

IntegrART Symposium 2019 - Panel Discussion “Different perspectives on disability: How do theory and lived experience inform each other?”

Key Note Speech by Dr Colette Conroy, University of Hull

Models of disability

Thank you so much for allowing me to speak to you today on a subject that is hugely important and interesting to me. I have a few minutes to outline some of the main ways that have been used to think about disability.

We are talking today about models of disability and my argument is that models of disability have a profound effect on how we think, how we act, and ultimately about how we live as disabled people.

For some of you, disability will exist as a fact, or as an aspect of our bodies. The very idea that how we think about a disability affects the life of the disabled person may sound like dangerous magical thinking, perhaps even an idea that we should think positively and disability will go away!

One thing to note from the outset is an obvious point really, that models are very deliberately abstracted or simplified versions of reality. They are constructed to show the working or else the overall effect or appearance of a complex system. So, models of disability will reveal some aspects of disability whilst other aspects remain unseen.

A second point to note is that models are tools - we construct them for a specific task or purpose just as an architect may make a model of a building to enable a certain sort of understanding of the process of design. Models have truths and untruths, but they are ways of exploring relationships between parts of the system and not intended to represent all aspects of the system. I advocate a use of models in which we think of them as conceptual tools, and not so much as systems of belief.

There are more models of disability than I can outline here and often they are used in specific specialised discourses and for strategic purposes, so going through a host of specialist models will not help us in our discussion.

Today I want to talk about two main models of disability, and then to outline a way of moving forward from these models. In keeping with my argument that models are strategic, I want to indicate how the medical model and the social model each have different uses and how each articulates a relationship between subject, body and society.

My first encounters with disability culture and politics were via the disability arts movement in the UK in the 1990s. This was an energetic and articulate movement which turned my own ideas upside down. My examples are informed by this UK perspective, and so it will be interesting to explore other contexts later in this discussion.

Arts practitioners and theorists don't always work well together. This was my foundational experience of theory and practice getting together and transforming each other. So I will start today with the social model of disability.

How long has disability existed? If you answer this question quickly, your first response will be that there has always been disability, throughout all of human history. There have been bodies, and then things have gone wrong with them, and this has been a sort of personal misfortune.

In my own discipline, theatre is obsessed with disability and it seems clear that disability is an important and influential event for characters. Oedipus blinds himself, Philoctetes is wounded, Richard III decides to become a villain because he is deformed and lacks the beauty of form that will allow him to be a lover... Characters age, go mad and lose physical abilities as ways of showing the audience the effects of actions, time and decisions on the human body.

But when we pick examples of disability from theatre history, why do we think that they are examples of disability? One group of scholars would indicate that at the time of writing, Sophocles and Shakespeare would not have been using anything like the understanding of disability we have today.

In the UK, disability activism was heavily influenced by a materialist analysis of history produced by great scholars of the 1980s and 1990s such as Michael Oliver and Colin Barnes. They were prolific, and influential. They adopted and promoted the idea that disability did not appear until the Industrial Revolution rendered certain bodies unsuitable for work in factories.

It is a foundational tenet of social model disability studies in the UK that disability was called into being as a category at the point when the Poor Law Act of 1834¹ made efforts to separate paupers into the 'deserving' and 'undeserving'. This moment was the birth of disability, a point where people with bodily differences were recognised to be unemployable because their bodies did not fit the machines of the factories of the industrial revolution.

Before this, according to this argument, within the feudal system, there was no

¹ See, for example, J. Ryan and F. Thomas, *The Politics of Handicap* (Harmondsworth: Penguin, 1980), p. 101.

recognisable class of people we could call disabled. There may have been individuals with impairments, but it was not possible to treat their circumstances as a systemic oppression. Social model theorists are treating disabled people - post 1834 - as an oppressed social class. The really important move here is that something happened in the social and economic fabric of society to tear people with impairments from their communities and relieve them of livelihood and dignity. If you look at the literature and theatre of the 1880s, you will see an obsession with vulnerability and pathos, where people with impairments are recast as needy recipients of charity.

Barnes and Oliver severely criticised the activities of scholars who are interested in the study of representation instead of what they called 'bread and butter' issues of living standards and economic independence. This places me, as a scholar of performance and a theatre practitioner, in a difficult position.

For me, in the 1990s, the social model was a transformation. The idea that disability is produced by society seemed so liberating. If I have a student who is a wheelchair user, and if I schedule my classes in a room at the top of a flight of stairs, then the site of disablement is NOT the body of the wheelchair user, but my inflexibility and carelessness along with architectural decisions that have been made by my university.

It's such a dazzlingly effective inversion of the previous way of thinking, where the student has a problem and we will help if we can (because we are good people). Rights, not charity, which was another political slogan from the 1990s.

Within the social model, disability can be and should be eradicated because it has a cause (an economic cause) and a solution (accessible design).

The social model offers us a chance to change society. But what about the process of looking at or thinking about disabled people differently? What if you are a disabled person and you think about your own embodied experiences as uniquely yours?

By putting disabled people together as a class, it may be that we imply that we have more in common than we really do. How can the social model create space to celebrate our differences?

The other worry about the social model is - how do we deal with the negative and sometimes painful or even life-limiting aspects of our impairments? There seems to be no place for this within the social model, and so we may find here that we turn back to medicine.

The medical model of disability suggests that for many disabled people, the private exchanges between them and their medical practitioner are played out in

public over and over again, with the body as the problem. “What’s wrong with you” or “He’s a paraplegic” or whatever becomes part of the process of labelling and interacting with the individual.

Decades of writing in Disability Studies have examined the effects of medicalized narratives on the bodies of disabled people. To frame the individual as ill, as faulty, as awaiting a cure, has profound effects on their autonomy, their right to a voice of their own, and their ability to claim their rights to equal access to culture.

Attitudes to disability take many forms, from name-calling to inappropriately offered charity to the assumptions about bodies, their shapes and their capabilities that make life difficult for many people.

It is not the case that there was the medical model and then it was supplanted by the social model and then we had a revolution and it is all now sorted out, thank you very much...

I mentioned at the beginning of my talk that models were strategic and not definitive. If the medical model positions the body as an object of knowledge, the social model situates disability as a problem for social solutions.

What about other experiences of disability? What about thinking about the body as a site of knowing and knowledge?

Beyond the world of the economy, disability exists as a relationship between disabled and non-disabled people in a way that cannot be legislated, but must be reimagined.

As an example, Rosemarie Garland Thomson suggests that the central goal of what might be called the New Disability Studies is to transfigure disability within the cultural imagination.

Another example: Petra Kuppers writes of the appearance of ‘horizons of community’² in relation to disability community performance. She explores the ways in which disability cultural aesthetics institute a promise of community through sharing moments of different experience and articulating togetherness. These don’t have to be the same experiences, but they form connections and relationships.

These post social-model perspectives offer an imperative for the disabled person to examine the experience of their own multiple identities, and to treat this experience as the basis of knowledge and culture.

² Petra Kuppers, *Disability Culture and Community Performance: Find a strange and twisted shape* (Basingstoke: Palgrave, 2011), p. 71.

These variations on the social model are working with the idea of disability as a sort of knowledge that is tightly woven into the fabric of all social discourses, but which gives a special status to how we think from and with our bodies.

This is disability as a way of thinking, and not an object of thought.