

Powers of Classification: Politics and Biology in Understandings of Intellectual Disability

Niklas Altermark
Lund University, Sweden

Abstract: Intellectual disability is commonly understood as a biological state of functioning that determines the cognitive capabilities of the individuals labeled so. By analyzing how intellectual disability is constructed through classification practices this article challenges this view, arguing that intellectual disability primarily is a political, normative and social diagnosis.

Key Words: construction of disability, bio-politics, deviance

Introduction

Intellectual disability is popularly understood as a condition of biological functioning, influencing cognitive development and thereby having extensive effects on the living conditions of the individuals labeled so. By this view, the field of social policy vis-à-vis intellectual disability, consists of governmental arrangements affecting the lives of the diagnosed individuals, as in group home living and sheltered employment, whilst the diagnosis as such is rendered outside the scope of politics. Often starting from this perspective, social scientific disability scholarship has, for the most part, devoted attention to the social conditions surrounding people with this diagnosis whilst taking the nature of the condition for granted. As noted by Tremain (2005) and Hughes and Paterson (2010), examinations starting from feminist and post-structural perspectives theorizing the relation between body, knowledge and politics, has been surprisingly rare within disability studies. The purpose of this article is to put into question some common assumptions on the relation between politics and biology in understandings of intellectual disability. As I hope to show by analyzing the classificatory construction, politics is not best conceived of as social practices exercised on already-there brains with given biophysical characteristics, but by what puts the category of “intellectual disability” into being in the first place.

The label of intellectual disability becomes a strong marker of identification for members of the group and has tangible consequences for diagnosed individuals. It will likely affect chances of getting a job in the regular labor market, where people with this condition will live, what schooling they will get, and so on. It is therefore vital to examine the implicit ideas operating through knowledge systems surrounding the condition, thereby seeking to open up new spaces for criticism and contestation. In this article, classification is analyzed as originating in ideas on deviance and from concerns on how various groups of people in society can be governed (Foucault, 1998; 2002). The on-going changes in classification of intellectual disability are, from this perspective, re-constructing the group as such, re-inventing it, and fine-calibrating it to fulfill rationalities of government. Starting from this perspective, it becomes possible to discern the political and normative stakes involved when constructing clinical definitions. This will be the principle task of this article.

Intellectual Disability and Biology

Politics and Biology in Disability Studies

To start with, it is necessary to lay bare how the relation between biology and politics is commonly interpreted within social scientific disability studies. Arguably, the analytical approach known as the “social model” of disability has strongly influenced disability research for the last three decades (Barnes, 2000; Shakespeare, 2006; Smith, 2005). It has also affected the ideological leanings of intellectual disability scholarship. The main proposition of the first version of the social model was its separation between impairment, which is taken to be the *biological* constitution of the body, and disability, which denotes the effects of discriminating *social* structures (Oliver, 1996). The social model’s core claim is that disability is caused by social organization rather than by biological functioning. Impairment, in this model, reflects the natural distribution of biological difference within any population. The reason why people with impairments are disabled is that impairments are not accommodated for by social organization (UPIAS, 1976; Oliver, 1996; Shakespeare, 2006). Consequently, one of the main goals of disability studies has been to identify and criticize discriminatory social structures.

Although the social model has been contested and developed into a family of analytical approaches (Shakespeare, 2006; Chappel et al, 2001; Rapley, 2004), it is fair to say that the identification of discriminatory social structures has been a main focus of disability studies up to this day. For the purposes of this article, what is of importance is an assumption underpinning the social model as well as the analytical perspectives that have developed from it, namely the idea that biology and society can be ontologically separated. This separation was put to the fore already by The Union of Physically Impaired Against Segregation (UPIAS) (1976) in what can be considered the founding statement of the social model, where disability is declared to be imposed on top of impairment and social factors imposed on top of biology. Consequently, the target of criticism from researchers starting from this perspective has often been mechanisms of power exercised on already-there bodies and brains. Thus, whilst questioning the authority of medical professions to decide how disabled people should *live* (Oliver, 1996), social model analysis concurrently neglects the power of medicine to define what disabled people *are*. The “being” of impairment is not necessary to problematize if “social” and “biophysical” are distinguished spheres. Although the separation between society and biology enabled criticism of disabling social structures, it simultaneously disregarded impairment as a question of politics.

Despite the fact that the social model has developed and been contested by rival approaches, present understandings of disability are still tainted by this division between the socio-political and the biophysical. Since the mid-nineties, a variety of criticisms have been leveled against the social model, occasionally pointing to its naturalized place of impairment (*see* Tremain, 2005; Hughes & Paterson, 2010), but more often arguing for social model analysis being over-simplifying and logically flawed (*see* Shakespeare, 2006). It has also been suggested that social model analysis neglects intellectual disabilities (Chappell, 1998; Chappel et al, 2001; McKenzie, 2013). At times intellectual disability has figured as proof of the opaqueness of a one-sided focus on discrimination, for example when Shakespeare and Watson (2001)

rhetorically asks how social organization possibly could accommodate for people with intellectual disabilities having equal opportunities on the labor market. Implicitly, what is argued is that the elimination of barriers never can eliminate disadvantage for people with cognitive impairments and by that intellectual disability is turned into a verification of pre-political and biophysically rooted hindrance (see also Anastasiou & Kauffman, 2011). In this way, the debates on the social model and intellectual disability have often focused on whether and to what extent the assumed biological realities of impairment needs to be accounted for in explanations of disability. Still, the sphere of biology and of impairment has remained de-politicized. Today, most western legislations and regulations, as well as dominating scholarly interpretations (see Harris, 2006; Carr & O'Reilly, 2007; Hvinden, 2009), adhere to various forms of relational models where disability is seen as stemming from the interplay between impairment, on the one hand, and social context on the other. The relational models can be interpreted as the result of a compromise between the social model and the biological focus of the clinical mainstream (Harris, 2006,). Yet, the social model and the relational approaches share the assumption that politics and discrimination only appear *after* impairment (see Rapley, 2004; McKenzie, 2013). No matter if the biophysics of brain functioning is irrelevant to disability (as in the social model) or as forming relations to social context creating disability (as in the relational models), the existence of a socially untouched biology is essential to how disability is conceptualized.

This separation between biophysics and society produces theoretical blind spots that constrain criticism of how intellectual disability is *put into being*. The problem with this separation is that it cannot provide tools to analyze how phenomena such as classification and clinical interpretations of intellectual disability are embodying mechanisms of power, precisely because classification and medical knowledge are dealing with pre-political impairment. But how impairment is made knowable, how certain biophysical features are rendered objects of science and dressed up in discourses of “pathology” and “disorder”, and how these divisions and labels are functioning within social policy, are all matters of politics. And this we can only acknowledge if the separation between biophysics and politics is collapsed (see McClimens, 2007).

The Body Politic and Power of Life

On the one hand clinical diagnoses are of vast influence for targeted individuals. On the other, and despite the critical aspirations of much social scientific disability scholarship, these systems are with few exceptions (for example Rapley, 2004; Simpson, 2012) either seen as unproblematic or simply overlooked. In response to the shortcomings of the dominant research paradigm, new theoretical vantage points are needed.

Butler (1993) has suggested that every reference to a body works as a further formation of that body, directing attention to the social constitution of what is considered “natural” in our biology. Instead of understanding social structures as layered “on top” of bodies, as in social model analysis, this perspective understands knowledge of bodies as intertwined with the normative powers operating in society. Thus, rather than being imposed on top of the body, society is always there at the moment when our biophysical features are made objects of knowledge. In addition, the very placement of impaired brains in the domain of biophysics is a potent expression of a power functioning by making certain phenomena appear unproblematic,

non-political, and beyond the reach of criticism. Following Butler, I will approach impairment and biology as part of a socio-political field, which hopefully facilitates understanding the self-narratives of people labeled with intellectual disability in ways more attentive to the experiences of how diagnosed individuals comprehend their own condition.¹

A second theoretical proposition guiding my analysis is provided by Foucault's (1998) conception of bio-politics, suggesting that there is an intrinsic connection between systems of knowledge production and the governing of the individuals comprising the population. In order to govern the population the population has to be known, which means that ways of subdividing and ascribing characteristics to different segments of the citizenry are integral aspects of government. The production of knowledge on various groups in society is central to how society distributes wealth, plan social policy interventions, incite certain ways of being and acting in society, and so on. Instead of approaching classification and the medicine of intellectual disability as reflecting upon a world outside and before politics, the notion of bio-politics help us see how these are aspects of the ordering of society (Caswell et al, 2010).

The theoretical perspective sketched here is neither meant to imply that the social model, or any other critical perspective, should be abandoned, nor does it ignore the important criticisms and the vibrant activism that these conceptions of disability have produced. Instead it acknowledges that disability studies on intellectual disability needs to be complemented to further new targets of criticism and contestation.

Intellectual Disability as Social and Statistical Deviance

Turning now to the examination of classificatory practices, it is necessary to start with a short introduction to the basics of the classification of intellectual disability.

For the second half of the 20th century and up to this day, all globally used classification systems have defined intellectual disability as the concurrent featuring of intellectual and adaptive behavior deficits at the onset of the developmental period of life. These criteria are operationalized as an IQ-score below 70 and significant limitations in adaptive behavior estimated by clinical professionals. The newly released DSM-V (2013) downplays intelligence on behalf of adaptive behavior, but IQ-testing remains integral to the suggested classificatory toolbox also in the new diagnostic manual (APA, 2013). DSM, together with the ICD-10 of WHO and the classification system of the American Association of Intellectual and Developmental Disabilities (AAIDD), dominate classification of intellectual disabilities today and have historically agreed on the basics of what intellectual disability is.

According to the dominating classification systems there is no single cause or prognosis for the category of intellectual disability since this is a generic term for a host of more specific types of impairments (Harris, 2006). Moreover, it is maintained that genetic, medical, psychological, and environmental factors all contribute to determine the level of cognitive and adaptive disability (Bennet, 2006, p. 343) and that many cognitive impairments can conjoin in one individual (Carr & O'Reilly, 2007). In order to see the politics involved in conceptions of what intellectual disability is, I will first have a closer look at the practice of measuring deficits in intelligence and thereafter examine the notion of adaptive behavior.

IQ-testing

IQ has arguably been fundamental to the formation of present understandings of intellectual disability. The emergence of IQ-testing and psychometrics in the early 20th century fundamentally altered the practice of classification. Premising the shift was the idea that human intelligence could be summarized and measured as an individual characteristic. In turn, the new test instruments introduced what was perceived as scientific measurements of cognitive capabilities, replacing subjective judgments by parents, community inhabitants and state authorities. The introduction of intelligence testing also meant that the historical inclination to bundle together individuals with intellectual disability with other groups, for example the poor of the Middle ages or the physically impaired during the 19th and early 20th century (Stiker, 1999), was abandoned in favor of a careful segmentation that separated this group from other marginalized groups.

IQ is not and has never been a straightforward measurement of intelligence, but of intelligence compared to the rest of the population. IQ-scales are normed so that the average member of the population has an IQ of 100. Hence, IQ-tests do not measure intelligence in absolute terms, but in relation to the statistical norm that the test is constructed for. It is assumed that IQ is normally distributed in a bell-shaped curve peaking at an average IQ of 100. Putting the cut-off point at an IQ of 70 designates two standard variations below average, which means that 2.27% of any population assumed falls under the bar if the test is correctly constructed. Therefore, in theory, IQ-test results show how good individuals are at solving psychometric tests compared to the general population and the 2.27% performing worst will meet this criterion. Consequently, the cut-off point of an IQ of 70 precludes the possibility that more than approximately 2-3% of the population is intellectually disabled. No matter how many children with syndromes associated with intellectual disability are born or not born, the share of the population with an IQ under 70 will remain at about 2.27 % as long as the tests are up-to-date and the assumption of normal distribution is correct. It can thus be concluded that there are no necessary linkages between IQ-testing and the biology of cognitive functioning, precisely since IQ is a statistical measurement that only makes sense relative to the population that the test is constructed for.

In some clinical work on the condition, it is maintained that IQ is not normally distributed since there is a “genetic bump” at the lower end of the bell-shaped curve caused by biological pathogens, such as genetic disorders and pre-natal damages (Bennet, 2006). This means that among those with an IQ under 70 there are individuals with IQ scores that can be attributed to the “genetic bump” and individuals with IQ scores where IQ can be attributed to normal distribution. This introduces a division between normally distributed abnormal intelligence and abnormal intelligence stemming from identified pathogens. However, the categories are equated in classification practice. Even when intelligence is associated with a specific genetic syndrome, pathogenic biology does not guarantee a specific IQ-range. You can have an associated syndrome with an IQ higher than 70 and you can have an IQ below 70 without an associated syndrome. Naturally, the lack of pathogens appearing precisely at an IQ of 70 begs the question why the cut-off point should be placed at this particular point. It is also notable that the

placement of the IQ cut-off point both have been revised and debated throughout the 20th century. The absence of biophysical characteristics that correlates to the IQ 70 criteria indicates that this cannot be a decision abstracted from social norms. In retrospect, this placing has been interpreted as stemming from a general impression that 2-3 % of the population are intellectually disabled judging from their “real world behavior”, that is, on a judgment that 2-3% of the population behaved in ways that called for societal responses. Interestingly, the originator of the IQ 70 cut-off point, the psychologist David Wechsler, provided no references or guidance to any clinical studies justifying the placing of the IQ 70 yardstick when it first emerged in a 1944 article (quoted in Flynn & Widaman, 2008). Justifications of the placing of the cut-off point are notably scarce also in the contemporary clinical literature (see Bennet, 2006; Carr & O’Reilly, 2007). Thus, rather than explicit clinical judgments about brain functioning, the rationales for the design of the IQ-criterion seem to be a social judgment about how a large share of the population needs to be segmented by classification systems. Implicitly, the IQ-70 cut-off carries a judgment on what and how people are, deeming that 2-3 % of the population need to be specified and it is assumed that psychometrics is able to do the sorting.

Every now and then clinical works on intellectual disability maintain that the placing of the cut-off point at IQ 70 can be scientifically validated. Consider for example Carr and O’Reilly (2007) referring to numerous publications stating that IQ 70 is confirmed by deficits in adaptive functioning, which is the other criterion for being intellectually disabled. This reflects that there is a high correlation between adaptive behavior deficits and an IQ under 70. Thus, the accusations of arbitrariness in the placing of the cut-off point are met with the argument that those with an IQ of 65 are deemed intellectually disabled also by their level of adaptive functioning, whilst those with an IQ of, let’s say, 75, are not. This naturally begs the question why two criteria are necessary in the first place. It also exposes a peculiar figure of reasoning where two criteria taken to be independent from each other still can be inferred from one another. If this really is the best way to validate that IQ 70 is the correct place to draw the boundary between pathogenic and normal brain functioning, the rationale of the IQ criterion boils down to the idea that people with an IQ of less than 70 behave in ways that constitute pathology, despite the fact that no biophysical pathogens are necessary to be diagnosed.

The peculiarities sketched here can serve as a neat illustration of the operations of mechanisms of bio-politics. The rationale behind IQ-testing is the perception that a segment of society, approximately 2-3% of the population, is behaving in ways that calls for socio-political measures. Although these measures have changed since the emergence of intellectual disability, from incarnation and confinement to group home living and decentralized support systems, classification is still a tool of government rather than an instrument of medicine describing naturally existing phenomena. IQ tests did not provide new knowledge of a group already existing; it invented a group in a way that conformed to specific understandings of the relation between intelligence and behavior and contributed to the assumption that a large share of the population needed to be targeted by interventions. This explains why the enormous heterogeneity within the group of intellectual disability is beside the point; the category is not meant to speak uniformly with respect to medicine and biology, but with respect to social policy and government.

The interesting point to note here is how these underlying rationales and justifications of IQ testing, when examined more carefully, contradict the way intellectual disability is almost universally presented in the clinical literature as a natural phenomenon, existing regardless of context and ingrained in bodies. For example, both Harris (2006) and Carr and O'Reilly (2007) provide plenty of descriptions of etiological traits leading to the condition and advises on how the condition can be prevented by, for example, genetic counseling. Yet, no biophysical indicators are to be seen in IQ test results. This inclination to locate intellectual disability within the individual as a "natural" phenomenon is exposed when comparing discourses on the IQ test results of the intellectually disabled with discourses on IQ gaps of other low-performing groups. For example, a host of studies have shown that people of color averagely fall 15 points below caucasian people on IQ tests in the United States (Borthwick, 1996). This is most often attributed to a host of environmental factors, such as education, early cognitive stimulation, and socio-economic background. However, in the clinical depictions of IQ and intellectual disability, social factors are continuously downplayed in favor of biophysical pathology. Likewise, although the general intelligence paradigm holds that IQ is the outcome of biological *and* environmental factors (Bennet, 2006), the IQ of people with intellectual disabilities is most often exclusively understood in terms of the former.

In summary, the use of the IQ 70 yardstick is founded in conceptions on certain behavior which calls for governmental action. Its technique is to measure deviations from a socially embedded norm turned into statistics, which in turn requires a line to be drawn between what is normal and what is not. Where to draw this line can never be a decision extracted from notions of normality. Furthermore, the influence of social factors on IQ test results may potentially mean that people with mild forms of intellectual disability are diagnosed on having had unfavorable social circumstances, which is something completely different than the view that intellectual disability is resulting from pre-political impairment.

Adaptive Behavior

Diagnosing intellectual disability is not restricted to only doing IQ tests. Harris(2006) asserts that diagnosing is about comprehensive assessment and individualized case formulation performed by clinical professionals. The combination of intellectual and adaptive capacities means that psychometric testing should be complemented with measurements of adaptive functioning.

The adaptive behavior criterion in the fourth edition of DSM reads:

“Concurrent deficits or impairments in present adaptive functioning (i.e., the person’s effectiveness in meeting the standards expected for his or her age by his or her cultural group) in at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety” (Mash & Wolfe, 2010, p. 276).

Also the ICD-10 invokes comparisons with similarly aged peers and members of one’s cultural group into the definition of adaptive behavior, as does the AAIDD. What varies between

the different classification systems is how adaptive behaviors are statistically grouped and factored, although they all typically measure various aspects of communication, self-management and everyday living. The relative component of adaptive behavior, referring to what is normal for individuals within the same age and cultural group, means that adaptive behavior deficits consists of little more than once again resorting to a notion of what is not considered normal. In much the same way as with IQ test results, there can be numerous reasons for failing to live up to adaptive behavior criteria, linked to identified biological conditions or not. Thus, like IQ, the adaptive behavior criterion fails to form a necessary linkage to bio-pathology.

The construction of the adaptive behavior criteria also raises questions on the rationales behind choosing these particular areas of measurement – why communication skills, why personal safety, and why self-direction? These are neither self-evident nor self-evidently measured, as the on-going scientific controversies on measurement technologies of adaptive behavior testify to (Arias et al, 2013). Rather than approaching adaptive behavior as connected with some kind of natural truth about what a normal or disabled brain is, these criteria seems to function as yardsticks to measure the capacity to get by in the modern western societies where they were constructed. Because, although adaptive behavior does not speak of biology, it says a whole lot about how one is functioning in contemporary western society. Therefore, as Foucault analyzed madness as the absence of work, we might ask with Rapley (2004) why adaptive behavior deficits can't be translated into the absence of norm-following behavior in areas valued by society. There is nothing intrinsically problematic with this, but it definitely shows that adaptive behavior does not exist outside of how it is measured. And it needs to be acknowledged that the practice of estimating adaptive behavior deficits is intrinsically linked to norms about what normal and appropriate behavior is and that the judgments passed emanate from how such norms are interpreted by the psych-professionals carrying out the tests.

The Intellectual Disability Criteria – Circularity and “Deviance”

Returning to Butler's suggestion that bodies are constituted in discourse, the criteria for being diagnosed with an intellectual disability can be seen as an example of such constitution. The technologies that are allegedly used to *describe* an independently existing “disordered cognition”, in fact functions to *manufacture* the condition of intellectual disability as such. IQ and adaptive behavior become intrinsic to how the brains classified are understood, specifying what their important features are and why they qualify as pathological. In this way, the present comprehension of what intellectual disability is was not *discovered*, but *created* by techniques of measuring intelligence as IQ and adaptive behavior.

Now, what we see in the definitions of intellectual disability is that the symptoms are equated to the label itself (*see* Rapley, 2004). This effectively turns into a loop of circularity as soon as one tries to render the definition of the group explanatory. How do we know that someone is intellectually disabled? It is because they have sub-average intelligence according to IQ tests and are unable to care for themselves according to behavioral measurement assessments. Then, why do they have low IQ and why are they unable to care for themselves? It is because they are intellectually disabled, which means that they have sub-average IQ and adaptive behavior problems. And so on. In this way the label of intellectual disablement explains nothing more than the criteria constituting it. This begs the question, if not explanation, what might be

the purpose of the diagnostic criteria? Looking at classification as a practice of bio-politics, the answer is that the knowledge production of intellectual disability criteria functions as a tool to define whom social policy should target. This decision can never be separated from norms on normal behavior and functioning. The enormous diversity within the group of people labeled with intellectual disability is rendered obsolete by this underlying rationale: it does not matter that the label slates over an array of considerable differences, what matters is that the classificatory instruments can detect individuals that are perceived as calling for governing.

When we approach the diagnostic criteria for intellectual disability as an indicator of biophysical functioning, it will appear as logically peculiar and non-explanatory upon closer scrutiny. What actually causes intellectual disability is a social judgment that consists of designating IQ 70 as the appropriate yardstick and in picking a specific list of indicators capturing adaptive behavior. It is the very assumption that these instruments are able to specify pathology, that constitutes intellectual disability as pathological. Thus, viewed upon from a perspective of bio-politics, classifying intellectual disability can be seen as a social practice with the aim of defining a segment of the population that is already perceived as differing from the societal norm. As a result, individuals with very different conditions, with very different help needs, and with very different cognitive functioning, are bundled together under one label.

Importantly, this argument pertains to the whole range of people labeled intellectually disabled, not just people with mild or moderate impairments. Intellectual disability is always a diagnosis of deviations from the norm – whether it is considered small or obvious. It may be that the construction of classification means that some “mildly” disabled individuals could have been deemed “normal” as the relative measurement criteria creates liminal zones of ambiguity, whilst it might seem obvious that individuals with severe intellectual disabilities always will be in need of social services of some sort. However, the practices of framing intelligence, behavior, or the need for help within an overarching binary scheme of normal-“deviant” are social and discursive. Indeed, the reasons for people with mild and severe intellectual disabilities being sorted under the same label, as well as the very existence of a label indicating that these groups are similar, cannot be understood as separated from socio-political considerations.

Returning Deviances to Nature

Despite the fact that biophysical functioning is not necessarily tied to the classificatory criteria for intellectual disability, the clinical literature depicts the condition as a phenomenon that can be comprehensively explained by understanding the brains and genome of the individuals labeled so. In this section I will argue that such biologization of intellectual disability serves as a discursive method for inscribing the social and statistical deviation detected by classification schemes onto the biology of the brain by returning the normative perception of “deviance” to nature.

Notably, cognitive functioning is not static, but constantly changing over a lifespan. IQ can increase as well as decrease and behavioral skills can be learned and un-learned. Modern neuroscience has effectively falsified depictions of the static and predestined “machine brain” (Changeux & Edelman, 2001; Changeux, 2004). This means that environmental factors, for individuals situated at the upper end of the intellectual disability scale, potentially can push over

the IQ 70 threshold and, similarly, that some individuals might be intellectually disabled by merit of the absence of favorable circumstances. However, examples of people labeled intellectually disabled getting their diagnosis taken away are very rarely described. The clinical literature often notes the importance of early interventions, a nurturing upbringing, good education, stable family relations, and so on, in order to enhance cognitive development (Carr & O'Reilly, 2007; Bennet, 2006), but resists the logical conclusion that "intellectually disabled", the way it is currently defined, is something that one can cease to be. Instead the condition is almost unequivocally talked about as something one is and will continue to be.

This results from there being dual modes of defining intellectual disability: as below normal IQ and behavior deficits, which may change, and as something tied to one's being, no matter what. The discursive tool used to turn the fluid and unclear deviations detected in classification into a static condition, is the concept of *etiology*, denoting the origins of pathology. Conditions such as Down syndrome and Fragile-x syndrome are examples of etiologically defined sub-categories of intellectual disability. It is commonplace in the clinical literature to assume that intellectual disabilities have etiological traits and that these traits, most often, are biophysical whether they are known or not. By this assumption it is also implicitly suggested that intellectual disability is pathological. However, the dividing line that specifies pathology is not possible to detect in people's brains; this is an assumption made, pertaining to the behaviors that the classificatory measurements aim to detect. Thus, by referring to intellectual disability as having etiological traits, the underlying assumptions on normality and deviance are naturalized and framed as located in a biophysical realm prior to culture and norms. When put into a discourse of "pathology", it establishes a framework for understanding the intellectually disabled brain, making deviations appear as an effect of some detectable biophysical pathogen, although this is precisely what the classificatory definitions of intellectual disability fail to detect.

The references to etiology also means that the fluidness of cognitive abilities – potentially pushing one over the IQ 70 threshold – is replaced with a label that cannot be escaped; you are born and you die with a genetically defined condition such as Down syndrome, even though your intelligence or adaptive behavior might be changing. This is another indication that there are two concurrent ways of understanding intellectual disabilities, the ways designated by the classification systems and in terms of etiology by reference to the origins of what one's bodily functioning is like. One important function of the discourses of etiology is camouflaging that it is the placement of the IQ cut-off point and the specification of the adaptive behavior criterion, that determines the division between intellectually disabled and "normal" people.

This brings us to the relation between the overriding category of intellectual disability and the associated sub-diagnoses. There is no necessary link between these – you can have one of the associated conditions but an IQ over 70 or meet the criteria without any discernable sub-diagnose. But precisely such a link is assumed in much of the clinical literature. Consider for example Harris (2006) approvingly quoting Bourneville as the person "finding out" in 1880 that intellectual disability is "caused" by brain pathology. This statement is possible only given the premise that adaptive behavior deficits together with an IQ under 70 are self-evidently pathological. This, as I have shown, is a normative statement and in addition highly questionable. In fact, at the logical point where it becomes meaningful to search for etiological traits it has already been taken-for-granted that there is something to search for. Only after pathology has

been taken as fact does the need to scrutinize the biology of people with intellectual disabilities emerge. At the same time, the biophysical expositions masquerade as the real causes of intellectual disability, thereby obscuring the normative character of diagnosis.

Thus, what I propose is a reversal of the commonly suggested order of appearance of intellectual disability and etiology. Whilst mainstream intellectual disability research holds that etiology explains why one meets the criteria for being intellectually disabled, I suggest that a social and cultural recognition of these people as deviating from the norm is primary; the IQ and adaptive behavior-criteria produce a way of specifying this group and only thereafter follows the idea that the origins of difference should be traced; the recognition of “deviance” is and has always been primary to the search for its causes. Etiology functions as the implicit ideology that seeks to explain every abnormality in behavior and mind as bio-pathology, thereby rendering the social judgments appear as “natural” by returning them to the body. Once we have accepted the assumptions of etiology and pathology it becomes necessary to detect every aspect of intellectually disabled beings, to trace every thread that has lead up to their constitution, and to do so by carefully examining the biology of their brains. This project can be interpreted as premised on the body having a privileged status as a source of truth, understood as “natural”, “real”, and/or “authentic” (Urla & Terry, 1995). The myth of the body as a source of truth explains why societies have repeatedly returned to the materiality of the body to solve social anxieties, whether concerning race, sexual orientation or sex, all proven by history, or concerning intellectual disability, as my analysis shows.

A last thing to note on the biologization of intellectual disability is how it discards the legitimacy of the voices of people labeled with the condition. The exclusion of people with intellectual disabilities from research concerning their own lives is well documented (McClimens, 2010) and given the authority of the clinical sciences, simply put, there is no room for questioning, resisting or even affirming the label “intellectual disability” as long as the diagnosis is seen as a matter of medical professionalism dealing with biology. The biologization of intellectual disability thereby creates a discursive barrier precluding and delegitimizing the voices of people with this condition from expressing their own comprehensions of their diagnosis. Destabilizing assumptions on what intellectual disability is that are taken for granted, is therefore serving as a political strategy facilitating criticism and creating space for discussion for people with intellectual disabilities. This ties well in with the inclusive and participatory research agenda that has been advanced by some advocates and disabled activists.

Conclusions

From a perspective of bio-politics, classification and clinical accounts of intellectual disability both function as ways of providing knowledge that government can act on; ways of carving out a group perceived as needing management. By this view, the accumulation of clinical knowledge and the practices of classification can be seen as intertwined with modalities of government and the recognition that there are people in society behaving in ways that must be managed, serves as the incitement for forming the diagnosis in the first place. In order to maintain the idea that people with intellectual disabilities are distinctively “other” from “normal” ways of being, the deficits detected by the classification schemes are re-located in the brain of labeled individuals – not by strategy, but by rationales working within the clinical literature on

the condition. Thereby, intellectual disability is discursively anchored in the biology of the brain and this concurrently functions so as to depoliticize the condition as such, making it appear as “natural” and having an ontologically independent existence. When examined more closely, however, we find that the construction of the disabled brain is imbued with norms about what constitute normal functioning. All of this shows that there is no way of knowing intellectual disability in a social or historical vacuum. Ideas on normality that are permeating contemporary western societies, along with rationalities on how behavior perceived as “deviant” can be managed, are indeed the foundations that knowledge on intellectual disability is built on. These arguments can be read as an attempt to ontologically relocate the brain within intellectual disability discourse, moving it from the realm of nature to the realm of politics. Such a theoretical move, I argue, provides an impetus for criticism that does not restrict itself to the organization of public services, but that places the very being of the intellectually disabled at the center of attention as an issue of social politics. In turn, as the authority of medicine and psychiatry starts to tremble, this might leave more room for narratives of individuals labeled with the condition.

It is important, however, to be careful when discussing what these findings imply. Surely, many people labeled intellectually disabled are helped by getting access to support and services, which, it can be argued, is enabled by classification and diagnosis. Thus, the efficiency of classificatory practices in finding individuals unable to manage their own lives may be interpreted as proof of the legitimacy and effectiveness of such systems. However, the arguments proposed do not imply that people should not get access to social services, but that the formation of “intellectual disability” as a target group for such services must be understood as political and therefore open to contestation. This does not render classification meaningless *per se*, but offers an incentive for us to explore it and debate it as an issue of politics rather than as the “nature” of how some people function. As long as classification and clinical descriptions of intellectual disability are seen as pre-political, any discussion on the merits, dangers, powers and aims of classification is precluded. If anything, the criticism I have sought to formulate here should urge us to abandon the firm separation between biology and society that presently pervades understandings of diagnosing intellectual disability.

Lastly, the prevailing discourse on intellectual disability not only obscures the political rationales inherent to knowledge production on the classified brain, but also restricts people labeled with intellectual disabilities from formulating what their condition means. Chen and Shu (2012), for example, have convincingly shown that the labeling of people as intellectually disabled can create experiences of stigmatization. Simultaneously, the existence of this diagnosis functions to generate the appearance of a homogenous group, instilling the impression that “intellectual disability” is *one* specific way of inhabiting the world. Tucker (2010) has argued that the knowledge systems of medicine and psychiatry not only concern how bodies are made sense of, but also affects the experience of embodying a medically defined biology. This directs attention to how individuals with intellectual disabilities come to identify and understand themselves as belonging to this certain category of being human. Therefore, to politicize the “nature” of intellectual disability is not speaking for or on behalf of people with intellectual disability, but seeks to designate a space for them to speak from by showing that the formation of how intellectual disability is seen is contingent on highly normative and political ideas that

should be addressed in a critical and public discussion, one that people with intellectual disability have a right to be a part of.

Niklas Altermark is a PhD-Candidate at the Department of Political Science at Lund University, Sweden. His research deals with the politics involved in targeting and constructing intellectual disability.

References

- Anastasiou, D., & Kauffman, J. M. (2011). A social constructionist approach to disability: Implications for special education. *Exceptional Children*, 77(3), 367-384.
- American Psychiatric Association (APA). (2013). *DSM-V Intellectual disability fact sheet*.
- Arias, B., Verdugo, M. A., Navas, P. Gómez, L. E. (2013). Factor structure of the construct of adaptive behavior in children with and without intellectual disability. *International Journal of Clinical and Health Psychology*, Vol. 13, 155-166.
- Barnes, C. (2000). A working social model? Disability, work and disability politics in the 21st century. *Critical Social Policy*, 20(4), 441-457.
- Bennet, P. (2006). *Abnormal and Clinical Psychology: An Introductory Textbook* (2nd edition). New York: Open University Press.
- Borthwick, C. (1996). Racism, IQ and Down's Syndrome. *Disability & Society*, 11(3), 403-410.
- Butler, J. (1993). *Bodies That Matter: On the discursive limits of "sex"*. London: Routledge.
- Carr, A., & O'Reilly, G. (2007). Diagnosis, classification and epidemiology. In A. Carr, G. O'Reilly, P. Noonan Walsh, J. McEvoy (Eds.), *The Handbook of Intellectual Disability and Clinical Psychology Practice*. London: Routledge.
- Caswell, D., Martson, G., Elm Larsen, J. (2010). Unemployed citizen or 'at risk' client? Classification systems and employment services in Denmark and Australia. *Critical Social Policy*, 30(3), 384-404.
- Changeux, J-P. (2004). *The Physiology of Truth: Neuroscience and Human Knowledge*. Cambridge: The Belknap Press of Harvard University Press.

- Changeux, J-P., & Edelman, G. M. (Eds.). (2001). *The brain*. New Brunswick: Transaction Publishers.
- Chappel, A. (1998). Still out in the cold: People with learning difficulties and the social model of disability. In T. Shakespeare (Ed.), *The Disability Reader*. London: Cassell.
- Chappel, A-L., Goodley, D., Lawthom, R. (2001). Making connections: The relevance of the social model of disability for people with learning difficulties. *British Journal of Learning Disabilities*, vol. 24, 45-50.
- Chen, C-H., Shu, B-C. (2012). The process of perceiving stigmatization: Perspectives from Taiwanese young people with intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, Vol 25, 240-251.
- Flynn, J. R., & Widaman K. F. (2008). The Flynn Effect and the shadow of the past: Mental retardation and the indefensible and indispensable role of IQ. *International Review of Research in Mental Retardation*, vol. 35, 121-149.
- Foucault, M. (1998). *The history of sexuality: Vol. 1. the will to knowledge*. Hammondsworth: Penguin. (Original work published in 1976).
- Foucault, M. (2002). *Madness and civilization: A history of insanity in the Age of Reason*. London: Routledge. (Original work published in 1967).
- Harris J. C. (2006). *Intellectual disability: Understanding its development, causes, classification, evaluation and treatment*. New York: Oxford University Press.
- Hughes, B., & Paterson, K. (1997). The social model of disability and the disappearing body: Towards a sociology of impairment. *Disability & Society*, 12(3), 325-340.
- Hvinden, B. (2009). Redistributive and regulatory disability provisions: Incompatibility or synergy?. In L, Waddington & G. Quinn G (Eds.), *European Yearbook of Disability Law. Volume 1*. Antwerp and Oxford: Intersentia.
- Mash, E. J., & Wolfe, D. A. (2010) *Abnormal Child Psychology* (4th edition). Stamford: Wadsworth Cengage Learning.

- McKenzie, J. A. (2013). Models of intellectual disability: towards a perspective of (poss)ability. *Journal of Intellectual Disability Research*, 57(4), 370-379.
- McClimens, A. (2007). Language, labels and diagnosis: An idiot's guide to learning disability. *Journal of Intellectual Disabilities*, 11(3), 257-266.
- McClimens, A. (2010). These self-evident truths: Power and control in intellectual disability research. *Journal of Intellectual & Developmental Disability*, 35(2), 64-65.
- Oliver, M. (1996). *Understanding disability: From theory to practice*. London: Macmillan Press.
- Rapley, M. (2004). *The social construction of intellectual disability*. Cambridge: Cambridge University Press.
- Roets, G. (2009). Unraveling Mr President's nomad lands: Travelling to interdisciplinary frontiers of knowledge in disability studies. *Disability & Society*, 24(6), 689-701.
- Roets, G., Reinaart, R., Van Hove, G. (2007). Living between borderlands: discovering an sense of nomadic subjectivity throughout Rosa's life story. *Journal of Gender Studies*, 17(2), 99-115.
- Shakespeare, T. (2006). *Disability rights and wrongs*. London: Roudledge.
- Shakespeare, T., & Watson, N. (2001). The social model of disability: An outdated ideology?. In N. Barnartt & B. M. Altman (Eds.), *Exploring Theories and Expanding Methodologies: Where we are and where we need to go. Research in Social Science and Disability*, vol. 2, 9-28.
- Simpson, M. K. (2012). Othering intellectual disability: Two models of classification from the 19th century. *Theory & Psychology*, 22(5), 541-555.
- Smith, S. R. (2005). Equality, identity and the Disability Rights Movement: From policy to practice and from Kant to Nietzsche in more than one uneasy move. *Critical Social Policy*, 25(4), 554-576.
- Stiker, H-J. (1999). *A history of disability*. Ann Arbor: The University of Michigan Press.

Tremain, S. (Ed.) (2005). *Foucault and the Government of Disability*. Ann Arbor: The University of Michigan Press.

Tucker, I. (2010). The potentiality of bodies. *Theory & Psychology*, 20(4), 511-527.

UPIAS. (1976). *Fundamental principles of disability*. London: UPIAS.

Urla, J. & Terry, J. (1995). Introduction: Mapping embodied deviance. In J. Urla & J. Terry (Eds.), *Deviant Bodies*. Bloomington and Indianapolis: Indiana University Press.

Endnotes

¹ See Roets, 2009; Roets et al, 2008 for excellent examples of how such understanding can be accommodated by de-naturalizing impairment