D. Goodley (Ed.)*, Disability studies: An interdisciplinary introduction* (pp. 1-21). London, UK: Sage.

Gordon, C. (1994). Introduction. In J. Faubion (Ed.), *Power/knowledge: Selected interviews & other writings 1972-1977* (pp. xi-xli). New York, NY: Pantheon.

Goupil, T. (1997). The trouble with heroism. *Mouth Magazine* [Online]*, 42*. Retrieved from http://www.mouthmag.com/heroes.htm

Guildford, J. (2005). FRASER, Sir CHARLES FREDERICK. In *Dictionary of Canadian Biography* (Vol. 15): University of Toronto/Universite Laval. Retrieved from http://www.biographi.ca/en/bio/fraser_charles_frederick_15E.html

Hahn, H. (2002). Academic debates and political advocacy: The US disability movement. *Disability Studies Today*, 162-189.

Hall, M., Barr, C., Easwaramoorthy, M., Sokolowski, S., & Solomon, L. (2005). The Canadian nonprofit and voluntary sector in comparative perspective. Toronto, ON: Imagine Canada. Retrieved April 19, 2017 from http://sectorsource.ca/sites/default/files/resources/files/jhu_report_en.pdf

Hanes, R. (2011). None is still too many: An historical exploration of Canadian immigration legislation as it pertains to people with disabilities. Retrieved from http://www.ccdonline.ca/en/socialpolicy/access-inclusion/none-still-too-many

Hansan, J. E. (2011). The Progressive Era. *The social welfare history project*. Retrieved October 21, 2016 from http://socialwelfare.library.vcu.edu//eras/progressive-era/

Hardin, M. M., & Hardin, B. (2004). The 'Supercrip' in sport media: Wheelchair athletes discuss hegemony's disabled hero. *Sociology of Sport* [Online], *7*(1).

Hekman, S. J. (2013). *Gender and knowledge: Elements of a postmodern feminism*. Hoboken, NJ: John Wiley & Sons.

Held, B. S. (2004). The negative side of positive psychology. *Journal of Humanistic Psychology, 44*(1), 9-46.

Hershey, L. (1993). The infamous Parade Magazine article. Retrieved from www.cripcommentary.com/parade.html

Hershey, L. (2001). An open letter to Robert Ross, CEO of the Muscular Dystrophy Association. Retrieved from http://www.cripcommentary.com/cc052701.html

Hevey, D. (1992). *The creatures time forgot: Photography and disability imagery*. Abingdon, UK: Taylor & Francis.

Holland, J. C., & Lewis, S. (2000). *The human side of cancer: Living with hope, coping with uncertainty*. New York, NY: HarperCollins.

Horatio Alger Association Canada. (2016). About Us. Retrieved October 13, 2016 from https://www.horatioalger.ca/en/about-us/

Howe, P. D. (2011). Cyborg and supercrip: The Paralympics technology and the (dis) empowerment of disabled athletes. *Sociology, 45*(5), 868-882.

HRSDC. (2009). *Advancing the inclusion of people with disabilities*. Ottawa: Government of Canada. Retrieved from http://publications.gc.ca/collections/collection_2009/rhdcc-hrsdc/HS61-1-2009E.pdf.

Hughes, B. (2002). Disability and the body. In C. Barnes & L. Barton (Eds.), *Disability studies today* (pp. 58-76). Cambridge, UK: Polity Press.

Hughes, B. (2005). What can a Foucauldian analysis contribute to disability theory. In S. Tremain (Ed.), *Foucault and the government of disability* (pp. 78-92). Ann Arbor, MI: University of Michigan.

Hughes, B. (2007). Being disabled: Towards a critical social ontology for disability studies. *Disability & Society, 22*(7), 673-684.

Hughes, B. (2009). Wounded/monstrous/abject: A critique of the disabled body in the sociological imaginary. *Disability & Society, 24*(4), 399-410.

Hughes-Hallett, L. (2004). *Heroes: A history of hero worship*. New York, NY: Alfred A. Knopf.

Hull, S. (1998). Henry Howard Kessler, M.D., Ph.D. (1896-1978), Papers 1912-1980. Retrieved October 25, 2016 from http://www.libraries.rutgers.edu/history_of_medicine/manuscripts/kessler1

Humphries, T.L. (1993). Deaf culture and cultures. In K.M. Christensen & G.L. Delgado (Eds.), *Multicultural issues in Deafness*. White Plains, NY: Longman.

Huxley, M. (2009). Foucauldianism. In R. Kitchin & N. Thrift (Eds.), *International encyclopedia of human geography*. Amsterdam, Netherlands: Elsevier.

Huyssen, D. (2014). *Progressive inequality rich and poor in New York, 1890-1920*. Cambridge, MA: Harvard University Press.

ILRU. (2017). Independent Living Research Utilization. Retrieved October 6, 2016 from http://www.ilru.org/

Imagine Canada. (2011). Ethical code handbook. Retrieved August 11, 2017 from http://www.imaginecanada.ca/sites/default/files/www/en/ethicalcode/ec_handbook_2011_en.pdf

Imagine Canada. (2012a). Advocacy, political activity and foreign funding. Retrieved April 19, 2017 from http://www.imaginecanada.ca/sites/default/files/www/en/publicpolicy/issue_alert_qa_en.pdf

Imagine Canada. (2012b). Sector impact. Retrieved Otober 6, 2016 from http://sectorsource.ca/research-and-impact/sector-impact

Ipsos Reid. (2013). What Canadian donors want. Association of Fundraising Professionals. Retrieved April 19, 2017 from http://www.afpnet.org/ResourceCenter/ArticleDetail.cfm?ItemNumber=22102

Ives, Don. (1998). The Veterans Charter: The compensation principle and the principle of recognition for service. In J. L. Granatstein & Peter Neary (Eds.), *The Veterans Charter and Post-World War II Canada* (pp. 84-94). Montreal, QC: McGill-Queen's University Press-MQUP.

James, C. (2001). Reforming reform: Toronto's settlement house movement, 1900-20. *Canadian Historical Review, 82*(1), 55-90.

James, J. C. (2011). Gwendolyn Brooks, World War II, and the politics of rehabilitation. In K.Q. Hall (Ed.) *Feminist Disability Studies* (pp. 136-158). Bloomingdon, IN: Indiana University Press.

Jóhannesson, I. Á. (2010). The politics of historical discourse analysis: A qualitative research method. *Discourse: Studies in the Cultural Politics of Education, 31*(2), 251-264.

Johnson, M. (1994). A test of wills: Jerry Lewis, Jerry's Orphans and the telethon. *The Ragged Edge*, 125-136. Retrieved April 19, 2017 from http://www.raggededgemagazine.com/archive/jerry92.htm

Jones, R. B. (2001). Impairment, disability and handicap—old fashioned concepts? *Journal of Medical Ethics, 27*(6), 377-379.

Kapoor, I. (2012). *Celebrity humanitarianism: The ideology of global charity*. New York, NY: Routledge.

Katz, M. B. (2015). What kind of a problem is poverty? The archeology of an idea. In A. Roy & E. S. Crane (Eds.), *Territories of poverty: Rethinking north and south* (pp. 39-74). Athens, GA: University of Georgia Press.

Keene, J. D. (2001). *Doughboys, the great war, and the remaking of America*. Baltimore, MD: John Hopkins University Press.

Keshen, J. (1998). Getting it right the second time around: The reintegration of Canadian veterans of World War II. In P. Neary & J. L. Granatstein (Eds.), *Veterans charter and post-World War II Canada* (pp. 62-84). Montreal, QC: McGill-Queen's Press-MQUP.

Kessel, M. (n.d.). Telethon. Retrieved from http://www.museum.tv/eotv/telethon.htm

Kevorkian, C. G., Bartels, M., & Franklin, D. J. (2013). To believe in humanity and in rehabilitation: Howard A. Rusk, MD, and the birth of rehabilitation medicine. *PM&R, 5*(4), 247-254.

Kinder, J. M. (2009). Iconography of injury: Encountering the wounded soldier's body in American poster art and photography of World War I. In J. Pearl (Ed.), *Picture this: World War I posters and visual culture* (pp. 340-368). Lincoln, NB: University of Nebraska Press.

King, S. J. (2003). Doing good by running well. In J. Z. Bratich, J. Packer & C. McCarthy (Eds.), *Foucault, cultural studies, and governmentality* (pp. 295-316). Albany, NY: State University of New York Press.

King, S. J. (2006). *Pink Ribbons Inc.: Breast cancer and the politics of philanthropy*. Minneapolis, MN: University of Minnesota Press.

Kinney, C. L., & DePompolo, R. (2013). “Rehabilitation… a key word in medicine”: The legacy of Dr. Frank H. Krusen. *PM&R, 5*(3), 163-168.

Klages, M. (1999). *Woeful afflictions: Disability and sentimentality in Victorian America*. Philadelphia, PA: University of Pennsylvania Press.

Klein, B. S. (Director). (2007). *Shameless: The ART of disability* [Film]. National Film Board of Canada. Retrieved April 19, 2017 from https://www.nfb.ca/film/shameless_the_art_of_disability/

Kline, W. (2001). Kline on Klages, “Woeful afflictions: Disability and sentimentality in Victorian America”. *H-Disability*. Retrieved from https://networks.h-net.org/node/4189/reviews/5451/kline-klages-woeful-afflictions-disability-and-sentimentality-victorian

Kudlick, C. J. (2001). The outlook of The Problem and the problem with The Outlook: Two advocacy journals reinvent blind people in turn-of-the-century America. In P. K. Longmore & L. Umansky (Eds.), *The new disability history: American perspectives* (pp. 187-213). New York, NY: New York University Press.

Kumar, A. (2011). Disability, rehabilitation and social control: A Foucauldian perspective. *Journal of Human Sciences, 8*(2), 400-409.

Lane, H. L. (1984). *When the mind hears: A history of the deaf* (1st ed.). New York, NY: Random House.

Lane, H. (1992). *The mask of benevolence: Disabling the Deaf community*. New York, NY: Random House.

Learn NC. (n.d.). World War I Propaganda Posters. North Carolina: UNC School of Education. Retrieved June 6, 2016 from http://www.learnnc.org/lp/editions/ww1posters/5041

Lemke, T. (2001). "The birth of bio-politics": Michel Foucault's lecture at the Collège de France on neo-liberal governmentality. *Economy and Society, 30*(2), 190-207.

Leonard, T. C. (2003). "More merciful and not less effective": Eugenics and American economics in the Progressive Era. *History of Political Economy, 35*(4), 687-712.

Leonard, T. C. (2005). Retrospectives: Eugenics and economics in the Progressive Era. *The Journal of Economic Perspectives, 19*(4), 207-224.

Levinson, J. (2005). The group home, workplace and the work of know-how. *Human Studies, 28*(1), 57-85.

Linker, B. (2011). *War's waste: Rehabilitation in World War I America*. Chicago, IL: University of Chicago Press.

Longmore, P. K. (2005). The cultural framing of disability: Telethons as a case study. Papers from Conference on Disability Studies and the University, Emory University, 5-7 March 2004. *PMLA, 120*(2), 502-508.

Longmore, P. K. (2009). Conspicuous contribution and American cultural dilemmas: Telethons, virtue, and community. In T. Titchkosy & R. Michalko (Eds.) *Rethinking Normalcy* (pp. 137-157). Toronto, ON: Canadian Scholar's Press.

Longmore, P. K. (2013). "Heaven's special child": The making of poster children. In L. J. Davis (Ed.), *The disability studies reader* (2nd ed.) (pp. 34-41). New York, NY: Routledge.

Longmore, P. K., & Goldberger, D. (2000). The League of the Physically Handicapped and the great depression: A case study in the new disability history. *The Journal of American History, 87*(3), 888-922.

Longmore, P. K., & Kudlick, C. (2015). *Telethons: Spectacle, disability, and the business of charity*. Oxford, UK: Oxford University Press.

Longmore, P. K., & Umansky, L. (2001). *The new disability history: American perspectives*. New York, NY: New York University Press.

Lugones, M. (2010). Toward a decolonial feminism. *Hypatia, 25*(4), 742-759.

Macey, D. (2000). *The Penguin dictionary of critical theory*. London, UK: Penguin.

"March of Dimes". (2000). *International directory of company histories*. Retrieved April 19, 2017 from http://www.encyclopedia.com/books/politics-and-business-magazines/march-dimes

March of Dimes Foundation. (2012). March of Dimes a historical look [Online Video]. MOD. Retrieved April 19, 2017 from http://www.youtube.com/watch?v=iyTiptSJ-Zw

March of Dimes Foundation. (2017a). Eddie Cantor and the origin of March of Dimes. Retrieved October 25, 2016 from http://www.marchofdimes.org/mission/eddie-cantor-and-the-origin-of-the-march-of-dimes.aspx

March of Dimes Foundation. (2017b). About us. Retrieved April 19, 2017 from http://www.marchofdimes.org/mission/history.aspx

Maurutto, P. (2004). *Governing charities: Church and state in Toronto's Catholic Archdiocese, 1850-1959*. Montreal, QC: McGill-Queens University Press-MQUP.

Mawdsley, S. E. (2010). “Dancing on eggs”: Charles H. Bynum, racial politics, and the National Foundation for Infantile Paralysis, 1938-1954. *Bulletin of the History of Medicine, 84*(2), 217-247.

May, T. (2006). *Philosophy of Foucault*. Montreal, QC: McGill-Queen’s University Press-MQUP.

McCarthy, K. D. (2003). Women and political culture. In L. J. Friedman & M. D. McGarvie (Eds.), *Charity, philanthropy, and civility in American history*. New York, NY: Cambridge University Press.

McClintock, A. (1995). *Imperial leather: Race, gender, and sexuality in the colonial contest*. New York, NY: Routledge.

McDonald, G., & Oxford, M. (2002). History of Independent Living. Retrieved from http://www.cilww.com/pdf/History-of-Independent-Living.pdf

McRuer, R. (2006). *Crip theory: Cultural signs of queerness and disability*. New York, NY: New York University Press.

MDA. (2015). MDA telethon ends historic run, urgent fight for families continues. Retrieved October 3, 2016 from https://www.mda.org/mda-telethon-ends-historic-run-urgent-fight-for-families-continues

Meekosha, H., & Shuttleworth, R. (2009). What’s so “critical” about critical disability studies? *Australian Journal of Human Rights, 15*(1), 47.

Mettler, S. (2005). *Soldiers to citizen: The G.I. bill and the making of the greatest generation*. Oxford, UK: Oxford University Press.

Mills, S. (1997). *Discourse.* London, UK: Routledge.

Minchew, K. L. (2004). FRANKLIN D. ROOSEVELT in Georgia. *New Georgia encyclopedia*. Retrieved from http://www.georgiaencyclopedia.org/articles/history-archaeology/franklin-d-roosevelt-georgia

Mitchell, D. T., & Snyder, S. L. (1997). *The body and physical difference: Discourses of disability*. Ann Arbor, MI: University of Michigan Press.

Monty Python. (1975). Quotes for the Black Knight. *Monty Python and the holy grail.* Retrieved October 18, 2016 from http://www.imdb.com/character/ch0032564/quotes

moreeclipsplease (Author). (2009). Jerry Lewis speaks out about the disabled and "Jerry's Orphans" [Online Video]. Retrieved April 19, 2017 from https://www.youtube.com/watch?v=5tM4tTUMwGE

Morris, J. (1997). A feminist perspective. In A. Pointon & C. Davies (Eds.), *Framed: Interrogating disability in the media* (pp. 21-30). London, UK: British Film Institute.

Morris, J. (2003). Social model assessment team pilot project, Essex Social Services. Retrieved April 19, 2017 from http://pf7d7vi404s1dxh27mla5569.wpengine.netdna-cdn.com/files/library/morris-Social-Model-Assessment-Team-Pilot-Evaluation-.pdf

Morrow, M., Wasik, A., Cohen, M. & Perry, K. (2009). Removing barriers to work: Building economic security for people with psychiatric disabilities. *Critical Social Policy*, *29*(4), 655-675.

Moss, P., & Prince, M. J. (2014). *Weary warriors*. New York, NY: Berghahn.

Moss, P., & Prince, M. J. (2015). Helping traumatized warriors: Mobilizing emotions, unsettling orders. *Emotion, Space and Society*, 1-9.

Moss, P., Prince, M. J., DeVolder, B., & Johnson, C. (2016). Placing disability politics: Uneven sitings of dissenting bodies. In William K. Carroll and Kanchan Sarker (Eds.), *A world to win.* Toronto, ON: University of Toronto Press.

Mullaly, B. (2010). *Challenging oppression and confronting privilege: A critical social work approach*. Oxford University Press, USA.

Nickel, P. M., & Eikenberry, A. M. (2009). A critique of the discourse of marketized philanthropy. *American Behavioral Scientist, 52*(7), 974-989.

O'Brien, R. A. (2001). *Crippled justice: The history of modern disability policy in the workplace*. Chicago, IL: University of Chicago Press.

OED. (2016). History of the Oxford English Dictionary. Retrieved April 17, 2017 from http://public.oed.com/history-of-the-oed/

Oliver, M. (1990). *The politics of disablement*. Basingstoke, UK: Macmillan.

Olkin, R. (1999). *What psychotherapists should know about disability*. New York, NY: Guilford Press.

Orgad, S. (2009). The survivor in contemporary culture and public discourse: A genealogy. *The Communication Review, 12*(2), 132-161.

Padden, C., & Humphries, T.L. (1988). *Deaf in America: Voices from a culture*. Cambridge, MA: Harvard University Press.

Parr, H. (1999). Bodies and psychiatric medicine: Interpreting different geographies of mental health. In R. Butler & H. Parr (Eds.), *Mind and body spaces: Geographies of illness, impairment and disability* (pp. 177-198). New York, NY: Routledge.

Pearce, J. L. (2011). *Fighting in the dark: Charles Frederick Fraser and the Halifax Asylum for the Blind, 1850-1915* (Masters Thesis, Dalhousie University). Retrieved from http://dalspace.library.dal.ca/bitstream/handle/10222/14082/PEARCE,%20Joanna%20L,%20MA,%20HIST,%20July%202011.pdf?sequence=5

Peers, D. (2009). (Dis) empowering paralypic histories: Absent athletes and disabling discourses. *Disability & Society*, *24*(5), 653-655.

Peers, D. (2015). *From eugenics to paralympics: Inspirational disability, physical fitness and the white Canadian nation.* (Doctoral Thesis, University of Alberta). Retrieved from https://era.library.ualberta.ca/files/cht24wj490#.WP3VkoVf2zg

Pfeiffer, D. (1998). The ICIDH and the need for its revision. *Disability & Society, 13*(4), 503-523.

Pfeiffer, D. (2000). The devils are in the details: The ICIDH2 and the disability movement. *Disability & Society, 15*(7), 1079-1082.

Pickering, M. (2001). *Stereotyping: The politics of representation*. London, UK: Palgrave.

Pro Secure. (2015). Event categories defined: "Award or Tribute Dinners". Event Security. Retrieved October 13, 2016 from http://pro-secur.com/award-or-tribute-dinners-event-opportunities/

Province of British Columbia. (1996). Human Rights Code. Victoria, BC: Queen's Printer. Retrieved April 19, 2017 from http://www.bclaws.ca/Recon/document/ID/freeside/00_96210_01

Racevskis, K. (2005). Edward Said and Michel Foucault: Affinities and dissonances. *Research in African Literatures, 36*(3), 83-97.

Reaume, G. (2012). Disability history in Canada: Present work in the field and future prospects. *The Canadian Journal of Disability Studies*, 1(1), 35-75.

Reed, L., & Saukko, P. (Eds.). (2010). *Governing the female body: Gender, health, and networks of power*. Albany, NY: State Universtiy of New York.

Rice, J. J., & Prince, M. J. (2013). *Changing politics of Canadian social policy*. Toronto, ON: University of Toronto Press.

Rich, A. (1994). *Blood, bread, and poetry: Selected prose 1979-1985*. New York, NY: WW Norton & Company.

Riley, C. A. (2005). *Disability and the media: Prescriptions for change*. Lebanon, NH: University Press of New England-UPNE.

Richardson, K. (Director, Producer). (2005). *The kids are alright* [Film]. Chicago, IL.

Rockerfeller Foundation. (2016). About Us. Retrieved October 10, 2016 from https://www.rockefellerfoundation.org/about-us/

Rogers, N. (1995). Polio in New York City. In D. Rosner (Ed.), *Hives of sickness: Public health and epidemics in New York City* (pp. 115-130). New Brunswick, NJ: Rutgers University Press.

Rogers, N. (2007). Race and the politics of polio: Warm Springs, Tuskegee, and the March of Dimes. *American Journal of Public Health, 97*(5), 784-795.

Romero, F. (2009, Monday, September 7). A brief history of telethons. *TIME*. Retrieved April 19, 2017 from http://content.time.com/time/nation/article/0,8599,1920674,00.html

Rose, D. W. (2003). Images of America: March of Dimes. New York, NY: Archadia Publishing.

Rose, D. W. (2010). A history of the March of Dimes. *March of Dimes archives.* Retrieved September 13, 2016 from http://www.marchofdimes.org/mission/a-history-of-the-march-of-dimes.aspx

Rose, G. (2007). *Visual methodologies: An introduction to the interpretation of visual methods*. London, UK: Sage.

Rose, N. (1996). Identity - genealogy - history. In S. Hall & P. Du Gay (Eds.), *Questions of cultural identity* (pp. 128-150). London, UK: Sage.

Rose, S. F. (2008). *No right to be idle: The invention of disability, 1850-1930.* (Doctoral Thesis, University of Illinois at Chicago).

Rose, S. F. (2012). The right to a college education? The G.I. Bill, Public Law 16, and disabled veterans. *Journal of Policy History, 24*(01), 26-52.

Saar, M. (2002). Genealogy and subjectivity. *European Journal of Philosophy, 10*(2), 231-245.

Saar, M. (2008). Understanding genealogy: History, power, and the self. *Journal of the Philosophy of History, 2*(3), 295-314.

Said, E. (1983). *The world, the text and the critic*. Cambridge, MA: Harvard University Press.

Sawicki, J. (2005). Queering Foucault and the subject of feminism. In G. Gutting (Ed.), *The Cambridge companion to Foucault* (pp. 379ff). Cambridge, UK: Cambridge University Press.

Scott, J. W. (1991). The evidence of experience. *Critical Inquiry*, 17(4), 773-797.

Seavey, N., Wagner, P. & Smith, J. S. (1998). *A paralyzing fear: The triumph over polio in America*. New York, NY: TV Books LLC.

Shakespeare, T. (1994). Cultural representation of disabled people: Dustbins for disavowal? *Disability and Society, 9*(3), 283-299.

Shapiro, J. P. (1994). *No pity: People with disabilities forging a new civil rights movement*. New York, NY: Three Rivers Press.

Shildrick, M. (2005). The disabled body, genealogy and undecidability. *Cultural Studies, 19*(6), 755-770.

Shildrick, M. (2007). The category of disability or "anomalous embodiment". *Studies in Gender and Sexuality, 8*, 221-244.

Shreve, M. (1982). The movement for Independent Living: A brief history. Retrieved from http://www.ilusa.com/articles/mshreve_article_ilc.htm

Siebers, T. (2008). *Disability theory*. Ann Arbor, MI: University of Michigan.

Silva, C. F., & Howe, P. D. (2012). The (in)validity of supercrip representation of Paralympian athletes. *Journal of Sport & Social Issues, 36*(2), 174-194.

Simons, M., & Masschelein, J. (2005). Inclusive education for exclusive pupils: A critical analysis of the government of the exceptional. In S. Tremain (Ed.), *Foucualt and the government of disability* (pp. 208-222). Ann Arbor, MI: Univeristy of Michigan Press.

Skeggs, B. (2004). *Transformations: Thinking through feminism*. *Class, self, culture.* London, UK: Routledge.

Smith, L. T. (1999). *Decolonizing methodologies: Research and indigenous peoples*. London, UK: Zed books.

Smith, S., & Watson, J. (2010). A toolkit: 24 strategies for reading life narratives. In S. Smith & J. Watson (Eds.), *Reading autobiography: A guide for interpreting life narratives*. Minneapolis, MN: University of Minnesota.

Snyder, S. L., & Mitchell, D. T. (2006). *Cultural locations of disability*. Chicago, IL: University of Chicago Press.

Soldatic, K., & Meekosha, H. (2012). The place of disgust: Disability, class and gender in spaces of workfare. *Societies, 2*(3), 139-156.

Sontag, S. (2001). *Illness as metaphor and AIDS and its metaphors*. London, UK: Macmillan.

Statistics Canada. (2010). *Participation and activity limitation survey 2006*. Ottawa. Retrieved from http://www.statcan.gc.ca/pub/89-628-x/89-628-x2010015-eng.pdf

Stiker, H.-J. (1999). *A history of disability*. Ann Arbor, MI: University of Michigan Press.

Stone, D. A. (1986). *The disabled state*. Philadelphia, PA: Temple University Press.

Strega, S. (2005). The view from the poststructural margins. In L. Brown & S. Strega (Eds.), *Research as resistance* (pp. 199-231). Toronto, ON: Canadian Scholars Press.

Strukhamp, R. (2005). Wordless pain: Dealing with suffering in physical rehabilitation. *Cultural Studies*, 19(6), 701-718.

Sullivan, M. (2005). Subjected bodies: Paraplegia, rehabilitation, and the politics of movement. In S. Tremain (Ed.), *Foucault and the government of disability* (pp. 27-44). Ann Arbor, MI: University of Michigan Press.

Swain, J., & French, S. (2000). Towards an affirmation model of disability. *Disability & Society, 15*(4), 569-582.

Switzer, J. V. (2003). *Disabled rights: American disability policy and the fight for equality*. Washington, DC: Georgetown University Press.

Tamboukou, M. (2008). A Foucauldian approach to narratives. In M. Andrews, C. Squire, & M. Tamboulou (Eds.), *Doing narrative research* (pp. 102-120). London, UK: Sage.

Tamboukou, M. (2010). *In the fold between power and desire: Women artists' narratives*. Newcastle upon Tyne, UK: Cambridge Scholars Publishing.

The Terry Fox Foundation. (2017). Facts about Terry. Retrieved October 9, 2016 from http://www.terryfox.org/TerryFox/Facts.html

Thobani, S. (2007). *Exalted subjects: Studies in the making of race and nation in Canada*. Toronto, ON: University of Toronto Press.

Thomas, C. (2002). Disability theory: Key ideas, issues and thinkers. In M. Oliver & L. Barton (Eds.), *Disability studies today* (pp. 38-57). Cambridge, UK: Politiy Press.

Thomas, C. (2007). *Sociologies of disability and illness: Contested ideas in disability studies and medical sociology*. London, UK: Palgrave Macmillan.

Titchkosky, T. (2007). *Reading and writing disability differently: The textured life of embodiment*. Toronto, ON: University of Toronto Press.

Tollestrup, B. (2009). Challenging normalcy?: Masculinity and disability in *Murderball*. (Masters Thesis, Queens University). Retrieved from http://www.collectionscanada.gc.ca/obj/thesescanada/vol2/OKQ/TC-OKQ-5150.pdf

Tomes, N. (2007). Celebrity diseases. In L. J. Reagan, N. Tomes & P. A. Treichler (Eds.), *Medicine's moving pictures: Medicine, health, and bodies in American film and television* (pp. 36-68). Rochester, NY: University of Rochester Press.

Tremain, S. (2002). On the subject of impairment. In M. Corker & T. Shakespeare (Eds.), *Disability/postmodernity* (pp. 32-47). London, UK: Continuum.

Tremain, S. (2005). *Foucault and the government of disability*. Ann Arbor, MI: University of Michigan Press.

Tremain, S. (2006). On the government of disability: Foucault, power, and the subject of impairment. In L. J. Davis (Ed.), *The disability studies reader* (pp. 185-196). New York, NY: Routledge.

Trent Jr, J. W. (1994). *Inventing the feeble mind: A history of mental retardation in the United States*. Berkeley, CA: University of California Press.

Trinh, M.-H. (1989). *Women, native, other*. Bloomington and Indianapolis, IN: Indiana University Press.

Turcotte, M. (2013). Charitable giving by Canadians. Statistics Canada. Retrieved April, 29, 2017 from http://www.statcan.gc.ca/pub/89-652-x/89-652-x2015001-eng.htm

Turner, B. S. (2007). Culture, technologies and bodies: The technological utopia of living forever. *The Sociological Review, 55*(s1), 19-36.

Valverde, M. (2008). *The age of light, soap, and water: Moral reform in English Canada, 1885-1925*. Toronto, ON: University of Toronto Press.

Verville, R. (2009). *War, politics, and philanthropy: The history of rehabilitation medicine*. Lanham, MD: University Press of America.

Walani, S. R., Biermann, J. (2017). March of Dimes Foundation: Leading the way to birth defects prevention. *Public Health Reviews*, 38(12). Retrieved May 15, 2017 from https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-017-0058-3

Walters, W. (2012). *Governmentality: Critical encounters*. New York, NY: Routledge.

Ware, L. P. (2002). A moral conversation on disability: Risking the personal in educational contexts. *Hypatia, 17*(3), 143-172.

Wendell, S. (1996). *The rejected body: Feminist philosophical reflections on disability*. New York, NY: Routledge.

Wendroff, A. L. (2004). *Special events: Proven strategies for nonprofit fundraising.* Hoboken, NJ: John Wiley & Sons.

West, C., & Fenstermaker, S. (1995). Doing difference. *Gender & society, 9*(1), 8-37.

Williams, J. E. (1994). 75 years of caring for the disabled. *Fund Raising Management, 25*, 12.

Wilson, A. H. (2006). Wars and scars: A history of the disabled American veteran. Disabled American Veterans. Retrieved from https://www.dav.org/learn-more/about-dav/history/

Winant, G. (2014). American philanthropy and it's discontents. *Jacobin*. Retrieved from https://www.jacobinmag.com/2014/05/american-philanthropy-and-its-discontents/

Witz, A. (2000). Whose body matters? Feminist sociology and the corporeal turn in sociology and feminism. *Body & society, 6*(2), 1-24.

Woolford, A., & Curran, A. (2013). Community positions, neoliberal dispositions: Managing nonprofit social services within the bureaucratic field. *Critical Sociology, 39*(1), 45-63.

Wooster, M. M. (2000). *Return to charity? Philanthropy and the welfare state*. Washington, DC: Capital Research Center.

World Health Organization (WHO). (2001). The International Classification of Functioning and Health (ICF). Retrieved October 19, 2016 from http://www3.who.int/icf/intros/ICF-Eng-Intro.pdf

Yates, S. (2005). Truth, power, and ethics in care services for people with learning disabilities. In S. Tremain (Ed.), *Foucault and the goverment of disability* (pp. 65-77). Ann Arbor, MI: University of Michigan Press.

Young, I. M. (1990). *Justice and the politics of difference*. Princeton, NJ: Princeton University Press.

Young, S. (2014). I'm not your inspiration, thank you very much [Online Video]. *TED Talks*. Retrieved April 19, 2017 from https://www.ted.com/talks/stella_young_i_m_not_your_inspiration_thank_you_very_much

Zola, I. K. (1991). Bringing our bodies and ourselves back in: Reflections on a past, present, and future "Medical Sociology". *Journal of Health and Social Behavior*, 1-16.

Zucker, S. L. (2014). *Voices of experience: The mental health consumer and psychiatric survivor movement and their implications for ethical clinical practice.* (Masters Thesis, Smith College, Northampton, MA). Retrieved April 19, 2017 from http://scholarworks.smith.edu/cgi/viewcontent.cgi?article=1903&context=theses

Zunz, O. (2012). *Philanthropy in America: A history*. Princeton, NJ: Princeton University Press.