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Senior Seminar: Ressentiment

The Body of Ressentiment

Zarathustra, however, answered thus unto him who so spake: When one taketh his hump from the hunchback, then doth one take from him his spirit--so do the people teach. And when one giveth the blind man eyes, then doth he see too many bad things on the earth - Nietzsche, Thus Spake Zarathustra*, 175*

Introduction:

In his *Genealogy of Morality*, Nietzsche describes a complete shift in the way we make moral decisions. As a part of this redefinition, we no longer think in terms of good and bad, but rather good and evil. This distinction, which he explains using the phenomenon of ressentiment, is described as a kind of slave morality and constantly involves the "making other" of difference; moreover, this new other becomes something evil. The very goodness of the one judging depends on the other being *evil*.

Ressentiment, the driving force in Nietzsche's analysis, is explored throughout the *Genealogy*, though conspicuously absent from much of today's philosophical literature. Simple investigation, however, reveals the prevalence of ressentiment within our current social structures. I will argue here for a reading of one facet of our society that reveals the movement of ressentiment as a phenomenon that turns the other into something evil: the millions of persons living with disability. Disability, I argue, occupies a marginalized position in the contemporary western world in large part due to ressentiment as described by Nietzsche.

By the turn of the twentieth century medical science was establishing itself as an authority on difference. Scientists and doctors categorized and classified physical and mental differences in the language of impairment; in society, these impairments translate

into disability. Ressentiment morality relegated those judged as disabled into an inferior position. They become other, sick and evil within a society that defines itself through its able-bodiedness. This distinction, however, is something constructed, and not born into those with disabilities. They have been *turned into* the objects of fascination, disgust and evil by our society's compulsive need for the able-bodied to represent goodness. This becoming evil of the disabled other is, I will show, a product of Nietzschean ressentiment rather than an inborn inferiority on the part of those with disability.

I will begin by examining the historical marginalization of those with disability, that is, examining how and when they became evil within our society. My project here is to demonstrate the position occupied by disability in society is categorized by invisibility. Disability, though it affects tens of millions, is deemed aberrant, strange and uncommon. I will reveal how disability has been pushed out of a collective conception and onto the fringes of society. I will then engage in a reading of Nietzsche's *Genealogy* that offers ressentiment as a driving force in the marginalization of disability. The move from bad to evil is fundamental to our conception of the disabled other and allows for the purportedly ethical treatment of those with physical and/or mental difference.

Finally, I will examine the actions of the disabled community, particularly disability activists, in recent years. A vocal minority is rising to call for an end of the discrimination against those with disability. Such actions run contrary to disability as invisible, but I posit these activities as an expression of Nietzsche's will to power. Nietzsche leaves the will to power open a potential escape from the system defined by ressentiment, and I will attempt to categorize the actions taken on the part of disability activists as an attempt to assert this will. The disabled community's rise to gain

recognition in society represents more than a protest, it may be read as the will to power expressing itself in an effort to throw off the ressentiment morality currently pervading society.

A History of Marginalization:

The existence of disability as a marginalized identity is something that has arisen over time, and is not inherent in the physical bodies or minds of the disabled. In an essay about learning disability in college classrooms, several professors articulate a view that well articulates the way disability functions in society: "impairment is a physical difference...disability is what society makes of that impairment in constructing 'disability' as the opposite of something thereby recognized as 'normality'" (Brueggemann et al., 2001). Our conception of disability is one that changes and shifts throughout time, but as these professors suggest, may have little to do with actual disabled individuals. Particular impairments have differing effects and pose certain challenges to those with them, but they need not be representative of a marginalized existence, simply a difference.

In a somewhat similar vein, the agency of the disabled today remains on thin ice; many in the medical profession are looking for reasons to "treat" disabled individuals who may themselves see nothing wrong with their bodies or minds. In an article by professors Harlan Hahn and Todd Belt entitled "Disability Identity and Attitudes toward Cure in a Sample of Disabled Activists," this issue of normalizing is taken up. Hahn and Belt pose a view that the disabled often see themselves differently than those in the medical profession:

> Disability...is neither a 'disease' nor a bodily attribute that can be removed by medical intervention...some disabled people complain that doctors tend to ignore immediate health problems in order to concentrate on what may be perceived as another futile attempt to find a 'cure' for their impairments....Disabled individuals

might often seek health care, but they seldom 'need'--or perhaps want--medical treatment due to their permanent impairments. (Hahn, Belt 2004)

Physical impairment, the professors explain, may necessitate a need for increased health care within the disabled community, this however, does not imply a definitive desire to rid themselves of their impairment. The body may play an important role in the construction of the self, and there is no reason to suspect disabled individuals feel any less attached to or enriched by their bodies as anyone else in society. Hahn and Belt note this when they explain, "the promise of curative treatment is often rejected to the fact that it poses a threat to one's positive construction of self around the identity of being disabled" (ibid.). Disability becomes such when it is judged by society. For the individuals "afflicted," impairments dictate their conceptions of themselves, and these constructions need not be negative. Hahn and Belt found a recurring sentiment when speaking to those individuals who engage in disability activism: "even if I could take a magic pill, I would not want my disability to be cured" (ibid.).

The question now arises, why, or perhaps when? When and why did these distinctions between impairment and disability become apparent? When and why are the disabled made to feel their bodies are something to be corrected? History may explain how this situation has come to prominence, but this is not the whole picture. As I will argue in the proceeding sections of the paper, views of disability represent more than historical occurrences, but rather are reflective of a shift in moral decision-making as articulated by Nietzsche in the *Genealogy*.

Doctors Paul K. Longmore and Lauri Umansky present a greatly valuable resource for understanding the role played by disability in society today with the work

they edited entitled: *The New Disability History; American Perspectives*. The volume comprises the thought of various researchers of disability related to the historical development of disability in the United States. I draw greatly on their introduction as well as various essays presented in the text for my account of disability as a historical phenomenon within our society.

Longmore and Umansky affirm what many choose to ignore, disability is not only a fact of life, but something that has long been a topic of conversation: "disability has always been central to life in America. From before the antebellum debates about the qualifications of democratic citizenship...to the current controversies over access and 'reasonable accommodations'" (Logmore, Umansky 2001). The pages of our history are underscored with the history of difference, but like a watermarked page, histories of marginalized groups often remain hidden until one begins to look for them.

Marginalization, Longmore and Umansky suggest, is rooted in an "existential anxiety" typical of American culture and modern outlooks on the world: "Americans often perceive disability--and therefore people with disabilities--as embodying that which American fear most: loss of independence, of autonomy, of control; in other words, subjection to fate" (ibid.). This fear demands an explanation, a correction. Here is the place of the doctor and policy maker within the disability framework, both fundamentally place blame upon, or at the least make completely other, those do not fit the constraints of traditional social views. Longmore and Umansky reveal, "medical history at least appears to parallel disability history in its concentration on people with various 'conditions.' In reality, the divergences between these two fields in many way define disability history's parameters...'Disability,'...is not simply located in the bodies of

individuals"

(*ibid.*).

Douglas C. Baynton, in an essay "Disability and the Justification of Inequality in American History," explains the places where disability not only exists in our history, but where it has been used against disabled individuals: "the concept of normality in its modern sense arose in the mid-nineteenth century in the context of a pervasive belief in progress" (Baynton, 2001). Normality became connected to notions of evolution and progress in an effort to raise the stakes of man rather than God in nineteenth century; rather than accept nature as something given by a divine being, men began seeing in themselves and progress the pinnacle of success and perfection (ibid.). Views like this led to an adverse take on all groups seen as abnormal. Not only do abnormal people become something different, but they are viewed as standing in the way of progress, of evolutionary perfection, and thus dragging down society.

It is precisely for this reason that many groups who were viewed as different were associated with the disabled during the nineteenth century, simply for not conforming to what the ruling, white men saw as perfection: "nonwhite races were routinely connected to people with disabilities, both of whom were depicted as evolutionary laggards or throwbacks....As with disabled people today, women's social position was treated as a medical problem" (ibid.). All difference became disability in the nineteenth century. This became a legitimate means for discrimination and marginalization in the name of progress.

Sadly, the attempts of other marginalized groups to gain prominence did little for the disabled. In fact, most groups seeking greater social and political prominence did

little to raise the issue of difference generally, but rather made a distinction between themselves and the disabled other: "Suffragists rarely challenged the notion that disability justified political inequality and instead disputed the claim that women suffered from these disabilities" (ibid.). Distinguishing oneself from the disabled not only served women and African Americans in their pursuit for greater freedoms, but also those attempting to immigrate into the United States. Braynton explains, "aesthetic and eugenic considerations were at least as important as concerns about the functional limitations of disabled immigrants...medical exclusions on the basis of 'poor physique' and 'lack of physical development' began to appear around the turn of the century" (ibid.). A fear that the disabled would pollute the American people became justification for barring them from immigrating through the nineteenth and into the twentieth century.

Through the turn of the century it is obvious the disabled became not only marginalized by the normal, but also used as a scapegoat for those attempting to gain acceptance. Racial, feminist and immigrant groups could all point to the disabled and say "I may not be normal, but I am certainly not *that*" in an effort to raise their own position. Unfortunately, this contributed to the intensely marginalized position those with disabilities were forced into; the nineteenth and twentieth centuries saw the rise of medicalizing difference and also the making invisible of those seen as physically different.

Disability primarily became a medicalized "problem" during the opening years of the twentieth century:

> By the early twentieth century, the growing focus on correction of the individual exhibited by Knight and his more aggressive successors seemed to signal the coming of the medical model...Medical innovations from anesthesia to X rays provided surgeons with newfound respect. Meanwhile, the establishment of

professional medical organizations...added great prestige to the medical profession. (Byrom 2001)

Byrom, in his essay "A Pupil and a Patient" describes how disability becomes medicalized during the early twentieth century. The disabled have long been viewed as problems in society, and affront to progress and normalcy, but never before was there a class of people who could so easily "correct" the problem as twentieth century doctors. Their purported skills and knowledge gave them a position from which to morally compel patients. If the disabled individual wanted to resist medical "correction," they could be painted as morally wrong or deficient; surely if a doctor tells one they are sick, they should feel a desire to rid themselves of illness. A medical model for treating disability became wildly popular in the early years of the twentieth century. Rather than try and figure a way for society to accommodate difference, difference was reshaped (often by stitch and scalpel) into something that fit society.

Policies reflected a push towards medicalization during this time period as well. Hospital-schools were common for children with disabilities during this time. They took students into a place where regular medical care could be granted in addition to education. Some focused on education and socialization for students with disabilities, but others resembled little more than institutions: "Prior to 1920, most hospital-schools accepted all children regardless of whether or not their 'condition' was amenable to surgical intervention. By the 1920s, hospital schools increasingly restricted entrance to those who could be aided by orthopedic surgery" (ibid.). It should be noted that not all of these interventions were performed malignantly. Nearly all reformers saw employment as the biggest obstacle for those with disability (ibid.), and surgeries could certainly aid

the disabled in pursuing jobs and greater equity in society. However, the doctor's moral imperative to *fix* rather than *help* represents a shift towards pushing those with disabilities (and who choose not to "correct" them) onto the fringes.

Rosemarie Garland Thomson in her essay "Seeing the Disabled," explains some of the problems faced by those with disability in the later twentieth and into the twenty-first centuries. The medical view of disability has led to the disabled individual becoming something invisible in society, but also an object of fascination. Rather than acknowledging we are surrounded by disability, disabled individuals are singled out as examples: "As a culture, we are at once obsessed with and intensely conflicted about the disabled body....in representing disability in modernity, we have made the familiar seem strange, the human seem inhuman, the pervasive seem exceptional" (Garland Thomson 2001). The twentieth century sees the rise of a "don't stare" approach to disability. Employment opportunities and social programs exist in ways that have not in the past for the disabled, but they have not taken a vocal position in American society.

The disabled body, as Garland Thomson illustrated, is still something of a spectacle for us, something so completely other we must condition our children (and potentially even ourselves), not to stare. This, I argue, is not out of respect for the disabled individual, but rather an attempt to hide our fetishism with the unknown and different. Medical science has labeled the disabled as different, correctable, *wrong*, and thus the object of fascination. This characterization, though unintentional as far as any one individual is concerned, demonstrates the way moral decisions are made. Nietzsche offers the phenomenon of ressentiment to describe this simultaneous making other and making evil of the other.

Ressentiment and the Evil Body

       I will leave my discussion of the history of disability in the United States here for a moment so as to introduce the Nietzschean concept of ressentiment. Nietzsche introduces this idea in *On The Genealogy of Morality*; in this text Nietzsche is examining the way we make moral decisions. Specifically, he notes a change in the way these decisions are made, and wants to investigate in a quasi-historical way how this came about. He says, "we need a *critique* of moral values, *for once the value of these values must itself be called into question*" (Nietzsche 1887 emphasis original). His genealogy is concerned with the history of ideas and decisions more than specific historical events. I argue an understanding of ressentiment illuminates the discussion of disability because it offers both a why and a how to the marginalized state of those with disability within contemporary society. I will demonstrate this not only with Nietzsche's book, but also with the work of various disability theorists.

       In the *Genealogy* Nietzsche describes two paradigms: the good-bad morality of the noble man and the good-evil distinction of slave morality. He describes the good-bad distinction in terms of a noble man and those who are not noble. The word "good," he says, has its roots in nobility: "*Bonus* accordingly as a man of strife, of division (*duo*), as man of war--one sees what it was bout a man that constituted his 'goodness' in ancient Rome. Our German *'gut'* itself: wasn't it supposed to mean 'the godly one,' the man 'of godly race?' And to be identical with the name for the nation?"
(ibid. emphasis original). Good is a term meant to signify that which accords with the noble, the stately. He describes the growth of the good in terms of power, but also of hygiene, diet and living in a way that was considered more pure than other people (ibid.).

The good was built as something different from lesser peoples, surely, but it did not need to stigmatize the other. The other remained in its place while the good affirmed itself.

Nietzsche says of this morality: "noble morality grows out of a triumphant yes-saying to oneself" (ibid). The noble morality did not need to oppose itself to something, it was good in its very fact. The noble was certain of his goodness and affirmed itself without the affirmation or recognition of an other: "The 'well-born' simply *felt* themselves to be 'happy'; they did not first have to construct their happiness artificially by looking at their enemies" (ibid. emphasis original). The noble morality is in-bred and self-righteous, it is a morality that affirms itself without admonishing the other. It is precisely the concern with the other, or rather, the other being essential to one's own moral status, that is upset with the rise of the priestly class. This noble morality of good and evil is upset, Nietzsche tells us, with the rise of the priestly class in society; the value shift from good-bad to good-evil comes about at the hands of priests seeking more power.

Priests, in Nietzsche's argument, represent the most dangerous individuals within society: "From the beginning there is something *unhealthy* in such priestly aristocracies...Humanity itself still suffers from the aftereffects of the priestly cure naïvetés!...[Priests are] the truly great haters in the history of the world have always been priests, also the most ingenious haters" (ibid emphasis original). The priests come to power in European society by opposing themselves to the noble class. Their badness in the old moral system keeps them at a place of lesser power, so they challenge the fundamental goodness of the nobility in their grab for power: "It was the Jews who in opposition to the aristocratic value equation (good = noble = powerful = beautiful = happy = beloved of God) dared its inversion...'the miserable alone are the good; the poor,

powerless, lowly alone are the good" (ibid.)[1] The inversion from good-bad to good-evil

comes about when the priestly class decides it will proclaim itself, and other weak

individuals as good because of their weakness. Rather than deriving their sense of good

from themselves, their goodness becomes seated in the other's evilness.

Nietzsche characterizes this shift:

> Whereas all noble morality grows out of a triumphant yes saying to oneself, from the outset slave morality says "no" to an "outside," to a "different," to a "not-self": and *this* "no" is its creative deed. The reversal of the value-establishing glance-- this *necessary* direction toward the outside instead of back onto oneself--belongs to the very nature of *ressentiment:* in order to come into being, slave-morality always needs an opposite and external world. (ibid. emphasis original)

This new morality creates an evil to which it may oppose its own goodness.

Ressentiment fuels this movement from good-bad to good-evil; it is a phenomenon that

makes the other evil, not simply different, but something lesser, something to be

stigmatized. The noble morality, for Nietzsche, is completely replaced by the morality of

ressentiment. All moral decisions come from a position of making the other something

lesser in their alterity. Ressentiment, this othering force, lies at the center of our current

moral framework. We cannot help but turn the other into something different, something

evil, something less than ourselves. Additionally, our own status as "good" requires that

we find an other to be labeled as evil. With this understanding of ressentiment as the

force driving the change in values, it is pertinent to turn back to disability in order to

illuminate how Nietzsche's concept illuminates the discussion.

I argue the value shift that Nietzsche explains offers a convincing explanation for

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[1] Nietzsche frequently uses the terms "Jew" and "priest" or "priestly class" interchangeably. He views the priestly class as the creation of Jewish priests and sees its evolution into Christianity, which he also condemns as part of the priestly aristocracy challenging the good-bad moral system.

marginalized status of disability within society today. The disabled population becomes something other from the able-bodied, and within this paradigm the other must be something lesser, something evil. Ressentiment drives our moral decision-making and colors the way we see and encounter the world and the individuals therein. The disabled individual not only becomes something evil, but something necessary in the mental construction of able-bodiedness. The current system has no room for the disabled person to exist as something equal and alternative, but requires that the other be deemed inferior for able-bodiedness to be considered something desirable or good.

Robert McRuer describes this in his book *Crip Theory: Cultural Signs of Queerness and Disability*. He introduces the concept of "compulsory able-bodiedness:" "Able-bodiedness…still largely masquerades as nonidentity, as the natural order of things...I put forward here a theory of what I call "compulsory able-bodiedness" and argue that the system of compulsory able-bodiedness…in a sense produces disability" (McRuer 2006). Able-bodiedness is assumed in contemporary society; when this is met with an other, physical or mental impairment, this other is considered something lesser than the able-bodied population. Able-bodiedness must always reign supreme in the minds of the able-bodied, and even the disabled. Only by making the other something inferior or evil may able-bodiedness affirm itself as something good and worthy of the benefits society bestows upon it.

In becoming an identity "that is no identity" compulsory able-bodiedness stigmatizes those with disability by coloring disability as something of a choice: "like compulsory heterosexuality, then, compulsory able-bodiedness functions by covering over, with the appearance of choice, a system in which there is actually is no choice"

(ibid.). The disabled body is just as natural as the able-bodied, but it is considered

something of a moral flaw. It makes the disabled body wrong because it views disability

as a choice, something that could be corrected or prevented. Of course, this is not the

case, but moreover, the system depends on the disabled individuals' disabilities:

"[Compulsory able-bodiedness works] to (re)produce the able…But precisely because

these systems depend on a queer/disabled existence that can never quite be contained,

able-bodied heterosexuality's hegemony is always in danger of collapse" (ibid,). The

able-bodied depend on the disabled other, but the disabled are met with inequality from

the able-bodied. This system seeks to keep one group down, the disabled, so that the

image of able-bodiedness may be perpetuated.

　　　　The social body at large evolved into a group that characterizes ability and polices

disability. Only by stringently setting the definitions of otherness may able-bodiedness

be maintained. Jacqueline Urla and Jennifer Terry, in an anthology they edited entitled

Deviant Bodies: Critical Perspectives on Difference in Science and Popular Culture,

describe the seating of deviance in the body: "The somatic territorializing of deviance,

since the nineteenth century, has been part and parcel of a larger effort to organize social

relations according to categories denoting normality versus aberration" (Urla, Terry

1995). The establishment of two camps is necessary: the normal, able-bodied individual,

and the disabled, evil, other. This system, laden with Nietzschean ressentiment, becomes

something not only important in moral decision-making, but also the construction of

policy and the medical system.

　　　　　The epitome of viewing the disabled as other comes in the form of euthanasia.

The disabled life in this case is deemed so evil it is not worth living. In his essay "The

Destruction of 'Lives Not Worth Living'" Robert N. Proctor explains the history of this kind of Euthanasia: "Euthanasia was defended as a means of cutting costs [in Nazi Germany], or ridding society of 'useless eaters'" (Proctor 1995). At this time, the Jewish people were considered a "diseased race," a disabled group whose life was not worth saving, in short, a drain on society at large. He continues to say, "all subsequent legislation in the sphere of race and population policy, Gross claimed, was based upon this distinction between 'healthy' and 'diseased' races" (ibid.). We are forced again into the medicalization of difference. Here race is considered disability, an impairment that makes the lives of those of a given race less worthy than other (presumably white) individuals. Euthanasia is the zenith of medical intervention on the disabled body; while it often works under the guise of "mercy," it seldom considers the lives of those being euthanazied from their own outlook.

Martin Sullivan, in his essay "Subjected Bodies: Paraplegia, Rehabilitation, and the Politics of Movement," takes up the effects of medicalization on the disabled. He employs a Foucauldian reading of this phenomenon, utilizing Foucault's notion of bio-power: "this larger grid, which Foucault calls 'bio-power' (1979, 140), consists of various institutions—educational, industrial, military, medical and psychiatric…which transports the disciplinary practices of the penal institutions into the wider social body" (Sullivan 2005). I argue this relates the Nietzsche's ressentiment. The moral decisions made about those with disability can no longer be held in one sphere of life. Ressentiment morality demands that disability not only be something in the medical realm, but also something social. The disabled must be evil because of their difference, and the rise of medicine serves to legitimize the marginalization of the disabled other.

Sullivan says even the disabled often shirk their identity as disabled, or at least wish to distance their identity from disability: "One would expect the paralyzed individual to resist the normalizing regime of medical power in the spinal unit that operates to impose a totalized identity of *paraplegic*" (ibid. emphasis original). Identity is too fluid to be constrained to one label, disability, but the medical community wields its power to label the disabled as such.

Here I would like to draw a parallel between the priestly class Nietzsche describes in the genealogy and the medical power as it exists in society today. We saw the rise of the medical community throughout the twentieth century, and it now occupies a powerful role in dictating what is right and what is "normal." Sullivan states, "Indeed, medical power was pervasive: patients had little, if any, meaningful input into their rehabilitation regimes. They were inserted into preexisting programs" (ibid.) The medical body becomes the source of morality, it tells us what is right and wrong. In this instance, it calls disability wrong, evil, something to be attended to and corrected. Just as Nietzsche's priests gained power by saying their virtues—not those of the nobles—were good, doctors today tell us what is correct and what is abnormal. Sullivan continues:

> In contemporary society, the hospital is an important node in the carceral where "dividing practices" (Foucault 1982, 208) objectivize the subject as either sick or healthy, curable or incurable, complete or incomplete, normal or abnormal. The medical judges (the priests and priestesses of secular society), having assumed the right to absolve or condemn, exercise immense power over people's bodies, their health and their lives. (ibid)

The priestly class still exists in society today, but it is now embodied by the doctor, rather than the priest him or herself. Ressentiment, as Nietzsche tells us is here, it informs every decision we make, but it is still furthered by agents within society. Although unwittingly, the doctors of today's world are making the disabled other evil by opposing

it to something "normal," the "healthy" body. Nietzsche's priests caused the shift in value through their power-grab, and although doctors today are just as informed by ressentiment as anyone else, they strengthen its hold on our morality by legitimizing the way we think about the other as something inferior. Doctors, like Nietzsche's priests, offer us a way of discriminating against the other and making ourselves feel better. By making the disabled medically ill, we do not need to understand disability or the effects it has on peoples' lives. We are free to presume that if a doctor calls something a disease, it must be bad, and it should be corrected. This leaves the disabled community at moral fault; if they chose not to "correct" their impairments they are willingly siding against what is normal and what is good.

Nietzsche's ressentiment morality exists as strongly today as it did when he was writing the *Genealogy*. This is demonstrated by the marginalization of the disabled community by the medical community and larger social body. We have constructed disability as something evil in order to affirm our own able-bodied goodness. It is we, who in fact, need the disabled other; without their existence as lesser and evil, we could not affirm ourselves and our able-bodiedness. As McRuer points out, able-bodiedness is not simply a non-identity, it is tended to by the able-bodied at the expense of those marginalized with disability.

*Conclusions***:** *Ability as a Spectrum*

In writing this paper I aimed to show how disability has become a marginalized identity and how this is bolstered all of the time through the morality described by Nietzsche in *On the Genealogy of Morality*. Although I believe this is demonstrated above, I kept confronting one question: what about the people with disability who are

leading successful lives in a society that seeks to keep them down? How is there room for disability in our society? With nearly a fifth of the American population living with disability, they must be able have productive lives, but what explains this? In exploring this I will turn again to Nietzsche's text and his notion of the "will to power." He describes this as a possible way out of the ressentiment morality that currently exists by perverting the norms of the ressentiment system. I offer the "will to power" as active today in the disability rights movement and principles of universal design that are becoming much more mainstream than in past eras.

Nietzsche describes "the will to power" as it relates to the priestly class that brought about ressentiment: "I wanted to say…death, belongs to the conditions of true *progressus*: which always appears in the form of a will and way to *greater power* and is always pushed through as the expense of numerous smaller powers" (Nietzsche 1887). The priests sought greater power from the aristocracy, their will to power is embodied in ressentiment, it represents a total perversion of the noble aristocracy that came before it. In inverting the system of moral decision-making that existed in the past, they were able to gain great power and control in society. This system exists today, it informs our decision-making and seems unalterable. In fact, it may be unalterable; the change that must come about in the place of ressentiment morality cannot represent an alteration, it must be a complete break from past ways of thinking.

Further, Nietzsche calls the will to power "the essence of life," and says life is comprised of "the spontaneous, attacking, infringing, reinterpreting, reordering and formative forces, upon whose effect the 'adaptation' first follows" (ibid.). The will to power is at work all of the time attacking the norms, but its zenith is only reached in the

destruction of norms and their replacement, this is the very action of the will to power: "the active force that is at work on a grander scale in those violence-artists and organizers and that builds states, is basically the same force that here...namely that *instinct for freedom*...the will to power" (ibid. emphasis original). The will to power attacks that which is stagnant, old, institutionalized. This attack is in the name of a new tomorrow. Certainly the inversion affected by the priestly class represents a perversion of the norm, and it was successful in gaining power for the class that willed it. However, this manifestation of the will to power also made the other evil, and lies at the root of various inequalities. I argue the will to power is today working in a much different way, an inclusive way.

Turning back to history (or in this case, current events), we find the disability rights movement as something of a different sort of quest for equality. As stated earlier, suffragette and race rights movements turned first to shirking disability. They emphatically denied that they were part of the disabled class, thus affirming the identity of disabled as an evil other. However, the disability rights movement makes no such judgment, they seek to make the world more accessible for themselves and everyone else. Disability rights movements created the first curb cuts by taking a jackhammer to a street corner. These cuts, now nearly omnipresent, not only allow for those in wheelchairs to more easily cross a street, but also those on bicycles or those pushing a stroller or cart. The disability rights movement wants to see disability as a spectrum rather than a binary and calls for greater awareness of disability rights.

One organization, "Not Dead Yet," focuses primarily on "mercy killings" and the injustice they do to the disabled community. They maintain disability does not entail a

lower quality of life than able-bodiedness, in fact, they note: "60% of paraplegics reported feelings more positively about themselves since becoming disabled" ("Not Dead Yet"). This group, and others like it, aims at raising awareness by calling to attention the fact that the disabled are often perfectly content with their lives. Disability need not ruin somebody's life; this is the product of the ressentiment morality that makes disability evil. This new kind of activism wants to break down the barriers between the disabled and the able-bodied. No longer must one group be seen as good and the other as evil, but rather we may confront that disability is a spectrum along which we reside.

In "Becoming Visible: Lessons in Disability," a new way of viewing able-bodiedness is proposed: the authors advocate the perspective that disability is a sliding scale, and we are all "TABs" or "temporarily able-bodied" (Brueggemann et al. 2001). A view like this breaks down the binary implied in good and evil or able-bodied and disabled. Temporary able-bodiedness implicates we will all live with disability at some point in our lives, and thus it is unproductive to look at the disabled as something inferior. Disability rights activists and authors like those who propose "TAB" show a shift in thinking that is remarkably different from the system that seeks to affirm able-bodiedness through the existence of a disabled other. If we may within ourselves the seeds of difference, the world becomes a much more open place regarding how it treats the other, in this case, the disabled other.

Another area challenging traditional views on ability is the theory of universal design. It opts for the "TAB" model and seeks to make room for the disabled today (and tomorrow) within society. Universal design is a philosophy of design that focuses on making the world accessible for everyone. This implies handicap accessibility, but also

homes built such that one may comfortably age in them, and even schools that are more equitable in their education of children. John C. De Witt's article "The Role of Technology in Removing Barriers" stresses the ways technology may be employed to make the world a more open place for everyone. He calls assistive technology "devices that enhance the ability of an individual with a disability to engage in major life activities, action and tasks" (De Witt, 1991). He values these technologies over assistive services because of the higher levels of self-esteem that may be gained for those using assisted technologies rather than an actual assistant. (ibid.). An advantage to these kinds of technologies is that everyone, not just those with disabilities, may benefit. These technologies, De Witt argues, make the world a more open place, and are relatively cost-effective to put into production (ibid.).

In a similar vein, Dr. Margaret M. Flores outlines how the principles of Universal Design may be put into practice within public schools. As above, accessibility is beneficial to everyone, and we may all be in need of disability services at one point in our lives. The seven principles of universal design are "1. equitable use; 2. flexibility in use; 3. simple and intuitive; 4. perceptible information; 5. tolerance for error; 6. low physical effort and 7 size and space for approach and use" (Flores, 2008).

She examines how these principles may open up the classroom in various ways. For example, she says textbooks are often inaccessible to students; either the weight may be too great, the student's reading level may be too low, or the student may have impaired vision--all of these contribute to LD growing as a problem in schools (ibid.). By incorporating lots of hands-on, low physical ability, activities that allow students room to grow rather than simply be scolded, teachers can begin incorporating more

students almost instantly (ibid.).

I argue the appearance of disability rights activism and universal design are representative of the will to power at work within contemporary society. They truly are a perversion of the social norms that existed before; rather than raising one group to prominence over another, they seek to break down the binary that implies otherness and replace it with an all-encompassing spectrum of abilities. This not only allows for a shift from good versus evil, but also completely breaks down the system that supports an x versus y mentality. Disability rights activists seek to make nobody the other, they wish to incorporate themselves and able-bodied individuals in a world that is more accessible for everyone, today and tomorrow. This, I argue, is the future of how we as a society will view disability, and potentially difference on a greater scale. Only by breaking down the barriers between the one (good) and the other (evil) may we escape the ressentiment morality that pervades our decision-making and move towards a future of greater equity and less otherness.

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