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A HERITAGE OF ABLEIST RHETORIC IN AMERICAN FEMINISM FROM THE EUGENICS PERIOD

SHARON LAMP AND W. CAROL CLEIGH

In 2005 Terri Schindler Schiavo, a forty-one-year-old disabled woman, galvanized the nation's attention as her estranged husband fought for the right to terminate her life.¹ Ultimately, with court approval, Terri was starved and dehydrated until she died thirteen days later. The following year in Illinois, a disabled woman speculated about the possibility of a maternal role in the distant future. Her guardian reacted by initiating legal action to have her sterilized against her will. In 2007 we learned of the medical mutilation of a disabled girl known only as Ashley X, in order to prevent her physical maturation (Carlson and Dorfman 2007). While disability rights groups protested vigorously for these women's right to control their own bodies, mainstream feminist organizations remained aloof. How is it that feminists who claim to support all women's rights have seemingly abandoned disabled women?

When Charles Darwin declared, "Man is more powerful in body and mind than woman" (1874, 619), he echoed the sentiments of his nineteenth-century contemporaries as well as his predecessors. In Western culture women had always been stereotyped as biologically inferior to men (Golden 1992, 211). Portrayed as weak and "feeble-minded," with no legal rights, pre-suffrage women were vulnerable to being "legally kidnapped" and institutionalized by husbands, family, or community members who wanted to be rid of them, particularly when they strayed too far from socially acceptable "rules" (Geller and Harris 1994, 30-41, 59-67; Trent 1994, 72-77). The dominant cultural belief was that women who exerted mental energy, stepped outside the domestic sphere, or protested women's oppression were "defective."

As nineteenth-century scientific and social reformers sought to control so-called defective bodies by separating, institutionalizing, and

eliminating people who were classified as idiots, imbeciles, and morons, American women fought for control of their bodies and fates. In this essay we will examine the lives and work of two influential feminists, Charlotte Perkins Gilman (1860–1935) and Margaret Sanger (1879–1966), and show how their use of eugenic language and ideology placed their feminist agenda in the ableist, eugenic mainstream.

In 1848 the Seneca Falls Convention produced the Declaration of Sentiments, asserting women's equality, including the right to participate in formulating laws. Reacting to characterizations of being weak or inferior as slander, feminists deflected such portrayals by distancing themselves from these categories and, consequently, disability. Using an ableist line of thinking, many feminist leaders agreed there was a category of "defectives" that should be subject to social control, but they argued against women being included in this "defective" class by virtue of their sex. For example, feminist Lucy Stone protested married women being ranked with "insane people and idiots" in the allocation of legal rights (Buhle and Buhle 1978, 67). The move by feminists to separate women from the devalued group of "defectives" without challenging the hierarchy that produced it served to make disability central to feminism as a negative trope.

Charlotte Perkins Gilman and Margaret Sanger are two well-known and still revered feminist leaders from the eugenics period whose work shows that support for eugenics, an ableist ideology, has been part of feminism from its early days. Because feminists continue to exemplify an ableist ideology that started with eugenics, they must face this history in order to include the more than one in five women who are disabled.

EUGENICS IN THE CONSTRUCTION OF FEMINISM: GILMAN AND SANGER

The ideology that one is better off dead than living with disability—and the concomitant argument that society is better off without its "defective" citizens—is as old as Western culture. We find instances of impaired children being murdered as long ago as the golden age of ancient Greece. During the late nineteenth century, Darwin's theory of evolution was used to reinscribe ableist ideology into a pseudo-science known as eugenics. Although feminists of the time took varying positions on eugenics, the majority of feminists incorporated the basic tenets of eugenics into their belief systems, making mainstream feminism an ableist enterprise.

Neither Gilman nor Sanger had a comprehensive understanding of either eugenic theories or the evolutionary theory grounding eugenics. Historians—feminist and otherwise—do not portray them as eugenically

sophisticated. Still, both women participated in the popular scientific discourse of the time, and their works echo the common social appropriations of scientific vocabulary and topics. Using eugenic rhetoric to challenge the social construction of women and motherhood, they argued for reproductive and domestic freedom in order to improve the lives of women. Gilman and Sanger saw women's liberation from involuntary domestic and maternal roles as key to equality and progress.

While Darwin believed that evolutionary variation could move a species in any direction, Gilman and Sanger applied the term *evolution* in a popular sense, synonymously with *progress* and *improvement*. Linking women's progress to the progress of the race, they promised women's cooperation in regenerating the gene pool and claimed that emancipated women would realize their full evolutionary potential and develop superior maternal abilities that would include a role as eugenic enforcers. At a time when women were viewed as the inferior sex, Gilman and Sanger used maternalist rhetoric to assert women's "superior" biological and social value as bearers and nurturers of offspring (Gordon 1994, 55).

Distancing themselves from the "defective" category, Gilman and Sanger joined eugenicists and pre-suffrage feminists in declaring female primacy in the regeneration of the human race. As early as 1886, black feminist educator Anna Julia Cooper argued, "There is material in [black women of the South] well worth your while, the hope in germ of a staunch, helpful, regenerating womanhood on which, primarily, rests the foundation stones of our future as a race" (Lemert and Bhan 1998, 61). Gilman echoes this sentiment: "If our human method of reproduction is defective, let the mother answer. She is the main factor in reproduction" (1898, 92). In the twentieth century, Margaret Sanger reiterates, "there are weighty authorities who assert that through the female alone come those modifications of form, capacity and ability which constitute evolutionary progress" (1922, 238).

Not only do Gilman and Sanger demand that women reject the misprisions of patriarchal culture, but they also assign to women full (and unrealistic) responsibility for producing superior offspring. Gilman declared, "Nothing the man has ever done or can do removes from motherhood its primal responsibility. Suppose the female . . . should mate with mangy, toothless *cripples*- and so produce weak, *malformed* young, and help exterminate her race. Should she then blame him for the result?" (1898, 100; emphasis added). An imperious eugenic enforcer, Gilman sets high standards for good motherhood, which, "like every other natural process is to be measured by results. It is good or evil as it serves its purpose. Human motherhood must be judged as it serves its purpose to the human race. Primarily, its purpose is to reproduce the race by reproducing the

individual; secondarily, to improve the race by improving the individual” (88).

Sanger, in her most influential works, *Woman and the New Race* (1920) and *Pivot of Civilization* (1922), demonstrates a feminist ideology grounded in negative eugenics—the prevention of “defect.” Sanger referenced findings of the Galton Laboratory for Great Britain linking high fertility rates and “feeble-mindedness” (1922, 47), and argued, “the most urgent problem of today is how to limit and discourage the over-fertility of the mentally and physically defective” (24). Tying birth control to eugenic ideology, she describes birth control as “nothing more or less than the facilitation of the process of weeding out the unfit or preventing the birth of defectives or those who become defective” (1920, 229). Predating the Nazi use of negative eugenics, which claimed more than 270,000 disabled lives (Mitchell and Snyder 2003), Sanger viewed the lives of disabled infants as not worth living. Describing eugenic killing as a feminist act of compassion, she declared, “It is her heart that the sight of the *deformed*, the *subnormal*, the undernourished, the overworked child smites first and oftenest and hardest” (1920, 97; emphasis added).

In contrast to the negative eugenics prominent in Sanger’s campaign, Gilman promoted positive eugenics—encouraging “fit” families to have children. She deflected eugenicists’ patriarchal arguments that changes in gender roles would be disastrous to the race by claiming that emancipated women would become “cooperative, superior” mothers who would produce “superior” offspring. Gilman combined feminist and eugenics ideologies and argued that sex discrimination prevented women’s evolutionary progress and was the source of a plethora of social evils ranging from mental myopia to the ruin of the race.

Economics was one of the grounds of eugenics in popular discourse, and both Gilman and Sanger portrayed the economic independence of women as the key to sociopolitical and biological advancement. In 1898 Gilman gained international acclaim with the publication of *Women and Economics*, in which she declared women the moral superiors of men and asserted a liberated woman’s potential economic value as regenerator of the human race (165). Gilman traced the historical development of gender roles and called for their radical revision, proclaiming that women’s oppression is the result of arbitrary conditions and that “by removing these conditions, we may remove the evil resultant” (viii). She explained the crucial role of economic relations in evolution (12) and argued, “all the varied activities of economic production and distribution . . . should be common to both sexes” (27). She contended that women’s economic dependence on men produces weakness in women and “defective” mothers who contribute to

degeneration. Gilman complained that American men “have bred a race of women weak enough to be handed about like invalids” (Golden 1992, 93).

Both feminists and eugenicists wanted liberation: feminists from the “tyranny of male oppression” and eugenicists from the “tyranny of the weak.” Gilman commiserated with eugenicists over the “burden” of “defectives,” “always lurking in the back of your mind, the dreadful consciousness of other people’s poverty, of the ghastly mill grinding out its product of *incapables, defectives, degenerates*, its swelling stream of disease and crime” (1935, 112; emphasis added). Merging popular economic, feminist, and eugenicist concern about race improvement, motherhood, and domesticity, she theorized that female oppression fed the “ghastly mill” by producing “defective” women and mothers “on whom the future of the race depends” (1898, 45). Gilman expanded pangenesis (heritability of environmental conditions) to include social factors. According to her, bad economic and sex relations cause disease and “makes us the sickly race we are” (13).

While Gilman’s eugenic attention was directed primarily toward people who were already labeled “defective” and “feeble-minded,” Margaret Sanger expanded the class of eugenically “unfit” to include the poor. Interestingly, Sanger’s writings during her early activist years (1912–1916) emphasize Marxist themes rather than eugenics. Portraying birth control as a tool for working-class women to liberate and protect themselves from the burden of poor health and mortality caused by unwanted pregnancies, Sanger implored women to control their reproductive abilities. “Working women should not produce children who will become slaves to feed, fight and toil for the enemy—Capitalism,” she declared (Kennedy 1970, 110). In October 1914, shortly after she began publishing in her feminist journal, *The Woman Rebel*, Sanger was charged with violating anti-obscenity laws. Seeking to delay her trial, she fled to England, where Havelock Ellis introduced her to eugenics (Reed 2003, 165). During this and later European trips, Sanger established relationships with eugenic-minded colleagues, including H. G. Wells and George Bernard Shaw, and attended secret meetings of neo-Malthusians, who supported sterilization, contraception, and abortion to reduce the numbers of the lower classes.

When Sanger returned to the United States in 1915, her campaign changed from a demand to free the poor from exploitation to a demand for social control of the poor. Historian Daniel Kevles found that eugenic supporters “were largely middle to upper middle class, White, Anglo-Saxon, predominantly Protestant, and educated” (1995, 64). Sanger’s case for birth control changed emphasis from protecting poor people from becoming “unfit” to including poor people in the “unfit” category; from advocating birth control as a means to prevent maternal impairment and

mortality among poor women to advocating birth control as a solution to a host of eugenically defined social problems: female oppression, poverty, disease, crime, war, “feeble-mindedness,” and hereditary afflictions (Kennedy 1970, 109).

Sanger’s campaign for birth control reached its height of influence during the heyday of eugenics (1920–1945), when nativist concerns over the supposed declining birth rate of white, Anglo-Saxon Protestants combined with economic and eugenic concerns about the “unfit.” Two of her most widely read publications, *Woman and the New Race* (1920) and *Pivot of Civilization* (1922), were published after her indoctrination into eugenics. These texts compiled “every conceivable argument, emotional, rational, and polemical, in support of birth control” (89). Sanger exploited the fear of human degeneration in order to launch arguments for “voluntary motherhood” (birth control) as a remedy for a myriad of social problems.

In *Woman and the New Race* Sanger placed birth control within a feminist discourse of female sovereignty and reproductive rights and responsibilities. Medical teachings and social rhetoric of the time promoted the belief that overpopulation and poverty led to heritable impairments and “defects.”² Despite the fact that her lived experience demonstrated little to no connection between large, poor families and “defective” offspring, she used the science of eugenics to attack the poor and claimed, “Everywhere we see poverty and large families going hand in hand. The least fit to carry on the race are increasing most rapidly. Many of the children thus begotten are diseased or *feeble-minded*; many become criminals” (Sanger 1922, 279; emphasis added).³ Sanger argued that birth control would set mothers free and thereby accomplish eugenic goals. She wrote, “Motherhood, when . . . free to choose the time and number of children who shall result from the union, automatically works in wondrous ways. It refuses to bring forth *weaklings*, it refuses to bring forth slaves . . . it withholds the *unfit*, brings forth the fit” (1920, 45; emphasis added).

A primary eugenic theme in *Woman and the New Race* is the belief that “the feeble-minded are notoriously prolific in reproduction” (41). Sanger contributed to public alarm over the fecundity of the “unfit” by referencing a host of other fears of the time: “Unwanted children, poverty, ill health, misery, death—these are links in the chain” (75). She blamed women for submitting to roles as “creators of over-population”; “unknowingly creating slums, filling asylums with insane, and institutions with other defectives” (4); and producing “defective” offspring “to perpetuate and multiply their ignorance, weakness and diseases” (65). Sanger presumed that poor women could break the chain of poverty, overpopulation, and degeneration by willfully taking control of their reproductive abilities.

If the evils wrought upon the family by uncontrolled pregnancies were not enough to convince “thinking women” to support her cause, Sanger expanded her analysis to the neighborhood, and the world. She portrays “weak” and “feeble-minded” offspring resulting from unwanted pregnancy as socially and economically threatening: “burdens and dangers to the intelligence of the community” (91). Sanger used Social Darwinism in her economic argument for birth control: “we see the funds that should be available for human development, for scientific, artistic and philosophic research being diverted annually, by hundreds of millions of dollars, to the care and segregation of men, women, and children who never should have been born” (100). In addition, she claimed that unwanted pregnancies contributed to overpopulation, which, in the struggle over limited resources, caused wars in which the strong and fit were killed, leaving the weak and helpless (161).

Some critics point to “The Dangers of Cradle Competition,” a chapter in *The Pivot of Civilization* (1922), as evidence that Sanger has been unfairly portrayed as a eugenics advocate. That chapter’s clearest criticism of eugenics is that “it has persistently refused to give any help toward extending the knowledge of contraceptives to the exploited classes” (183); however, Sanger’s claim is not altogether true. She credited eugenicists for demonstrating the poor physical and mental condition of the human race (175). In fact, she accepted results of World War I army intelligence tests and used them to fuel public fear that those of lesser intelligence were overrunning the country. Citing the work of prominent eugenicist Dr. Karl Pearson for showing that “if fertility be correlated with anti-social heredity characters, a population will inevitably degenerate” (174–75), Sanger declared the “feeble-minded” the “great biological menace to the future of civilization” (176). She scoffed at the idea of judging the fitness of newborns. “Who shall say who is fit or unfit?” Sanger asked in seeming criticism of class and sex bias of eugenicists (181). Then, a few pages later, she answered the question crediting eugenics with pointing out the “network of *imbecility* and *feeble-mindedness* that has been sedulously spread through all strata of society” (187; emphasis added).

Sanger steadfastly refused to support the positive eugenic argument that fit women were responsible for bearing more children, a concept she saw as antifeminist and oppressive to women. The primary tension between birth control and eugenic supporters was how birth control would be administered. While eugenicists were interested in developing methods of control over a public body, Sanger saw birth control as a method of an individual woman’s control over her body. According to her, a woman’s individual control must “come from within” (23) and not be imposed from

without. “[M]otherhood must be made the responsible and self-directed means of human expression and regeneration” (280–81).

Sanger began her public career with the goal of improving poor women’s lives by legalizing the dissemination of birth control information and freeing women from the “burden” of large families and poor health. As she cemented her own membership in the upper class, pleas for birth control to protect the poor from suffering waned. Instead, she came to portray birth control as a method of social control and demanded it in order to protect the wealthy from the prolific poor, whom she portrayed as intrinsically unfit and a national threat. Ultimately, Sanger incorporated eugenic ideology in the goals of the International Planned Parenthood Federation, established in 1952, which includes as its second objective “research institutions to be established by scientists classifying basic factors in eliminating harmful dysgenic births in the nation” (Reed 2003, 273).

THE PERSONAL IS POLITICAL

Gilman and Sanger were raised in poor families, and both experienced acquired and hereditary impairments and illnesses that, ironically, might have resulted in their being classified as “defective” or disabled. However, these two women became significant social actors in the feminist and eugenics movements and thereby circumvented that classification.

Gilman valued her independence and her work and despised weakness: “I am meant to be useful and strong, to help many and do my share in the world’s work” (Golden 1992, 63). When her impairment interfered with her ability to work, she sought out and attacked the presumed source of her “defect”—women’s subjugation. During her career, Charlotte Perkins Gilman wrote six full-length nonfiction books, several novels, and hundreds of articles, poems, and lectures. In addition, she wrote every article for a monthly magazine, the *Forerunner*, which she edited and published for seven years (123). Yet Gilman was unsatisfied with her achievements and estimated she had lost twenty-seven years of productivity as a result of her “nervous malady,” which she described as “a constant dragging weariness miles below zero. Absolute incapacity. Absolute misery. To the spirit it is as if one were an armless, legless, eyeless, voiceless cripple” (1935, 91). Employing eugenic terminology, Gilman described herself as “weak, dark, and *feeble-minded*, limited of all usefulness” (110; emphasis added).

Working to cure socially induced female weakness and “defect” through women’s liberation, Gilman addressed a painful aspect of her life, “the interminable *handicap* under which I lived” (210; emphasis added). To her, a “real defective” was one who could not work or be productive.

She abstracted herself from this category, struggling to pass as “normal.” Gilman explained, “Since my public activities do not show weakness, nor my writings, and since brain and nervous disorder is not visible, short of *lunacy* or literal ‘prostration,’ this lifetime of limitation and wretchedness, when I mention it, is flatly disbelieved. . . . What confuses them is the visible work I have been able to accomplish. They see activity, achievement; they do not see blank months of idleness” (98; emphasis added). Because Gilman was deemed “normal” by the dominant culture, she did not see herself as a “real defective” and instead set up a hierarchy of “defect” that allowed her to distinguish herself from the category of “defectives” for whom she supported sterilization as a method of population control (1932).

Like Gilman, Margaret Sanger was no stranger to illness and impairment. Sanger was the sixth of eleven children born live to poor Irish American parents. Throughout her childhood she witnessed her mother become progressively weaker from tuberculosis. When her mother died at age forty-nine, Sanger attributed her death to the strain of eighteen pregnancies. Sanger’s only daughter died of pneumonia at age five, two years after contracting polio (Sanger 1938, 54), and Sanger herself experienced a host of impairments, including tuberculosis, depression, a nervous disorder, a heart condition, alcohol and drug dependency, and leukemia (Reed 2003, 136).

Contrary to the prevailing eugenic belief that “defectives” produced more “defectives,” Sanger described her siblings as having been born healthy and without impairments: “Mother’s eleven children were all ten-pounders or more, and both she and father had a eugenic pride of race. I used to hear her say that not one of hers had a mark or blemish, although she had the utmost compassion for those who might have cleft palates, crossed eyes, or be ‘born sick’” (1938, 29). Not only did Sanger consider her bloodline eugenically fit, but she also did not identify with the bottom of the class hierarchy. Raised in a shanty in the woods, she envied the rich households on the hill with their small, clean, and healthy families and disdained the rest of the working poor as dirty and sickly. Sanger was grateful that she was not “like the poor children in the flats” (17).

The link between poverty, large families, maternal impairment, and death that Sanger observed as a child resurfaced during her first career as a nurse in the impoverished immigrant neighborhoods of Lower East Side of Manhattan, where she treated poor women suffering and dying from health problems related to numerous pregnancies and self-abortions. When antipornography laws prevented her from sharing birth control information with her patients, she renounced her nursing career, resolving

instead to “seek out the root of the evil, to do something to change the destiny of mothers whose miseries were as vast as the sky” (92). Sanger began her birth control campaign to reduce poor women’s suffering, to protect them from a cycle of poverty and “defect.”

Both Gilman and Sanger were diagnosed with “nervous prostration” (also called “hysteria”). Gilman’s physician, Dr. S. Weir Mitchell, the foremost neurologist of his time (Golden 1992, 48) and an ardent eugenicist, prescribed a “rest-cure” treatment in the antifeminist tradition: “Live as domestic a life as possible. Have your child with you all the time. . . . Have but two hours intellectual life a day. And never touch a pen, pencil or brush as long as you live” (Gilman 1935, 95–96). Indeed, both of Gilman’s great-aunts, Harriet Beecher Stowe and Catherine Beecher, were intellectuals and both had experienced nervous disorders. The prevalent hereditarian attitudes of the day might lead us to expect Gilman to have blamed her genetic makeup for her impairment. Yet Gilman, who sank into a deep depression after marrying reluctantly and giving birth to her only child a year later, attributed her malady to the unequal status of women and the gender-based discrimination of the time. In other words, it was the social oppression of being trapped in the unwanted institution of marriage and motherhood that caused her impairment rather than an inherent weakness in herself or in women generally. Additionally, her male-prescribed treatment of enforced inactivity and domestic confinement for “hysteria” was injurious instead of healing, leading to greater impairment. Gilman believed that she never fully recovered from the harm done to her by the rest-cure treatment, and the experience later served as the inspiration for one of her most renowned works, *The Yellow Wall-Paper* (1892).

Like Gilman before her, Sanger’s “nervous prostration” was treated with the rest-cure. Sanger wrote, “At the end of eight months I was worse instead of better, and had no interest in living. . . . To every suggestion I was negative, I was not even interested in my baby” (1938, 60). “Once free from the horrors of *invalidism*” she regained an interest in life, although she would suffer periodically from what she described as a “nervous malady,” which was exacerbated when she was confined in the domestic sphere (Gray 1979, 40; emphasis added).

Unlike Gilman, Sanger does not appear to have pondered the origins of her impairments. Gilman wrote about and came to understand the source of her disablement as socially constructed. Yet Gilman also blamed herself for not resisting the social pressure to marry and then for not having the willpower to overcome her impairment (Gilman 1935, 91–92). Her attempts to explore and “out” her mental illness were thwarted by her friends’ denial of her impairment. Gilman wrote of her humiliation and

frustration when her efforts to talk about her illness were met with “amiable laughter and flat disbelief” (104). Having no avenue for dialogue, she spent years in shame, discouragement, and misery.

Like Gilman, Sanger’s self-perception as outside the category of “unfit” allowed her to appropriate eugenic tenets to feminist ideology. But just how was Sanger able to separate herself from the truly unfit? She escaped the ranks of the poor at age nineteen when she married William Sanger, a budding architect and artist. Her membership in the upper classes was cemented by her second marriage, to millionaire Noah Slee in 1922. Unlike her mother, Sanger would have only three planned pregnancies. While her mother’s medical treatment consisted of doses of whisky administered by her father, Sanger’s adult life took place in settings where health care and accommodations were readily available. During her nursing training, she was given a disability accommodation when her workday was shortened several hours so that she could take walks in fresh air, then the treatment for tuberculosis. Access to quality health care and rehabilitation services allowed Sanger to pursue a career in the public spotlight; she rose from the ranks of the poor, internationally acclaimed and welcomed by world leaders and thinkers.

Though Sanger promoted eugenic goals and used negative stereotypes of disability in her call for the elimination of “defectives,” she was not threatened by the eugenic beliefs that she perpetuated or the associated methods of social control: “I am rich, I have brains, I shall do as I please” (1938, 121). Likewise, Gilman, who saw herself as a woman whose impairments were induced by social factors rather than heredity, did not seem to explore the obvious implication that she could become a eugenic target. A few years before her death, a New Jersey physician’s testimony at the Third International Eugenics Conference (1932) endorsed the sterilization of the “feeble-minded” in cases where undesirable traits were not heritable. Gilman’s self-descriptions ultimately placed her within this group, for whom mandatory sterilization had become medically and socially acceptable.

Sanger lived the last years of her life in a nursing home and ultimately succumbed to leukemia at age eighty-seven. Gilman declared herself “useless” at age seventy-five after being diagnosed with inoperable (but asymptomatic) cancer and ended her life by inhaling chloroform. In a final act of “social consciousness,” Gilman claimed that her death was in support of euthanasia (Gilman 1935, 127). While Sanger does not appear to have been actively concerned with social reforms at the end of her life, Gilman may have seen her suicide as a way of redeeming herself in a world that had come to see “useless” people as toxic to the nation’s health.

FROM HOUSEKEEPERS TO WORLD-MAKERS

Gilman's and Sanger's efforts to empower women led to their own socio-economic rise. Both women tapped into the influence of patriarchal eugenics in order to gain improved social standing for themselves and other class-privileged women. They campaigned for the rights of a social group with which they identified: women. They did not, however, identify with the eugenic class of "defectives" as they might have done. As a result, while challenging notions of gender-based inferiority, they failed to challenge the very structure of oppression. Further, they did not recognize the social construction of the "true defective," nor did they reject eugenics. Although Gilman and Sanger disregarded the plight of other minority groups, they were able to believe that they were working in the best interest of humanity. In their view, the fit were vulnerable and in need of protection from the "tyranny of the weak," the "unfit." Gilman and Sanger succeeded in shifting eugenic targets, but they didn't question the need to construct a class of eugenically unfit people. Instead of challenging such social hierarchies, they, like many people today, struggled to "pass" or deny their own vulnerability in order to keep from slipping onto the bottom rung of the lethal social hierarchies they perpetuated.

Gilman and Sanger presented the public with new ideas that served to expand the range of women's choices. At the same time, they carried forward old ideas of mental and physical difference from the "norm" as a signifier of inferiority and thus kept these newly gained choices out of reach for disabled women. Eugenacists co-opted feminists such as Gilman and Sanger, who considered themselves compassionate and humane, into the role of eugenic enforcers, the ultimate exclusionists. Both devoted their careers to resolving social problems that caused them profound pain in their personal lives and contributed to raising women from the lowly social role of disempowered housekeepers to the powerful role of world-makers. In the process, however, they discriminated against people with disabilities and perpetuated negative stereotypes of disability that still have profound power in the twenty-first century. Thus, their feminist rhetoric rings hollow to the one in five women in the United States who are disabled.

MODERN FEMINISM AND THE DISABILITY RIGHTS MOVEMENT

There has been recent interest in the eugenic roots of modern feminism, but virtually all studies emphasize the racial or class bias inherent in eugenic ideology, often without acknowledging that disabled people are the primary eugenic targets. Meanwhile,

a deep and seldom challenged project of creating bodily uniformity marches forward in practices such as genetic engineering, selective abortion, reproductive technology, so-called physician-assisted suicide, surgical normalization, aesthetic standardization procedures and ideologies of health and fitness. A kind of new eugenics that aims to regularize our bodies supports all of these practices. (Garland-Thomson 2004)

These practices inscribe themselves upon the bodies and souls of women and girls with disabilities, yet “mainstream” feminists, even those who deconstruct ideologies of race and class, continue to reinscribe ableist ideologies and ignore the impact of those ideologies on disabled women and girls.

Across the United States, the life chances of girls like Ashley X and women like Terri Schindler Schiavo are being medically and judicially destroyed, sometimes complete with national press attention, while feminists remain silent. Some have told us they consider such cases private or personal, apparently forgetting the basic feminist tenet that the personal is political. Feminists must not only examine the eugenic roots of feminism but also root out the ableist bias that now permeates their movement. In the twenty-first century will we finally have an answer for the lonely plea of Elizabeth Stone, whose religious differences with her family resulted in her incarceration in the McLean Asylum (Charlestown, Massachusetts) from 1840 to 1842? Stone pointed out that forced institutionalization is always unjust: “If I *had* lost my reason is it right to take advantage of a crazy person and destroy happiness?” (Geller and Harris 1994, 41; emphasis added).

We, as disabled women, scholars, and activists, challenge feminists to leave ableist bias behind and join us—outside of a hospice in Pinellas Park, Florida; at the American Medical Association’s headquarters in Chicago; or wherever the “new eugenics” strikes next at the lives and hopes of disabled women. We will be there. Will you?

NOTES

1. This essay uses the word *disability* to describe a socially constructed category of people whose members have physical and mental impairments or differences deemed undesirable by “normative” standards. We refer to members of this class in both modern vernacular (e.g., disabled people or people with disabilities) and that of the eugenics period (e.g., “unfit,” “feeble-minded,” “defective,” etc.). Quotation marks (or italics when contained within quotes) are used for eugenics-period labels in order to keep the rhetoric intact while highlighting language now considered slanderous.

2. For more detail, see Mary R. Melendy and Henry M. Frank (1992) and B. G. Jeffries and J. L. Nichols (1991).

3. Sanger's book *Woman and the New Race* (published by Brentano in 1920) was renamed *The New Motherhood* and published by Jonathan Cape in 1930.

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