BOOK REVIEW


The book consists of 10 chapters. In eight of them, the author, Lennard J. Davis, Professor of English at the University of Illinois and editor of several editions of the Disability Studies Reader, mostly rethinks or reconsiders concepts and theories coined by either him or other scholars. A ninth is also a re-, but this time a reprint. Davis addresses several issues related to the notion of normality, and this makes the book engaging to read. The author is a scholar with an impressive level of knowledge, making some parts of the book somewhat demanding, at least it was for this reader. However, the greatest challenge is that since the author either rethinks or reconsiders concepts or theories the reader should have some basic knowledge about these concepts and theories, aside from how Davis present them in this book.

I will first give a brief outline of the book, with some comments. Then, I will comment in more detail on his first chapter, The End of Normal (no question mark), since this is where he deals most extensively with the notion of normal.

The book opens with a rethinking of his own ideas of normality, previously presented in the book Enforcing Normalcy: Disability, Deafness and the Body from 1995. Davis now argues that ‘normality’ is no longer the major defining term in social organization; instead, he claims that ‘diversity’ is a more suitable term, doing the work that the term normal used to do in sorting and ordering groups and populations. In Chapter 2, Davis rethinks concept of ‘dismodernism’, originally coined in order to bridge the gap between postmodernism and disability and to question the notion of discrete identities. The concept has been met with some critique. As a rejoinder to his critics, Davis elaborates on his understanding of the concept.

Chapter 3 addresses identity in a more cultural vein and asks whether the physical or psychological identity of actors, in both films and television, should play any role in casting an actor/actress for a specific role. Should, for the most part, disabled actors play disabled roles? Davis makes a strong argument that they should. The next chapter reconsiders our current way of looking at depression. Davis questions how psychiatry treats patients diagnosed with major depressive disorders. An important point in his discussion is that depression has to be seen as a communal activity or as a result of environmental circumstances that have become ‘so normalized as to appear almost undetectable’, as he puts it. The chapter is a welcomed critique of the ‘diagnostic imperialism’ of psychiatry, where more and more personality traits and emotional reactions are seen as pathological states. In psychiatry, the ‘new normal’ excludes the sorrows and pains of everyday life, and introduces a revised standard of life where people are happy all the time, even after the loss of jobs or the break-up of a marriage.

Chapter 5 addresses our understanding of genes. Introducing the concept of prosthetic derived from the Greek word prostithemi, meaning something added or replaced, Davis explores the idea that genes may be used to replace some aspects of identity and being in the world. Davis argues that the novel possibility of tailoring drugs to particular racial groups (his term) is an expression of present-day eugenics. The reasoning behind his argument is that because designing drugs to cure endemic diseases within given population groups involves identifying genetic anomalies, there is a danger that particular individuals and groups, unless cured or left unborn, become labelled as inferior in their ‘humaness’ and ‘normality’. My guess is that readers with some knowledge of genetics and the distribution of genetically inherited diseases and conditions may find some of Davis’ assertions and reflections on the topic somewhat challenging.

In the next chapter, Davis explores identity by looking into how an impairment, like a depressive disorder, functions in the interaction between doctor and patient. In doing so, he draws our attention
to the fact that the categories we have labelled diagnoses, are not ‘God-given’, but quite literally the result of work done by small groups of experts and practitioners. Throughout this undertaking, Davis again underlines the fluid nature of psychiatric labelling.

Chapter 7 is an argument for allowing disabled people the right to physician-assisted suicide (PAS). Davis argues that we should not treat people as disabled, and hence protect them from society’s ‘ableism’. Instead, disabled people are autonomous patients and at the end of their lives, they should have a right to choose. This issue represents one of the greater controversies in disability studies, but it is hard to find disability activists or organizations who support Davis’ views, and neither do I.

Davis’ arguments for opening up for PAS are not particularly convincing. For one, I certainly do not think it is a valid argument for the legalization of PAS that religious organizations and some right-wing politicians and organization are against PAS. In formulating one of his other arguments for the legalization of PAS, Davis attempts to portray the Dutch experience of assisted suicides as an unequivocal success. Based on an article in *The Lancet* (vol. 362, 2003), he claims that in the Netherlands, the most studied country in relation to end-of-life procedures, and a country that has legalized euthanasia, one finds: ‘a very low percentage of physicians euthanizing patients without their permission […] actually much lower than in countries that do not allow euthanasia, including Belgium, Denmark, Italy and Sweden’.

As I happen to know the referenced article, I can say that his reading of the study appears overly creative. The paraphrased sentence of the study highlights a more nuanced reality: ‘Ending of life without the patient’s explicit request happened more frequently than euthanasia (my italics) in all countries apart from the Netherlands; this type of doctor-assisted death was the only one recorded in Sweden (0.23% of all deaths)’ (347). Hence, other countries actually had a lower percentage of doctor-assisted deaths compared to the Netherlands. Most importantly, the study showed that the Netherlands had a very high percentage of deaths by euthanasia compared to the rest of the countries. At the time of the study, euthanasia in the Netherlands took place nine times more often than in Belgium, and Switzerland and at least 40 times more often than in Italy and Denmark. Moreover, it should be noted that the referenced study was carried out even before the Netherlands had legalized euthanasia. It is therefore hard to see how the study supports Davis’ arguments for PAS.

In Chapter 8, Davis switches to yet another theme – a rethinking of Freud. Contrary to his previous reading of Freud as one of the founding fathers of sexism, Davis now finds that Freud’s ideas about gender and sexuality in reality represent the opposite. Freud is in this chapter hailed as one of the founders of transgender culture and identity. This perspective in stark to that of Frank Sulloway for instance, who in his book *Freud, Biologist of the Mind*, made the claim that Freud was somewhat of a disguised ‘biologist’ in is theories of gender and sexuality. Freud was according to Sulloway heavily influenced by the writings of people like Darwin, von Krafft-Ebing and Albert Moll. Yet Davis’ chapter is both interesting and challenging since it represents different views.

Chapter 9 is a reprint of the ‘Biocultures Manifesto’, previously published in a special edition of the journal *New Literary History*. In the manifesto Davis, together with David Morris, rethink the relationship between sciences and the humanities, concluding that in order to understand entities like culture, identity and medicine one has to have an approach that opens up for knowledge linking the three of them. In the final chapter, Davis presents his reflections on the biocultural approach and education.

Now for some more detailed comments on Chapter 1, the only chapter where the term normal is addressed at some length. In previous works, Davis has argued that normality was a key concept in ordering and sorting people. The concept is thus associable with both the Belgian polymath Adolphe Quetelet’s concept of ‘the average man’ and Francis Galton’s eugenics endeavours towards the end of nineteenth century. In introducing the ‘science’ of eugenics, the ranking and grouping of people according to their ‘genetic value’, Galton, Charles Darwin’s cousin, contributed significantly to the development of the field of statistics.

Davis argues that normality is no longer the major defining term in social organization; instead, it is in the process of being replaced by the much more democratic term, diversity. Davis believes this is a
good thing, and it is easy to share Davis’ views. However, he might be too optimistic when he claims that identities, like gender, are for the most part no longer fixed, but chosen.

Davis maintains that the concept of normal still holds sway when it comes to disability. The main reason for this is that disability is not seen as an identity in the same way as many of us see gender, ‘race’, and other embodied identities. The rationale is that disability is seen as being a medical situation, a problem rather than a way of life that involves a freedom of choice. One cannot choose to be non-disabled in the same way as one can choose to express gender and sexual preference. Normality, according to Davis, is simply a way of monitoring and ascribing qualities to the medicalized body. As Davis writes: ‘Most people still want normal cholesterol, blood pressure and bodily functions’ (7). ‘Disability is tied to a medical paradigm and to be disabled you don’t get to choose.’ Emphasizing the mentioned contrast, Davies goes on to say that: ‘it is fairly obvious, for example, that one can be born a Muslim and decide to become a Christian or vice versa’ (11). Davis links the distinction between identities one can choose and identities one cannot choose (disabled) to the neoliberal ideas of free choice, ideas highly valued today – at least in the western world. Neoliberal ideas are more suitable for people with chosen identities than people with fixed identities.

The chapter is interesting and several of the issues addressed by Davis make you nod and say to yourself: ‘well observed and thought’. However, as always there is a ‘but’, even several ‘buts’. Apart from the fact that defining diagnostic categories and norms in relation to medical conditions (like cholesterol and blood pressure) are rather fluid, and closely connected to health policy and economic issues, one of the most important ‘buts’ relates to Davis’ framing of his rethinking, and his sense of context. To exemplify. First, in a number of countries and cultures, it might not be that easy for a person to change from being a Muslim to being a Christian. Conversion can in fact lead to severe reactions from the people in power. In some countries, it may even lead to a death penalty. Second, it might not be easy to ‘do gender’ in countries like Russia or Uganda. In many parts of the world, there are quite strict rules regulating what is considered proper behaviour for men and women. At the same time, the understanding of biological sex is quite fixed. Lesbian, gay, bisexual, queer and transgender persons can get severely punished and/or beaten up for exposing their sexuality and/or ‘choosing their gender’ in public.

This implies that once an understanding of power structures, religion and ‘discipline’ is introduced in the analysis of normality versus diversity, the line between chosen and fixed identities may become quite blurred and difficult to draw. On a more general level, the points made here puts into question the validity of both (1) the claim of an ongoing shift between normality and diversity as defining terms in social organization and (2) the greater value attributed to ‘chosen identities’. One cannot, as Davis seems to be doing, look away from the fact that choosing an identity is not only a question of ‘personal preferences’. It can also be ‘a political statement’ that may spur the risk of violent reactions or marginalization by those in power to define what is ‘acceptable’ and what is not. Even if Davis’ rethinking of normality can be valid for some western countries, it is hard to see how it can be applied as a more general understanding. In a number of countries and cultures normal is probably still the major defining term in social organization. To be fair, in his chapter about depression and disability Davis does remind us that normal is still a powerful concept when applied as a defining term in relation to the body. He also underlines the strong eugenic influence behind the concept.

To conclude, Davis has written a book that is highly interesting, important and provocative (in the positive sense of the word). Read it!

Lars Grue
Norwegian Social Research (NOVA), Oslo University College, Norway
lars.grue@nova.hioa.no

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