


Destabilizing Disability: Including addiction for cross-movement solidarity

Destabilizing disability to include addiction opens up possibilities for coalition building across marginalized experiences and creates new ways of knowing. Addiction has rarely been considered through a disability studies perspective, yet the experience of the addicted body can be explained through a disability studies perspective without naming the addict as disabled. Shifting disability from an identity category into the more relatable experiences of normalcy and accessibility is useful for creating alliance across differences. I will first destabilize the fixed imagination of the disabled body. Following, I will suggest that the addicted body does not relate to disabled body. Next, I will suggest that shared experiences relating to ab/normalcy and in/accessibility are more relatable to the addicted body. Finally, I will argue that the inclusion of addiction in disability theory creates possibilities for coalition building and new ways of knowing.

Arguably, a disabled person is first imagined with a visible physical disability. This body is also generally imagined with a mobility device instead of as a person with a non-visible physical disability like chronic pain or fibromyalgia. Disability studies scholar, Douglas C. Baynton (2001) suggests that individuals who face discrimination based on a specified identity marker try to avoid using the label of disabled in order to not be further discriminated against (p. 50-51). He suggests that these individuals believe that the use of disability as an identity should be reserved for “real” disabled people (Baynton, 2001, p. 51). The distinction of a “real” disabled person implies that there are also illegitimate, fake and invalid experiences of disability. I would suggest that the “real” disabled body is understood as one with a physical disability. This understanding limits possibilities for individuals to claim an identity of disability and share experiences of disability. This undermines and devalues the lived experiences of individuals with disability that are not signified or made intelligible by visible cues. This logic locates disability exclusively in the individual body instead of examining social barriers that produce disability.

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Addicts, alcoholics and non-normative substance users, whether sober or not, are already stigmatized, criminalized and excluded from social participation due to their substance use lifestyles. Following the logic pointed out by Baynton, it is not useful or helpful for non-normative substance users to claim an identity of disability. Identifying as disabled is not a part of becoming a respectable member of society. The category of disability is not desirable for addicts wishing to minimize their experiences of marginalization. Yet, perhaps the addict can empathize and relate to experiences of being abnormal and being excluded from society.

The social model of disability argues that society disables people through physical and social barriers (Shakespeare, 1997, p. 198). Queer, sober, anarchist zinester, Nick Riotfag defines intoxication culture as “a set of institutions, behaviours, and mindsets centered around consumption of drugs and alcohol” (p. 4). Intoxication culture “disables” individuals that do not adhere or conform to rigid standards of preferred substance use practices. In my (2013) paper “The Addict Constructed As Disposable” as part of a presentation titled Sobriety As Accessibility: Interrogating Intoxication Culture, I argue, “the consumption of alcohol, in a fun yet controlled way, is the preferred type of substance use. This normative substance use is the standard that others are judged [by]”. Addictive substance use is understood as chronic and compulsive. Crack, heroin and crystal methamphetamine use are considered to be undesirable substances to consume. Non-normative substance users do not meet the narrow expectations of preferred substance use lifestyles outlined by intoxication culture.

Not too many individuals want to identify as addicted, as disabled, or even both. In the “Big Book” of Alcoholics Anonymous, the first 100 members of the 12-step support group write about their experiences of non-normative alcohol use. They write “No person likes to think he is bodily and mentally different from his fellows. Therefore, it is not surprising that our drinking careers have been characterized by countless vain attempts to prove we could drink like other people. The idea that somehow, someday he will control and enjoy his drinking is the great obsession of every abnormal drinker” (Alcoholics Anonymous, 2001, p. 30). This illustrates how the goal of normativity creates an ongoing chase: move away from abnormal, addictive substance use and moves towards moderate, normal use. Addiction is a lifestyle to be denied and avoided.

In 12-step culture like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), abstinence is promoted as the desirable type of substance use for the addict and alcoholic. Further, within this culture, it is normal to identify as an addict or alcoholic. In this context, it is useful for individuals to claim an identity of an addict or alcoholic because this identity comes with a shared understanding of having non-normative substance use. This identity is empowering because it is instrumental for individuals to make sense of their seemingly incomprehensible relationship to substance use. This shared identity among peers builds community, creating a sense of belonging, empathy, understanding and shared struggle. While 12-step culture does promote the use alcoholic and addict identities, there is still an emphasis on a return to normalcy.

The popular rehabilitation narrative is about progression and a return to normalcy. The narrative includes: get sober, go to school or get back to work, get married or rekindle the relationship with family and live a long, prosperous life. The social expectation is to become an acceptable and productive member of society. Yet, no matter how long the addict does not use drugs for, they will always be considered abnormal. Robert McRuer’s (2006) discussion of compulsory able-bodiedness poses the questions: “In the end, wouldn’t you rather be hearing?” and “In the end, wouldn’t you rather not be HIV positive?” (p. 92). Following he writes “A system of compulsory able-bodiedness repeatedly demands that people with disabilities embody for others an affirmative answer to the unspoken question, Yes, but in the end, wouldn’t you rather be more like me?” (McRuer, 2006, p. 93).

In relation to addiction and substance use, intoxication culture - in conjunction with compulsory able-bodiedness - produces a normative collective desire to “drink more like me”. This is extremely dangerous for the addicted body. The consequences for the addicted person attempting to use substances normally can include institutionalization, violence, incarceration and death. For the non-addictive substance user, using substances and drinking “normally” is a privilege. The privileged able-bodied substance user has no need to consider the consequences of their use. The addict that aims to get sober and stay sober in an attempt to be normal is caught in a contradiction: not drinking is not normal. Addiction is not considered desirable. It is not considered to be a life worth living, whether sober or actively using. Addiction
is to be denied and avoided. Like disability, addiction is positioned as abnormal and outside of society.

The lived reality of disabled people who face physical barriers during their day-to-day living is materially different from the experiences of the addict. Both bodies are barred from spaces in different contexts and in different ways. Heterosexist culture dictates that public space is, by default, considered to be heterosexual unless declared as gay, bisexual or queer. Similarly, ableist culture suggests that public space is designed for bodies that walk on two feet instead of using mobility devices. Feminist, queer, crip theorist, Alison Kafer (2013) raises the question of the relationship between accessibility and space writing “access and inaccessibility continue to be productive points of overlap across multiple movements for social justice” (p. 154). Accessibility is an entrance point for discussing disability differently. Kafer (2013) uses the inaccessibility of public bathrooms as an entrance point to discussing a range of topics including disability, gendered violence, sexual violence, race, homelessness, citizenship, sexuality, gender and trans politics (p. 154). This shifts the focus from individual unable bodies to ableist culture creating inaccessible spaces. This provides an opportunity for expanding disability politics and reimagining disability.

The TIFF Bell Lightbox (2014) movie theatre, located in the financial district of downtown Toronto, declares: “All spaces, including the cinemas, are wheelchair accessible to the public”. This includes barrier free entrances, accessible bathrooms and even ramp access to stages for cinemas that include stages. Further investigation into the venue shows that ramp access to the stage is behind closed doors, leading up the back end of the stage. The barrier-free entrance to the theatre is left of the main door entrances. Additionally, wheelchair accessible seating is limited to one row in the theatre. Having ramp access at the front of the stage, instead of the back would be a way to highlight disability and accessibility as part of the theatre and not hide it. This is a way of creating a culture of accessibility. These arrangements demonstrate how accessibility is considered to be an addition, not an integral part of material and social organization. In this way, disability is imagined as invisible. Further, this illustrates how disabled bodies are regulated and excluded in varying ways under different circumstances.

In Toronto, the majority of nighttime social spaces are centered around drinking and take place in setting where alcohol is served. Just down the road from the TIFF Bell Lightbox theatre on King Street West are several fancy restaurants, bars and clubs. Intoxication culture constructs these spaces as places for people to connect, have fun, network and let go of stress via alcohol consumption. In these spaces, the assumption is that individuals will be drinking alcohol in a “fun, yet controllable way”. If an individual is unable to drink alcohol in this way, then consequences include being excluded from the space. If an individual becomes too intoxicated and drunk, they risk being cut off by the bartender or kicked out of the space. If an individual does not drink, they risk being asked invasive questions, ostracization and acts of duress to uphold the cultural assumption to “drink like me”.

McRuer (2014), writes “A space that seems open to anyone who might occupy it is exposed as actually constituting very narrow notions of openness and propriety. Bodies and bodily practices perceived as non-normative are forever positioned outside of the ‘public’ that might inhabit such space” (p. 1). Both the disabled and non-normative substance user are understood as unable under different conditions and circumstances. Both bodies are intentionally selectively included yet excluded in a particular way under ableist attitudes. Destabilizing disability involves deconstructing the fixed imagination of disability and discussing it in more relatable points and experiences. This discussion includes but it is not limited to experiences of: ab/normalcy, in/accessibility, productivity, institutionalization, medicalization, capacity and stigma. Using these topics as entrance points to build on relatability is necessary for creating connections across marginalized experiences of difference.

Destabilizing disability as an identity is necessary to creating opportunities for building coalitions across difference. Kafer (2013) summarizes Bernice Johnson Reagon’s essay on coalition politics writing:

…forming coalitions across difference is both necessary and terrifying: necessary, in that in order to create political change we need to recognize the interrelations among different issues and identities; terrifying, in that we often are working with people unlike us, people who might frame the issues in different ways or to different effects, people who might challenge our founding assumption” (p. 151).
Destabilizing disability is not just challenging the fixed imagination of the disabled body. This practice involves interrogating the normative assumptions created in disability studies and disability justice work. It is useful for disability studies to include addiction in order to destabilize disability. Destabilizing disability opens up the possibilities for disability studies.

At a recent panel discussion titled “Organizing Disability Justice: The Importance of Accountability, Care and Relation-building”, disability theorist, Eddie Ndopu (2014), suggests “Disability is an offering...it’s an ontological and epistemological shift...it’s a shift in terms of the way that we are, the way that we exist on the planet, the way that we understand and come to know ourselves and the world. Disability offers another way”. Disability creates opportunities to engage with difference, accept it and embrace it. The embodied experience of disability has taken a bodily experience that has been declared as unable, useless and undesirable, reimagining it as an “offering”. Disability can be useful, instrumental and desirable. McRuer (2006) advocates for building coalitions writing “A vibrant queer politics must incorporate a vibrant crip politics (and vice versa)” (p. 1). Further, including addiction into the discussions of disability and sexuality builds solidarity across difference.

Addiction, sobriety and 12-step culture provide new possibilities of knowing, thinking and understanding disability theory. Addiction calls into question normative substance use lifestyles that are not critically examined. Addiction positions normative drinking and substance use as a privilege. In my (2014) zine “fractured///enigmas”, I described an “offering” of addiction, sobriety and 12-step culture writing:

_in narcotics anonymous, a 12-step fellowship, the 12 traditions are kept in mind to maintain, guide and organize autonomous groups. at the beginning of the 12 traditions reading it says “as long as the ties that bind us together are stronger than those that would tear us apart, all will be well.” in 12-step fellowships, the newest person at a meeting is considered to be the most important. whether, it is this person’s very first meeting or if the person is coming back from a relapse, they are the most important person in the room._

I advocate among activist, social justice, scholarly and marginalized communities to treat our peers that are uneducated and undereducated in radical politics like the “newest person at a meeting”.

As part of the presentation _Sobriety As Accessibility: Interrogating Intoxication Culture_, accessibility is taken up in a new way. As a co-presenter, I advocate for the creation of more sober spaces as a way for supporting addicts and alcoholics that practice abstinence. In Clementine Morrigan’s (2014) first volume of the zine series “seawitch”, she highlights the growing possibilities for individuals and groups that can benefit from sober spaces listing:

_people who do not drink for religious reasons, people who have legal stipulations which require that they don’t drink such as terms of bail or probation, addicts and alcoholics who practice abstinence, some addicts and alcoholics who practice harm reduction, addicts and alcoholics who are currently using but cannot control the amount they use, people who choose to stay away from drinking due to a history of addiction/alcoholism in their families, people who have trauma related to alcohol consumption, people who do not drink for political reasons and people who do not enjoy drinking._

Disability studies has the potential to enrich understandings of trauma, HIV, self-harm and survivors of sexual violence. This recreates, reimagines and reframes disability as desirable. Rather than being framed as a short-coming or hindrance, disability can be understood as an opening to understanding new ways of being in the world.

In popular culture, the future is a time to look forward to. Often, disability is not thought to be a part of the future. Addiction is not thought to be part of a progressive and pleasant future. Both disability and addiction are experiences to move away from; not towards. Kafer (2013) writes “looking within disability studies for the traces of other movements while simultaneously looking for disability in places it has gone unmarked is one way of moving us toward accessible futures” (p. 150). The disabled and addicted body can learn from one another by discussing topics relating to experiences of normalcy, accessibility, productivity, institutionalization, medicalization, capacity, stigma and so on. These experiences are not to mark distinctions from one another but to build empathy, understanding, acceptance, trust, respect and solidarity with each other. Creating accessible futures together involves challenging our assumptions, getting messy and sharing the openness of humility with one another. Instead of moderating or negotiating with normalcy, disability and
addiction are “offerings” that invites us to explore and desire differences. Destabilizing disability creates possibilities for coalition building and new ways of being in the world.

References


giof
giof is a mixed race gender queer anarchist that believes in creating communities of love and still dreams of smashing the state. they identify as an addict in recovery. they wish to politicize their experiences with substance use and sobriety while unravelling the limited representation of the addicted body. they are completing their final year at the university of toronto, majoring in equity and sexual diversity studies. more of their academic and creative works can be found at livingnotexisting.org