In April of 2012, Maricel Palisoc gave birth to a baby boy in Mississauga, Ontario. Palisoc and her partner, Charles Wilton, are both diagnosed with cerebral palsy (CP). Before their son William was born, Peel Children’s Aid Society (CAS) threatened to remove him from the care of his parents if they did not provide 24-hour care from a non-disabled attendant. Palisoc and William reside in a building designed for disabled people, with personal support workers on site 24-hours a day. Palisoc argued that CP would not prevent her from taking care of her child, as she can independently breastfeed, change diapers and provide other basic care. A 24-hour attendant would cost the family approximately $2000 per month. This family’s story made national headlines, drawing a flood of public support for the family and criticism to the CAS decision to remove the child from his parents. Following a series of meetings with the parents, CAS decided that William would remain in their custody.

In this paper I will critically examine the media coverage of this situation. Drawing on five mainstream news articles from the CBC and the Toronto Star I will discuss how the media gives the impression of advocating for disabled parents, while simultaneously producing discourses which define who is worthy of parenting based on their ability to approximate normative physical and mental standards.
Using Foucault’s theory of biopower, I will analyze how these discourses produce subjects worthy and unworthy of parenting. I will begin by discussing the ways the media produced Palisoc and Wilton as acceptable parents due to their ability to replicate normative parenting practices. Next, I will discuss how this process also produces the unacceptable disabled parent, one who is not able to replicate normative parenting practices to a socially defined acceptable degree. Finally, I will discuss the material effects of this process and how it normalizes reproductive injustice for disabled people.

A CBC article from May 1, 2012 describes Palisoc and Wilton: “both parents have cerebral palsy, a disorder that limits their motor skills and slurs their speech, but has no effect on their cognitive abilities [emphasis added]”. In a video accompanying the article, Palisoc states that her disability will not prevent her from taking care of a child. Her claims are reinforced by Ryan Machete, a white, non-disabled man from the Coalition for Persons with Disabilities: “from what I’ve seen when I’ve been at the apartment … there’s really nothing that she’s unable to do”. It is interesting to note that Machete’s statement is used as a pull quote in the article, bolded and repeated in a larger font, for reasons which I will elaborate upon later. A CBC video again emphasizes the parents’ cognitive abilities, stating they are “mentally sharp but with significant physical disabilities” (May 4, 2012). A Toronto Star article titled “Disabled couple thrilled they’ll be able to keep their baby” also mentions that the parents’ cognitive abilities are not impaired. It points out that Palisoc does not need a mobility device and worked part-time prior to the birth of the baby. The article also states that the child was “conceived in the conventional way” and has a “clean bill of health” (Rush and Li, May 4, 2012). The final article I examined was published a year later by the Toronto Star, entitled “Disabled couple cherishes a year of firsts with their baby” (Mendleson, April 7, 2013). This article describes the baby progressing normatively.
There are several assumptions made in these articles that must be unpacked. First, that Palisoc and William are suitable parents because they can do everything a non-disabled parent could do. Second, that they are suitable parents because they did not reproduce disability in their child. Finally, that they are suitable parents because they are not intellectually disabled. While these assumptions may have established the couple as acceptable parents, thus allowing them to keep their child, they also produce other disabled people who do not meet these standards as unacceptable parents. We can use Foucault’s theory of biopower to unpack how these assumptions create subjects fit or unfit for parenting.

Foucault asserts that biopower controls the bodies of a population through regulatory mechanisms which ensure the successful political and economic functioning of the nation state. Contrary to a juridical conception of power, where power is enforced from the top down, biopower is multidirectional; individuals police each other’s behaviour based on societal norms and police themselves based on having internalized these norms (Sullivan, 2005). Biopower does not present itself through laws, but rather creates impression of choice, “guiding the possibilities of conduct and putting in order the possible outcomes” (Tremain, 2005, p. 8). Foucault states that biopower emerged in the mid 19th century (Tremain, 2005), not coincidentally with the emergence of statistical measurements of the body and the idea of the “norm” (Davis, 1995). The development of statistical norms and the average body were essential to the emergence of biopower. After these norms are produced, systems of regulatory mechanisms are implemented which “prescribe norms, ... maintain an average, and compensate for variations” (Tremain, 2005, p. 5) within a population. Instead of being repressive, biopower is productive; it produces governable subjects who are efficient and provide utility to the nation-state (Tremain, 2005; Sullivan, 2005). In addition, Foucault argues that “[biopower] produces reality; it produces domains of objects and
rituals of truth. The individual and the knowledges that may be gained of him belong to this production” (1977, p. 194 cited in Sullivan, 2005, p. 29). In other words, power produces knowledge, and together power and knowledge dictate the acceptable behaviour of individual subjects.

Just as the productive subject is produced through biopower, so is the disabled subject (Tremain, 2005; Sullivan, 2005). Regulatory mechanisms — institutionalization, rehabilitation, education systems, among others — are the ways through which “the individual is subjectivized as [disabled] and the subject would come to know itself in these terms” (Sullivan, 2005, p. 30). These mechanisms are sites of both power and knowledge production. The CBC and Toronto Star articles I have discussed contribute to the body of knowledge (discourse) concerning disabled parents. This knowledge has discursive power; it informs attitudes and practices with regard to disabled parents.

All of the articles I examined emphasized Palisoc and Wilton’s normative parenting capabilities. They justified the parents’ right to custody based on their abilities to ‘do anything an able-bodied parent could do.’ The main point of contention in the situation was the CAS’ demand for a 24-hour attendant to take care of William, the child. Because the parents did not in fact need this attendant, they were deemed worthy of parenting. To prove this, the articles emphasize Palisoc’s ability to complete parenting tasks, such as changing a diaper, breastfeeding, and picking up the baby. Furthermore, Palisoc’s abilities are validated by a normative subject (see quote from Ryan Machete above) — a white, nondisabled male who confirms she can complete the basic necessities of motherhood independently. While Palisoc’s parenting capabilities are thoroughly interrogated, Wilton’s parenting skills are rarely discussed, unsurprisingly indicating that the bulk of the parenting tasks are assumed to be Palisoc’s responsibility. It is mentioned that Wilton is a retired paralympian, as though his exceptional athletic abilities make him somehow more fit for parenthood. The articles point out that both parents have been a part of the
work force, which demonstrates their utility in the eyes of the nation-state. Because regulatory mechanisms (CAS, public opinion) deemed the parents as normal enough, they were able to keep their baby. These norms are based on what constitutes an efficient and productive subject to the nation-state. From the perspective of the nation-state, depending on 24-hour care for your child does not make a productive and efficient parent, and it removes a non-disabled subject from the workforce. A more practical decision for the nation-state would be removing the child from the disabled parents and placing him in the care of someone who could care for him independently.

Another reason for which Palisoc and Wilton are deemed suitable parents is because they produced a non-disabled child. Instead of explicitly stating that the child is non-disabled, an article refers to the child, William, as having “a clean bill of health”, and will soon learn to run (Mendleson, 2013), equating non-disability with health. While this assumption is problematic in itself, I will focus on the assumption that disability reproduces disability. O’Toole and Doe (2002) write:

Not even the current level of knowledge about causation of disability prevents people from assuming that all forms of disability will be transmitted genetically. And even the small percentage of genetically transmitted disabilities are assumed to be so horrible that no one could possibly consider having children if there is a chance to have a child with this disability (p. 90).

Not only is there a perceived biological risk of producing disability, there is a perception that traits of disability could be spread through the very act of parenting by disabled parents. “The very nature of disabled woman’s biological and social bond with a child results in the societal fear of that child becoming physically, socially, physically, and morally defective” (Waxman, 1994, p. 156). In other words, disabled people having children incites a public fear of the reproduction of disability. By “guiding the possibilities of conduct” (Tremain, 2005,
p.8), regulatory mechanisms attempt to prevent the reproduction of disability.

A refrain throughout the coverage of Palisoc and Wilton’s story is that they are not intellectually or cognitively disabled. On top of their ability to acceptably approximate the physical norms of parenting, it is repeatedly asserted that the parents are intellectually normal. Their intellectual capabilities are leveraged to justify their right to parenthood. Here, the articles seem to draw a line: people who are physically disabled (to a certain degree) may be worthy parents, but the intellectually disabled person is not. This discourse works to reinforce the intellectually disabled individuals as subjects incapable of parenthood. While this discourse on its own does not produce the intellectually disabled subject, it transmits to the public what level of disability is within reason for parenting, and what is not. In doing so, it creates a subtextual hierarchy of disability, dividing those labelled as physically disabled from those labelled as intellectually/cognitively disabled. Within these “dividing practices” (Foucault, cited in Sullivan, 2005, p. 30), the person labelled as intellectually disabled is inserted into the medical and social discourse of intellectual disability, which will then limit one’s conduct to that which is deemed appropriate for intellectually disabled subjects. Parenthood is outside of these constraints. By placing such a strong emphasis on Palisoc and Wilton’s cognitive abilities, the coverage reinforces and entrenches the perception that those labelled with intellectual disabilities are incapable of parenthood.

In addition to forming public perceptions, discourse manifests material effects. Medical discourses around intellectual disability and reproduction have sought to prevent its occurrence, both historically and to the present day (Waxman, 1994). Forced or coerced sterilizations were common for intellectually disabled women during the Eugenics period as they were bundled into a group of those labelled as “undesirable”, including criminals, non-whites, and poor people (Waxman, 1994). Compulsory sterilization was officially legislated for
the “feeble-minded” in both British Columbia and Alberta between 1929 and 1972 (Grekul et. al., 2004). Although forced sterilization is now illegal, sterilizations that are coerced to varying degrees may not be so uncommon. Parents, teachers, and health professionals may counsel disabled people to undergo ‘voluntary’ sterilization (O’Toole and Doe, 2002). Intellectually disabled people may not be provided accessible information about contraceptive options, or may have those choices be made for them by a parent or caregiver. Furthermore, perceptions that disabled people are non-sexual can also lead to an absence of relevant and accessible sexual education (Waxman, 1994). Without full knowledge and understanding of the consequences of sterilization and other forms of contraception, it is difficult to see these practices as entirely voluntary. Two case studies from the UK interviewing intellectually disabled women about their perceptions on sexuality and contraception indicated that these women were often informed of sexual health practices in ways that were not accessible to them, and that they had a lack of autonomy in their contraceptive options (McCarthy, 2009; Dotson et. al., 2003). Waxman argues that “The political objectives of eugenics may be implicated in the ways family planning information is communicated by the professional (usually non-disabled) to the disabled woman” (1994, p. 190). When disabled people make the decision to have children, they lose custody to child protective services at disproportionately high rates (Track, 2014).

Biopower functions by offering the impression of choice, but setting that choice within a strict set of parameters which appeal to the nation-state’s desire to produce productive and efficient subjects. In other words, “the production of these seeming acts of choice (these limits on possible conduct) on the everyday level of the subject makes possible the consolidation of more hegemonic structures” (Tremain, 2005, p. 8). The case of the Wilton-Palisoc family clearly demonstrates that the ways in which choice
is an illusion within biopower controlled systems. The couple believed that they had control over their reproductive choices, that they had the choice to have a child. However, it was demonstrated to them once they made this decision that they were not solely in control of their reproduction. In fact, CAS and the public at large were also involved in their decision making process. Once a choice is made that does not serve the goals of the nation state, corrective systems take action to override it.

More often than not, sexuality and parenthood are not presented as options to disabled people. O’Toole and Doe (2002), write that “in general, with rare exceptions, people with disabilities do not get asked if they want to have children. They don’t get asked if they want to be sexual” (p. 90). Shakespeare (2007) argues that due to a tendency to infantilize disabled people, they are often perceived as without sexuality (or, conversely, sexually deviant). In this common (mis)perception of disabled people, they are seen as being in permanent need of care, and as such incapable of providing care. In the eyes of the nation-state, certain disabled people lack adult agency, they require oversight and therefore cannot parent; they are incapable of performing parenthood while requiring parenting. Viewing dependency as antithetical to parenthood is the problematic assumption which prevents many disabled people from becoming parents. This binds disabled people into a false binary of either being able to receive or provide care. It also obscures the reality that all parents are dependent on various levels of care and support communities, be it through family, hired help, or daycare. No parent, or person, moves through the world truly independently, nor is this a desirable goal to work towards. Shakespeare (2007) asserts that evidence has shown disabled people to be successful parents with the necessary supports, but they are held back by stigmatizing social perceptions. While the media coverage and the public outcry it generated supported the Palisoc-Wilton family in retaining custody of their child, it also contributes to a discourse
which deems some disabled people as unfit for parenthood, and thus helps to justify reproductive injustice for these people.

References


AUTHOR BIO

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