THE ORDER OF CLASSIFICATION AND THE DISORDER OF THE HUMAN BEING

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Abstract: Diagnoses are not only objective phenomena: they are products of a subjective language and historical conditions. When we study the history of disabled people, we find that we as professionals create classifying order based on predetermined, historical criteria. This situation creates a general problem. We are not able to find a universal truth, but only local and cultural conceptions of different kinds of disability. Of course the disability itself is not always a construct. There are blind, deaf, mentally retarded people, but the meaning of their disability is constructed based on historically given conceptions. When we today use words such as sick, healthy, normal and deviant, where do we then set the boundary? How do we in our present biogenetic universe avoid preventing and eliminating conditions which are not considered unbearable, maybe not even considered a disease, by those implicated? What orders do we produce and what kind of limitation of the human disorder will be the result?

"— to be content with seeing - a few things":

The French philosopher, Michel Foucault, begins The Order of Things by quoting the classification system of animals from an ancient, Chinese encyclopedia: a) animals belonging to the Emperor; b) embalmed animals; c) tame animals; d) suckling pigs; e) sirens; f) animals of fable; g) roaming dogs; h) animals included in this classification; i) animals roaming madly; j) that are innumerable; k) that are drawn with a fine camel's hair brush; l) etceteras; m) that have just broken the water jar; n) that at a great distance look like flies" (Foucault 1996, p. 7). This classification system causes wonder and laughter but is also disquieting, Foucault writes, because it shakes "the thousand-year-old enforcement of the differences between the same and the other..."What is shown us by this educational fable as the enchantingly exotic aspect of an alien thought, is the limitations of our own thought - the absolute impossibility of such thoughts" (Foucault 1996, p.7).

The fable is both fascinating and disquieting because it undermines the view that our own contemporary order of classification is somehow timeless and objective. In addition, the fable essentially tells us that we create the order of our time and culture based on predetermined, historical criteria (Foucault 1996, p.13).

Foucault emphasizes that the order that characterizes our contemporary worldview is a different order from the
one prevalent during classicism (Foucault 1996, p.16). To observe and classify people is, according to Foucault, a fairly recent development; the human being as an isolated figure is only about 200 years old (Foucault 1996, p.18). "Until the end of the 18th century, life did not really exist. Only living creatures", Foucault writes, "which means that a subject such as biology did not exist before this time either (Foucault 1996, p.222). In the 17th century, signs were looked for differently than during classicism. Whereas signs were part of the innermost being of things during the 16th century, in the 17th century they represented that which could be observed from appearances (Foucault 1996, p.181). "Therefore, to observe means just looking - systematically looking at few things. To see that which in the somewhat unclear multitude of representation can be analyzed, be recognized by everyone, and as such be given a name which everyone can understand" (Foucault 1996, p.187). According to Foucault, modern observation is a simplified description of reality from which sensuality and complexity are excluded. When everything must be categorized (according to the preexisting order), we must force ourselves to see only what we have decided in advance is worth looking for. "All differences that cannot be related to these components are rejected as immaterial" (Foucault 1996, p.195), "to apprehend that which belongs to the peculiarity of an individual is to have before oneself — the possibility to classify all others. — the animal and the plant do not exist in itself other than through the borderline that distinguishes it as different" (Foucault 1996, p. 201). That which we are not describes us. That which we are not - is "the other". The deviants too, have their own typology, whose similarities and limitations can be linguistically expressed (Foucault 1996, p. 191).

They and we:

While Foucault emphasizes the limited and the limiting vocabulary of the classification, the Polish sociologist Zygmunt Bauman emphasizes the way the categories we create are also involved in creating our identities. He sees the concepts "they" and "we" as being insoluble. "We" would not experience identity if "they" did not exist: "They" are not "we" and "we" are not "they". "We" and "they" can be understood only in their mutual conflict. I see the group to which I belong as "us" only because I think of all other groups as "them" (Bauman 1992, p.54, p.69).

Bauman writes that this boundary between an "inner group" and an "outer group" - between "us" and "them" - belong to the dividing line that is defended most intensely. Larger problems arise when the boundary becomes diffuse - in the gray zone where who belongs in the group and who belongs outside become difficult to discern (Bauman 1992, p.73).
such cases, history is full of attempts to solve the conflicts, (to sharpen the borders between black and white). Sometimes this resolution is achieved externally, by forcefully displacing populations with force, or by genocide, internally by special strategies. These strategies may be physical isolation, mental isolation, demands that those in question wear a stigmatizing sign - for example the Star of David - or the ignoring, tactful inattentiveness - benign neglect (Bauman 1992, p.77-p. 84).

If we combine the regimen of the order of classification and boundarysetting problematic of sociology, we can better understand why the simplified classification systems imposed on human complexity and "disorder" creates so much security for those who feel "inside" a given cultural and historical system of norms. For the established powers, reinstating order, by identifying those who occupy the space in the gray zone represents a crucial part of the problem of identity.

To carry a sign of degeneration

In my book, Defective and Deported, I describe the conditions at the criminal asylum for mentally retarded men located on the island of Livø from 1911-1961. One of the examined case records describes the life of a man we will call Axel. This case is- like most of the other records from the Livø asylum - about a man from a poor family with many children and poor conditions. Born in 1905 he was removed from his home early on. While growing up he was placed in different kinds of care. His home was marked by poverty. There were 11 children in the family and Axel was number six. The family continuously received aid from the poor-law administration. The parents sent their children to beg.

Axel had an unsettled and turbulent childhood. The first time he was in contact with the police was when he, at the age of 11, stole a house key which the police thought he was going to use for a break-in. At the age of 12 he stole a bicycle, and at 13 he twice stole a bicycle. In this connection the child welfare authority decided to remove him from home.

Parental authority was transferred to the superior child welfare board, and Axel was placed in the children's home "Solhjem" near Haslev. In 1919 he was transferred to the reformatory "Godhavn". In 1922 he was at the reformatory "Braaskov-gaard" for a short time, but was then transferred back to "Godhavn". In 1923 he left "Godhavn" on a "borrowed" bicycle to visit the head of "Solhjem". This was seen as both theft and running away. The same year it was suggested that he be admitted to Ebberøgaard and the following year he was transferred to Livø.

Axel arrived at Livø in October 1924. A little less than three years later, in April 1927, he was sent to a supervised job on the mainland. He ran away from this place and could not be
found. He was therefore discharged from Livø in July 1927, but reentered Livø in September 1928 after sentencing. He was released again in July 1931 but was readmitted to Livø in September 1932. He was released from Livø in 1933.

The diagnosis from Axel's information chart from Ebberødgaard reads "imbecilitas, moral defect". His physiognomy: "typically proletarian". Skin colors "dark, muddy". Under special markings, a "poorly done" tattoo is listed. Regarding his mental state, "his looks and nature give a plebeian impression, he answers sullenly and unwillingly, but to all appearances sensibly".

Axel's patient history is the story of the attempt to find a sign, a sign that reveals Axel's hereditary defect. Such a sign would identify Axel as an inferior individual who should be treated at Livø indefinitely. The way the sentences are formed in his diagnosis suggests such a sign had already been identified before the information chart had been filled in. He is "apparently rather sensible" - in other words, you should not be fooled by his apparent normality - and primitive which is being described with the words "typically proletarian" and "plebeian looks and nature".

The doctor who examined Axel began with the diagnosis "morally defect" and proceeded to find the signs, which would validate this diagnosis. To further the diagnoses moral defects, the doctor also noted physical stigmas such as "dark, muddy" skin and "poorly done" tattoos. That is, tattoos of a quality which "we" - the educated and non-proletarian - would never be satisfied with. There are no educational and psychological interpretations in the case records. Instead, the case record, of course, is based on the medical and psychiatric interpretations and the biological and determining theories of the time; the man's behavior becomes the same as his diagnosis. Society felt it should protect itself against Axel's presumably inferior heritage and his criminal, biological disposition. In this instance, society attempted to protect itself it both physically, by deporting Axel to an island, and mentally, by disciplining him through education.

To prevent and to predict

"Two old themes which in different versions seem to repeat themselves in the social history of deviation complexity are mastering and prediction. We want to master as well as control the case. Furthermore, civilization also wanted to be able to predict, by means of scientific reason during the Age of Enlightenment, when the case would occur next time" (Dingstad 1997, 19). In this way, Axel's diagnosis, "morally defect", can also be understood as an attempt to predict his destiny.

The authorities felt that Axel's destiny could be scientifically predicted because of his low intelligence and the pre-established signs of moral
retardation. People of this "type" would continuously commit offences, and whether they were minor or major offences was incidental. Given this background, he was committed to the island asylum Livø. His medical records show that he was sentenced to about three years on Livø every time he was committed for reformation. The records also show that he was not reformed, but considering the diagnosis, Axel’s reformation was never actually expected. His behavior matched the expectations. As a "type", the members of “the inner group” of civilization could decide that he was dangerous enough to be excluded. They decided on the means of treatment, and they were in charge also administered the treatment.

At the time of the Livø asylum, inmates’ treatment consisted of isolation, job training, discipline and possibly sterilization to prevent the reproduction of their kind. That Axel had suffered as a child was interpreted, according to the prevalent theories, as proof that he would commit "evil" in the future, that he carried evil as an individual (today we would call it genetic) characteristic. Thus “evil” could be both predicted and surgically removed.

"... and I dared not ask": The Danish poet Torben Lange begins his autobiography, "The Story of an Idiot - told by Himself" (Lange 1996) by stating “The past is a dream and I don’t understand the present”. His Story tells about his unsettled life as a so-called maladjusted person. A human being that must bear a number of labels and diagnoses ranging from being mentally retarded to being mentally ill. A human being who has a difficult time fitting into our classification system, but who might fight into the Chinese classification system cited by Foucault, as one "who has just broken the water jar": And in this way, he shares a background similar to the patient we have come to know as Axel. Torben Lange shares a background similar to that of Axel. They both grew up in poverty under harsh conditions.

In Torben Lange’s early childhood, he developed "wandering tendencies" and a propensity for pilfering. He also developed a talent for drawing and storytelling, talents which the professionals did not consider significant when they diagnosed him. For these talents were not accepted as a real "sign". The professionals recognized the poor result of his intelligence test, however, and transferred him to a home for backward children. After he had escaped from the boy’s home where he lived, he was transferred to a child’s psychiatric ward. Torben Lange recalls the decision: "In the morning I was taken back. The principal was choleric and red in the face. He scolded me but for some reason I wasn't punished. I had been afraid of that. I stood with my head down and dared not look up. If I looked him in the eye, would he beat me? I didn't really hear what he was saying. In the middle of the stream of
words he did say something, though, that made me prick up my ears: "-- we can't do more for you, and I have recommended that you'll be placed somewhere else --. He didn't say what kind of place and I dared not ask" (Lange 1996, 149).

To place "the problem" somewhere else is a well-known professional technique when recalcitrant pupils, patients and clients refuse to let themselves be treated - let alone reformed. Chief Physician Wildenskov wrote about a certain man in 1943: "I really think there is no basis for sterilization. There is no information about hereditary disposition in his family and he has in IQ of 75; therefore sterilization does not seem to be required and since he will not agree to it, we cannot force him, he is a little turd. I really think we should discharge him from care. He must find a job and take care of himself. Then we can always take him again if he commits more serious crimes that cannot be misinterpreted as his last capers in Frederikshavn". The Chief Physician's irritation and frustration with the man's lack of gratitude and the lack of effect from treatment come through very clearly.

In Torben Lange's case, the children's psychiatric ward made a prediction different from that of the home for the backward. On this ward, his talent for drawing is given weight. He will either go mad or become a genius according to the doctor's prediction (Lange 1996, 172).

If we create the world through what we can say about it (Kristiansen 1997, 49-60), and if what we say can be reduced to a few things, much will remain unsaid and uncreated. Torben Lange is an example of how complexity despite the surrounding conditions sometimes finds its own way. He does not break patterns by adjusting to an ordinary (middle-class) life. He does break the pattern, however, by maintaining the weird, strange and multi-faceted aspects of his life without giving in or compromising. I am not criticizing the fact that he was considered "strange", but rather that his strangeness was regarded in such negative terms by all the authorities with whom he came in contact.

The hidden signs of dependency:
"When Care Feels Violating" is the title of a recently published doctoral thesis by the Norwegian nurse Britt Lillestø. Based on a number of investigative interviews people with functional disabilities, she comes to the conclusion that the patients often feel violated when their time, body and territory become someone else's property.

Maintaining one's own identity can be difficult when dependency is total (Lillestø 1997). Dependency easily becomes a hidden sign - a boundary between "them" and "us". In this way, that which creates an identity for the professionals creates a loss of identity for those who are dependent. This is true both for people with
physical disabilities, as Britt Lillestø demonstrates, or people with mental diagnoses. The problem is that it is difficult to be seen in complexity when limited by dependency.

What is it we want to avoid?

"Some children with fragile x-syndrome suffer heavy behavioural problems, lack of concentration and aggression" states a contemporary text on this diagnosis. The description is part of a paper on "prenatal genetic consultancy and examination" (Sundhedsstyrelsen 1993). The statement quoted here is part of a discourse on where to draw the line between healthy and diseased - and about which diseases one can live with. At the same time it puts words on some of the things we want to avoid: "behavioural problems, lack of concentration and aggression" - the very same behavioral problems suffered by both Axel and Torben Lange although they were not actually diagnosed as carriers of the fragile X. The behavior is described solely as a biological phenomenon. This is nothing new. Also Axel's behavior was described this way.

By describing what we fear and prefer to avoid, we also describe what we want and appreciate. Thus, there is an educational element in these descriptions.

Why diagnose?

Definitions produce order in the human disorder. Problems are looked upon as personal, not as something connected to the situation.

While I have emphasized negative aspects of classifying and diagnosing - the reduced and reducing language, the frozen pictures of prognosis, and the stereotypes involved in treatment, - I am also aware that failing to diagnose could represent a problem if one's physical and mental state deviate from the norm. This applies to both relatives and professionals.

When we meet deviancy, we look for an explanation which both relieves blame and gives respect and points to a more precise aid and treatment. With the diagnosis, however, comes dependency and stigmatization. Diagnoses are intrinsically connected to the limiting classification systems which Foucault calls attention to, the boundaries between "them" and "us" emphasized by Bauman; and the desire for mastering and predicting behavior which Pål Dingstad identifies (Dingstad 1997, 19). Diagnoses are not merely objective occurrences; they are products of subjective language and historical conditions. Therefore, we must be aware of the social importance we place on diagnoses, and the importance these linguistic pictures exercise over "the others".

Where Foucault's book "History of madness" should be "history of the other", "The Order of Things" should be "history of the same" - history of the equal": "That, which in culture is both different and related should, therefore, be discernable through marks and collected in categories of identity"
(Foucault 1996, 19). There is a connection between the history of "the others" and the history of "the equal" and this connection is the boundary between the two ideas and their practice. The boundary lies between those who feel they are treated well and those who feel they are treated poorly. The punished, isolated, sterilized do not ask for theoretical explanations but for better conditions in their daily life situation. What kind of order do we want in our modern society? And what kind of means should we use for control?

According to Bauman, the fight against disorder is something universal for human beings. And it is a theme which in modern times has resulted in numerous programs for public health - from the fight against microbes to the fight against human "dirt" (Graugaard 1997, 160. Bauman 1993). In the past we tried to isolate "the dirt", now we try to exterminate it. We produce new words and new categories of "disturbing" persons. In that connection the question is not about how "the others" are, but how we construct stories about them. A society needs negative self-pictures. (Graugaard 1998, 160, Bauman 1997). When we today describe handicap as pain, it could be more restrictive than describing it as inferiority. Nobody wants pain. Without metaphors of pain, it would be difficult to legitimate that we want deviant embryos eliminated. How equal should we be? Where do we set the boundary between sick and healthy? How equal should we be genetically? If we are not able to promise embryos a good life, does this mean that we may wipe out the life? How much "disorder" do we want to tolerate if we as politicians and professionals want order. To make order is to abolish differences - to normalize - not the conditions but the person. Where it seems impossible, we prefer order. The human disorder seems more threatening as ever before. Perhaps we as professionals, relatives and politicians need diagnoses more than those directly affected?

Notes:
1. Arkivfond (archive): Den Kellerske Aandssvageanstalt. Sag: Journalsager. Journal: Reg. nr. 1042. Landsarkivet for Nørrejylland. This case is described in chapter 5.5 in my book: Defekt og deporteret. Ø-anstalten Livø 1911-1961. (Defective and Deported. The Island Asylum Livø 1911-1961). SocPol, Holte 1997.
2. ibid: Rapport af Nykøbing Falsters politi (police report) af 9. feb. 1924.
3. ibid.
4. ibid: Oplysningsskema (scheme) fra Ebberødgaard 1923, fra Den Kellerske Aandssvageanstalt 1924.
5. ibid: Disse data er noteret på journalomslaget (these dates are noted on medical records).
6. Arkivfond: Den Kellerske Aandssvageanstalt. Sag 1990/38, Omslag: Sager vedrørende Livø 1943. Brev (letter from Chief Physician) fra overlæge Wildenskov til inspektør Viggo Jensen (inspector on Livø) af 4-11-1943. Landsarkivet for Nørrejylland.
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