
The Cult of Normalcy

BY THOMAS E. REYNOLDS

Against the cult of normalcy, disability foregrounds vulnerability as a fundamental condition of sharing life together. It reminds us that wholeness is not self-sufficiency, but is the genuine communion that results from sharing our vulnerable humanity with one another in light of God's grace.

A *Sesame Street* ditty that I sang as a child – “One of these things is not like the others; one of these things just doesn’t belong” – aimed to teach children to identify common traits in items and then to note the differences. Now, as a parent of an autistic son, these words trouble me deeply. They mark an insidious human capacity to discriminate and exclude what does not appear to belong, or what has trouble fitting in with what is shared among a group. In fact, we learn to call “normal” what has become familiar, taken for granted, and expected in given circumstances. Alternatively, we learn to name the unfamiliar and strange as deviant and “abnormal.” Associated with unpredictability, the abnormal is disruptive and unsettling.

Disability has long been identified as not belonging, as even advances in disability rights legislation makes discrimination against people with disabilities unlawful. Across many cultures, disability signifies an unruly body that does not conform to familiar expectations. If a disabled body leaks and cannot be contained, it disrupts etiquette expectations and is shunned for lack of “normal” functioning. Indeed, it is commonly perceived as deficient, faulty, and lacking in qualities esteemed by a group. It seems to be a body gone wrong and in need of remediation through cure, healing, or rehabilitative adjustment to participate fully in society. When it cannot be brought into “belonging” through normalizing efforts to contain unpredictable and disruptive displays, such a body is excluded (in “care facilities” that function as hold-

ing places restricting public access) or eliminated (through prenatal screening to offer “preventive” intervention for parents of unwanted children).

In my experience as a parent advocating for my son, Chris, these harsh realities are commonplace. I cannot imagine deciding that his life is not worth being born because prenatal screening deemed his autistic condition somehow “faulty.” I cannot see his body as “wrong” and “lacking,” as just a thing in need of remedy or cure. Certainly, Chris’s way of being does not conform to social expectations. For example, in a grocery store he is sometimes overwhelmed and overstimulated by the crowds, noises, and tight spaces with shelves stacked high with colorful packages. It becomes clear his reactions are “maladjusted” and disruptive for other shoppers, who pass by shaking their heads and staring disapprovingly at both of us. He “should behave” and “contain” himself, someone once said to me. But I wonder precisely “who” it is that should adjust, behave, and contain themselves. When perceived from a different vantage point (Chris’s), the grocery store is in fact an overwhelming place, bombarding the senses with excess noise and enticements to purchase merchandise, far beyond what is needed. Whose reaction is “normal,” and why?

My family has been fortunate over the years to belong to several church communities that welcomed Chris’s way of being into congregational life. His body ticks and verbal outbursts during worship were not scorned, but accepted for what they are: part of Chris’s style of communicating and dealing with the stress of having to sit relatively still for an hour. Church members would speak kindly with him and take an interest in him, even enticing his involvement in the youth program. This experience of welcome marks accessibility in a deep sense, not simply constructing accessible buildings but inviting people with disabilities into full participation, with the community adjusting to different bodies and ways of being. I am reminded of how the Apostle Paul describes the Church as the body of Christ where each member offers gifts to others (1 Corinthians 12:12-27).

In the spirit of furthering this possibility for faith communities, I will consider how disability plays a crucial prophetic role in exposing the social pretensions of the “normal” and invites us to see our humanity as vulnerable gifts of God to be received by each other in relationships of mutual giving and receiving.

DISABILITY AS PROPHETIC CHALLENGE

Frances Young has observed that disability is “a kind of judgment. Clearly it is not some kind of punishment for sin. It is not usually anyone’s fault. But it is a kind of judgment, a *krisis*, because...[s]ociety is judged by the way it treats handicapped people and our society is ambiguous.” She goes on to say disability judges individuals, for it “discriminates between those who rise to the occasion, and those who fail to do so.... It shows up people and their relationships and their values for what they are.”¹ In other words, dis-

ability prophetically holds up a mirror to each society and to each person, reflecting back values, attitudes, and practices that nurture treatments of disability as a tragic flaw, the product of circumstances and bodies “gone wrong.”

Disability, of course, usually involves a bodily impairment—an inability to perform some task or activity considered necessary within a social environment.² However, not all impairments are disabilities. For example, today many forms of visual impairment are not considered to be disabling conditions (as in most cases wearing eyeglasses “corrects” vision), but having a mobility impairment that requires a wheelchair is considered a disability. Why is this? Judgments of disability are greatly influenced by social perception. Even physical deformations or speech impediments that are not necessarily impaired may be considered disabilities and trigger restrictive reactions by others based upon aesthetic conventions about what counts as “able-bodied” appearance. North American culture’s way of fetishizing beauty and virility dramatically highlights the aesthetics of disability.

To no small degree, then, disability is a social construct; it is the flip side of the social system of normalcy.³ Disability is more than an impairment that an individual happens to have: society disables people by representing impairment as a flaw or deficit, by constructing what is “normal” and thereby creating the difference between bodies that are “able” and those that are “disabled.” Medical communities commonly fuel this problem by cultivating curative practices to remedy such flaw or deficiency. Arthur Frank puts it this way: “Society prefers medical diagnoses that admit treatment, not social diagnoses that require massive change in the premises of what that social body includes as part of itself.”⁴ Even impairment can be seen as a social construct of sorts, its representation trading on certain definitions of the body that include some features and exclude others governed by a conception of normality.

This social construction is disguised from us when we describe disability as reduced ability and reduced personal fulfillment. This

individualizes disability, rendering it a problem with the body when it is more often the social order that makes an impairment disabling. Further, it makes adaptation and accommodation the responsibility of the individual or family rather than the cultural system or society. It focuses on curative or remediating medical practices (even religious prayers for “healing”), which

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depersonalize people with disabilities and overlook the disabling powers and principalities in the system itself.⁵

THE RISE OF THE CULT OF NORMALCY

That some bodies are deemed disabled reflects the exchange values that animate human communities under the sway of what I call the “cult of normalcy.”⁶ Society is built upon reciprocity: its members give to and receive from each other items of shared value. They expect predictability in these acts of reciprocity – e.g., when they offer services for payment, or agree on goals for achieving results.

The cult of normalcy takes the exchange values associated with bodily appearance and function – that is, how useful, productive, or valuable certain bodies are in particular social exchanges – and it routinizes them through systems of power and associated rituals. It takes these socially constructed attributions of value from particular situations and holds them up as standards for all people’s bodies. It makes them seem natural and even ideal. Rituals of socialization inscribe these standards across daily life – through media, education, economics, moral codes, and so on. This is why “cult” is a helpful way to understand how normalcy is communicated and internalized by members in a society. We are habituated into mechanisms of normalcy. One only has to turn on the television to see this powerfully displayed.

From inside these systems of normalcy, disability appears as a disruption, a disorienting surprise that throws into crisis what has been taken for granted. Cracks appear. To recover, social mechanisms are put in play to cement the cracks – to contain the damage by attributing the problem to individual bodies, and stigmatizing them as abnormal and in need of care through curative practices, normalizing management, or exclusion.

Consider how two airlines recently treated a family with a teenage son with Down syndrome.⁷ The family was removed from one flight after being told that their son could not board the plane with them. They then booked another flight on a different airline, only to discover that their seat had been changed to the back row, several empty rows behind other passengers. Officials for both airlines used language of avoiding “disruption” to defend their action, even when the child posed no threat. Down syndrome “appeared” threatening, unpredictable, and potentially disruptive. In this case, disability was defined by assumptions about what “ability” means, what the “normal” body looks and behaves like. The people who purchased airline tickets expected a smooth and comfortable experience; the airline officials perceived unruly bodies (even those of restless children) as disruptive and threatening. The result was exclusion.

Thinking about disability in terms of the cult of normalcy helps explain the pervasive influence of “ableism,” which privileges certain bodies over against others. By designating certain kinds of bodies as deviant, normalcy serves to uphold communal identities, supporting the basic way a group

of people understand what is valuable among them. It does this by mobilizing representations grounded in binary systems of exclusion—for example, “abled” over “disabled.” We define ourselves by what we reject; the things we exclude outline the identity by creating an “us” over and against “them.”⁸ Language itself becomes a vehicle for this process, inscribing the normal into our everyday sense of who we are. For instance, recall how terms like “cripple,” “blind,” and “deaf” are used pejoratively as metaphors of delinquency.

Paying attention to how disability appears as disruptive, then, can expose the illusions of normalcy. And this helps shift attention away from the “problem” of an individual body to the way communities represent disability. The real problem is the normalizing mechanisms that regulate, contain, and exclude people with disabilities. It is therefore crucial to move beyond binaries of “us-them”—especially as couched in terms of “normal” versus “abnormal,” “whole” versus “incomplete” or “faulty”—in order to undo the standard “ability-disability” binary. Even language of “caring for the needy” can still function as a way of maintaining a regulative “us” (giving from an abundance) over against “them” (receiving from scarcity). Unilateral gestures of benevolence in the form of assistance often express a paternalism that remains snagged in the snares of normalcy—as if to say, those “others” need fixing according to ideals “we” hold dear.

Here we must also acknowledge the dangers of being “inclusive,” of opening up access for people with disabilities through accommodation. Often church communities participate in the cult of normalcy inadvertently by treating disability merely as a

“problem” to be included. People with disabilities are seen as tragic anomalies that, according to the good graces of a community, “need” to be brought “inside” and given access and empowerment. A paternalistic and unilateral mode of giving emerges that “does for” others as if they are helpless subjects with nothing to offer. However, this perpetuates an “us-them” or “inside-outside” dualism that ironically retains

a condescending air of pity and normalization. Miroslav Volf agrees, arguing that inclusion “implicitly portrays ‘them’ as the kind of people ‘we’ are not.”⁹ Inclusion too easily plays out mechanisms of normalcy, uncritically assuming the rightness of its own position when in fact it is perpetuating the problem.

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VULNERABLE HUMANITY BEYOND THE CULT OF NORMALCY

Recognizing the disruption of disability for what it is, however, can help destabilize normative assumptions about what constitutes an “us.” Disability appears within the cult of normalcy as an interruptive force that unsettles our assumptions about what bodies are. This provocation unmasks the familiar and calls into question the standards and governing mechanisms of exchange that produce the “problem” of disability. Differences here become a teacher, opening up the possibility of communities in which bodily diversity is productive of life together, not a deficiency. In the absence of preconceived expectations fueled by dominant visions of what is “normal,” people with disabilities can convey a powerful sense of personhood and dignity and offer many gifts to their communities.

So it becomes a matter of moving beyond inclusion toward something more robust: an accessibility that connects members of the community as equals. This leads to healing, not by “curing” but by empowering creative agency, not by “restoring” bodily intactness but by opening a social space of non-domination and mutuality. We begin to “let go” of normalcy and “let be” by paying attention to disability in its disruptive difference.

Reciprocity between persons involves more than exchanges based on bodily function (ability) and appearance (aesthetics). All human beings share a capacity for giving and receiving, which is grounded in their vulnerability. It is an inescapable fact that human beings are born, live out their lives, and then die as vulnerable creatures exposed to and needing one another. We do not just need others in order to survive as helpless infants, but also to flourish as people who can love and be loved by others, and eventually die in their care. As Kristine Culp suggests, vulnerability does not simply mean susceptibility to harm, as something dire and limiting, but also susceptibility to good, to joy, and to fulfillment through others.¹⁰

The starting point for discovering what we *share* with one another is human vulnerability, rather than what counts for “ability” — for example, the capacity to think rationally, act autonomously, and look slim, healthy, and agelessly beautiful. What normalcy deems “needy,” “weak,” “deviant,” and so on, is not a flaw detracting from an otherwise pure and complete human nature. Rather, viewed through the lens of vulnerability, it is testimony to the fact that we receive our existence from each other. It is a source of the precious and fragile gift of communion with one another. Jean Vanier, founder of L’Arche, sums up the point: “We do not discover who we are, we do not reach true humanness, in a solitary state; we discover it through mutual dependency, in weakness, in learning through belonging.”¹¹ We realize genuine wholeness not through “ability” but through an acknowledgment of vulnerability that is made concrete in relations of mutual giving to and receiving from others.¹²

As Vanier goes on to note, “Weakness carries within it a secret power. The cry and the trust that flow from weakness can open up hearts.”¹³ The

vulnerability of another is a window into our own vulnerability, evoking a sympathetic relation that eludes the tyranny of the normal, sweeping under the radar of regulated exchange reciprocities. In this way, those who embody “weakness” and are considered “nobodies” in a society – that is, people with disabilities – “have profound lessons to teach us.”¹⁴

Let me pause to acknowledge a constant danger associated with this recognition of human vulnerability. As we become aware that we are not independent sources of our own destiny with seamlessly complete bodies, but fragile earthen vessels exposed to each other and to the contingencies of finite existence, we may become very frightened. The danger is that in the modality of fear, communities will become a pretext to fortify us against vulnerability: they will invite us to conform to the projected strength and worth of others as though this could purchase validation and social belonging and guarantee immunity from the pain of failure and finitude. This only energizes the erection of protective walls around the “normal.” It then becomes all too easy to judge the different and strange as outside the scripted scheme of things, as “abnormal,” because it exposes our vulnerability. To assuage their members’ fear, communities require a scapegoat – some individual or group or thing to turn into the object of fear, and then contempt – that the community can contain or exclude in order to remove its threat to the order of things. Thus it is that disability is stigmatized and considered a blemish, as it concretely reveals to society what its constituents seek immunity against.

This scapegoating process reflects a communal failure, not only because it falsely represents vulnerability as a flaw, but more because it objectifies the flaw as an attribute of the other person who is different. By projecting our own fear of vulnerability onto another, we become cut off from the wellspring of our own flourishing: mutual dependence. We deny the other and thus ourselves. Disability is a cipher of human limitation and vulnerability, not as a flaw but as a pervasive condition. Of course we can suppress or deny this condition, fleeing from it by pushing away those others whose difference overtly exhibits it as something we deem ugly or dirty or deficient. But in so doing we diminish dimensions of ourselves that are perhaps most human about us – the need to belong and be recognized as of value.

To safeguard against this process of scapegoating, we should remind

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ourselves that full humanity is neither diminished by disability nor confirmed by ability. Instead, it is based on the interdependent relationships we share with one another as creatures loved into being by God and in the image of God. There is a wider horizon in which all persons in their uniqueness and vulnerability coexist, and this horizon is the enfolding presence of a gracious God. The *appearance of disability*, manifest variously through different bodies, calls us prophetically into acknowledging our common human vulnerabilities and weaknesses, and this opens us more radically to God's grace.¹⁵

It is, in fact, our vulnerability that God embraces in Christ, entering fully into the frailty of the human condition, even unto a tragic death. Jesus is Emmanuel, God with us. God's sharing of the divine self in this way sends a distinct message: God is in solidarity with humanity at its most fundamental level, joined with us in vulnerability. Here, God reveals the divine nature as compassion not only by "undergoing" or "suffering with" human reality, but also by raising it up into God's own being. Redemption, then, is a welcoming, a divine act of hospitality. It is not a condescending move of pity. Neither does it negate vulnerable finitude by making humans inviolable and perfectly whole. Nancy Eiesland highlights this point by calling our attention to the fact that Jesus' body remains scarred after his resurrection.¹⁶ So, instead of doing away with the capacity to suffer, redemption transforms vulnerability into a communion with God, prefiguring the final eschatological horizon to come when all things will be transformed in this way. Genuine wholeness is reconciled relationships with others, creation, and the Triune God.

CONCLUSION

Against the cult of normalcy, disability foregrounds vulnerability as a fundamental condition of sharing life with one another. There is need for healing, not because disability requires "cure" or "containment," but because it entails real suffering, sometimes bodily but in many cases communal and social in the form of alienation, exclusion, and normalizing pressures. Disability, then, invites us to recognize mutual human vulnerability and dependence upon each other and God.

This strikes to the heart of the Apostle Paul's proclamation that God's power is made "complete" and perfected in weakness (2 Corinthians 12:9). And it has subversive implications for living together. Wholeness is not self-sufficiency. Rather, it is the genuine communion that results from sharing our vulnerable humanity with one another in light of the grace of God. Would that our congregations more robustly welcomed all God's children, sharing the radically inclusive love of God without representing some people as "abled" and others as "disabled." This would mean taking a hard look at the humanity we share outside the cult of normalcy. But the effect could be transformative for both Church and society.

NOTES

1 Frances Young, *Face to Face: A Narrative Essay in the Theology of Suffering* (London, UK:

Epworth, 1986), 142.

2 Nancy L. Eiesland, *The Disabled God: Toward a Liberation Theology of Disability* (Nashville, TN: Abingdon Press, 1994), 27.

3 Lennard J. Davis, *Enforcing Normalcy: Disability, Deafness, and the Body* (New York: Verso, 1995), 2, see also 48-49.

4 Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago, IL: University of Chicago Press, 1995), 113.

5 I am contrasting what disability scholars call the “social model” to the “medical model” of disability. The former complicates the very notion of disability by identifying the contributing problems in the social environment rather than merely offering medical care for an individual’s biophysical “problem.”

6 See my *Vulnerable Communion: A Theology of Disability and Hospitality* (Grand Rapids, MI: Brazos Press, 2008), chapters 2 and 3.

7 Lewis Griswold, “Family of Down Syndrome Teen Faults Second Airline,” *The Fresno Bee* (September 6, 2012), accessed September 10, 2012, www.fresnobee.com/2012/09/06/2979927_family-of-down-syndrome-son-faults.html.

8 The philosopher Michel Foucault famously speaks of binary divisions (mad/sane; normal/abnormal; in/out) and the “power of normalization,” wherein exclusion is not so much ejection from community as it is productive of community. See his *Discipline and Punish: The Birth of the Prison*, translated by Alan Sheridan (New York: Vintage Books, 1979), 29 and 199.

9 Miroslav Volf, *Exclusion and Embrace: A Theological Exploration of Identity, Otherness, and Reconciliation* (Nashville, TN: Abingdon Press, 1996), 58.

10 Kristine A. Culp, *Vulnerability and Glory: A Theological Account* (Louisville, KY: Westminster John Knox, 2010), 2-4.

11 Jean Vanier, *Becoming Human* (Mahwah, NJ: Paulist Press, 1998), 41.

12 See *Vulnerable Communion*, chapter 4.

13 Vanier, *Becoming Human*, 40.

14 *Ibid.*, 45.

15 *Ibid.*, 39-41.

16 Eiesland, *The Disabled God*, 98-105.



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