The “Letter From the Editors” introduction of Knots was written by the Editorial Collective for the journal. This section reflects views and opinions of the collective itself. Unless stated otherwise, contributions express the opinions of the writers themselves, not the Editorial Collective, the Review Committee or the University of Toronto.

Knots is an ongoing peer-reviewed undergraduate publication. Submissions must be by artists and writers created during an undergraduate degree. Future callouts for submissions will be sent through the University of Toronto Disability Studies Listserv. If you would like to be added to this listserv, please email uoftdisabilitylistserv@gmail.com. If you are interested in submitting material for the journal, please contact knots.contact@gmail.com.

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Printed at Thistle Printing, Toronto, ON by Union Labour

Editorial Advisor
Dr. Anne McGuire  
Dr. June Larkin

Editorial Collective
geoff, Sarah Hoedlmoser and Siva-Jeevini Sivarajah

Review Committee
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Hello there!

We, the editors at KNOTS are honoured and excited that you have cracked the cover of the inaugural edition of the University of Toronto’s very first undergraduate student journal of Disability Studies. In putting together this journal, our aim is to highlight original and unpublished high-calibre work by current and former undergraduate students that moves beyond normative biomedical conceptions of disability and contributes to the development and growth of Disability Studies as a field. In the following pages, we celebrate the scope and quality of undergraduate work in disability studies. In keeping with the field of Disability Studies, this journal issues a challenge to existing and embedded forms of ableism, explores new avenues of being and identity, and questions the ways in which we construct the boundaries of normalcy for our bodies, minds, learning, and ways of being in the world.

The works collected in this journal have been grouped into four sections, with each section containing both scholarly and artistic works exploring a variety of themes within an anti-ableist framework. In Part I, “Narratives of Resistance”, the six contributors use frameworks in disability studies to explore storytelling-as-activism, employing narratives and narrative techniques to challenge notions of normalcy and, ultimately, work to uphold and value difference. Part II, “Bound Between Borders”, takes a look at the political and legal implications of disability in the context of the Canadian nation state, and how national and political borders – within our country, and between our country and others – are made permeable or impermeable in the presence of disability. Part III is entitled “Unwrapping and Reframing”. This section showcases the works of four scholars whose subjects of focus are ones uncommon or unfamiliar to the existing canon of Disability Studies. In the final section, “Utopias and Dystopias”, the authors examine the disability futurity, and the futuristic world of cutting-edge prosthetics.

“But why ‘KNOTS’?” The knot can be comprised of a single thread, looping in and around and over itself in a self-contained tangle. It can also be composed of many threads, intertwined and bound tightly to one another. We orient to the knot as a metaphor for the complex entanglements of our lives. Our bodies, our minds and the lives we live – as private and social creatures – are all knotted up: gender is tied to race, race caught up in class, class bound to disability, disability tethered to age. You pull on one thread, you catch them all. As a metaphor, the knot is a way of addressing the multiplicity of identities, stories and social categories that intersect at the site of our bodies as well as the interlocking systems of oppression that bear down upon us in different ways. Therefore, the goal of KNOTS is not to untangle the knot altogether, but rather to loosen it, to slowly and methodically engage in acts of unwinding and unravelling so as to glimpse those points where the threads of our lives touch. To loosen a knot, you cannot simply yank on one loose end – this will only tighten the knot and alter its configuration. To tie a knot, you must be equally methodical, considering points of friction, anchors, and loose ends. It is only by engaging with these puzzles in slow ways, innovative ways, and from every angle, that we might begin to release the meanings of the tensions of our bodies and our lives together.

Knots can be tools that anchor, tie, and bind; knots can be obstacles that infuriate us, test our patience, throw wrenches into the works. Knots can manifest as bundles of oppression and containment – we often find ourselves bound to damaging definitions of our lives, bodies, and minds, for example. Taken for granted notions of normalcy and ability constrict us as we move through physical and ideological spaces. These binds leave us with a need to understand, challenging us to unravel the tight twists and turns that many tacitly accept as the standards that govern our day-to-day lives. Knots can therefore also manifest as points of resistance which challenge normative understandings of what it means to be human by denying any straight or simple declaration of what the boundaries of ‘normal’ are and are not. If we are, at once, bound to different identities, if we are always more than one way of being, if we are invariably bound to one another, our knots give us a story of complexity, community and solidarity. In these ways, knots are a vital part of resistance and questioning ableist norms.
Since the inception of the Disability Studies stream in the Equity Studies program at the University of Toronto over nine years ago, the program has steadily expanded in both its scope, and the depth and quality of work being produced by its undergraduate scholars. Now, in the Winter 2015, the time has finally come to showcase the excellent caliber of work that has been consistently produced by undergraduate scholars here at the University of Toronto, as well as abroad. When we set out on our task to put together this journal, we were faced with the challenge of creating a rigorously peer-reviewed journal of high-calibre work at the undergraduate level in the field of Disability Studies, and that is exactly what awaits you in the following pages.

There are many kinds of knots awaiting you in these essays, discussions, narratives, stories, poems, and artwork. Some pieces invite you to unravel particularly snarled issues; others will reach out to entangle you in complications so twisted and knotted you will wonder at how you ever considered the issue to be a simple one at all. Some knots are attacked like that most famous knots of antiquity – the Gordian knot – sizing up the problem and choosing to eschew traditional approaches to problem solving and opting to split the entire mess in twain with sharply honed perspectives. So whether you are new to the field of Disability Studies, or familiar with its challenges and queries, we welcome you to dive into this selection and hope that you enjoy the process of untangling old knots, and tying up new ones.

Sincerely,

Sarah Hodlemoser
goff
Siva-Jeevini Sivarajah

Editors-in-Chief
So I’m autistic.

Basically, that means my communication skills and social functioning are a little impaired. It’s difficult for me to read body language, facial expressions, or understand social conventions, and more importantly, it is hard for me to care about any of that bullshit.

As a result of this, I find myself more often than not in my own little world. It is a happy place. I’m not totally alone here; I have an inner circle of loved ones who come and go as they wish.

Most autistic people are like this. That’s the really interesting thing about our culture, I guess. Due to our difficulties with social functioning, the culture is broken up into a million personal-sized pieces.

Every autistic person has their own private culture and their own private world, and these may or may not overlap with the worlds of other folks on the autistic spectrum. But one of the things we all seem to have in common is special interests.

Special interests are kind of like hobbies, except taken to ridiculous extremes. We immerse ourselves completely in our special interests, spending huge amounts of time on them, absorbing any relevant information, knowing everything, forgetting nothing. When we really get going, it’s all we can do, and it’s all we can think about. Spending time with our special interests creates a powerful, narcotic high; a feeling of all-consuming warmth, safety, and satisfaction.

A special interest might last anywhere from a couple of days to a lifetime. We might get bored with a special interest for awhile, and then get caught up in it again later. There are some fairly common special interests, like trains, dinosaurs, and space. But oftentimes they can get pretty goddamn esoteric, and folks will get enmeshed in things like Estonian cuisine, erotic Victorian postcards, Nebraska, or who knows what else.
In some ways, special interests are the most intimate, personal, and the most autistic component of ourselves. So in the spirit of enthusiastic oversharing - which is in itself a proud autistic tradition - I’m going to list off a bunch of the special interests I’ve had over the years, in loose chronological order, with explanations.

**Star Trek: The Next Generation: 1987- present**

This is my parents’ fault. Star Trek: The Next Generation started when I was three months old, and they had me in the room watching it with them from the very beginning. It’s all science-y and nerdy and something like 85% of people with autism love Star Trek. Now that I think of it, maybe Star Trek causes autism. It isn’t vaccines at all.

**Toronto: 1990- present**

When I was a little kid riding those quarter-fuelled ponies at the mall, my dad would ask me where I was riding to. Every single time I said, “I’m going to Toronto!” Most kids would’ve said France, or the moon, or Narnia. But not me. My dad told me stories about his childhood in Toronto all the time, and took me to the R.O.M., and my grandfather lived in the city, and when we went to his apartment we always had pineapple pizza, which was the best thing ever. Again, this is my family’s fault.

**Death: 1991-1998**

I don’t think I can blame anyone for this. When I watched Thomas the Tank Engine I used to fervently wish for train accidents. I used to fantasize about bus crashes while riding the bus to school, and daydream about house fires. I was never scared of death, nor was it something I wanted to have happen. It just fascinated me. When I was five, my grandmother asked me what my favourite things were. I said, “Mannequins and fish skeletons.”

**Pompeii: 1993-1994**

This was an extension of my fascination with death. I found a book at my babysitter’s house about Pompeii with a lot of really detailed, full-colour illustrations, and just like that, I was gone. I was babysat by that woman for a year, and during that time I must’ve reread that book a dozen times or more. The idea of an entire city being wiped out in the most horrible, unforeseeable way possible fascinated me. This was during a part of my life in which the world felt dangerous and out of control. I felt like literally anything was possible.

**Movies: 1996- present**

This is it for me: my biggest, most important special interest. My grandfather gave my family a CD-ROM called Cinemania ’95 when I was nine-years-old. It was an encyclopedia about movies, featuring movie reviews, biographies about people involved with movies, film stills, dialogue clips, music clips, and even a handful of film clips. For four years I spent at least two hours a day on Cinemania ’95. There was so much information, and I wanted all of it in my head and in my bloodstream. If I could have become the information, I would have.

Then we got the Internet, and things got completely out of hand. I found Roger Ebert’s website, and IMDB, and Rotten Tomatoes, and any number of websites designed by fans and critics.

I’ve created a list of my favourite fifty-two movies. I’ve written a journal documenting most of the films I’ve rented for the last four years and my opinions about them. I know off the top of my head every single movie that won the Academy Award for Best Picture.

**Mental illness: 1996-present**

In my creative writing class in high school, about halfway through the year, my teacher said to me, “I challenge you to write something that is not set in Toronto, and does not have any crazy people in it.”


I don’t know, is this weird? I fucking love house plans. I do. I can’t explain why I find them so appealing, and I don’t know how many dozens of hours I’ve spent poring over house plans, but it’s a lot. They’re beautiful, and transporting, and I love fantasizing about living in different houses and what it would be like.

Part of this might be because I grew up living in a piece of shit. After my family moved to a nice house I lost interest in house plans for about two years.
**John Lennon: 2000-2001**

Like everyone else, I was a complete monster in the seventh grade. In the eighth grade I developed a sense of shame and the willingness to become a better person, and John Lennon became my role model. Lennon was kind of an asshole for most of his life, but in his last few years he was a happily married stay-at-home-dad who baked a lot of bread, so things worked out okay for him. Except for the whole “getting shot five times in the back” thing.

**Sim City: 2000-2009**

I don’t know how many cities I created on Sim City. Hundreds, probably. I’d still be into it today, except in 2009 my parents bought a computer which didn’t support Sim City 2000. At the time I was devastated, but in retrospect I realize this saved several thousand hours of my life.

**Asperger’s Syndrome: 2001–present**

This is probably my most appropriate special interest, because I fell into it shortly after being diagnosed with Asperger’s. When you find out you have a mental disorder, I think it’s pretty healthy to develop an all-consuming fixation on it.

**Harry Potter: 2001-2011**

Yeah, this isn’t terribly surprising. It’s one of those geeky interests that a lot of autistic people have in common. I think the idea is really appealing: getting a chance to escape from a miserable world into a world which is still pretty miserable, but at least has magic. For the record, I am in Hufflepuff.

**Assorted web comics: 2004–present**

Every now and then I will discover a new web comic and plow through the entire archive in the course of anywhere from an afternoon to a week. In that period of time I will spend five hours a day or more reading the webcomic, and have absolutely no interest in doing anything else. My favourite webcomic is Achewood, and I’ve read most of the strips at least four times.

**Subway stations: 2006-2007**

In my first year of university I wrote reviews of every subway station in the system. I did this instead of making friends, because it was a lot more fun, and architecture is consistently less disappointing than human beings.

**Cruise ships: 2010**

I don’t like Christmastime at all. It’s the darkest time of the year, and there’s a lot of stress, and a lot of feelings, and fuck it. Just fuck it. In 2010 I spent the week leading up to Christmas completely enveloped in reading reviews of cruise ships online. It was the perfect narcotic.

**Collecting pictures of people I don’t know: 2011, 2013–present**

This is probably my least appropriate special interest. I moved out of my parents’ house in the summer of 2011 into a gritty little hovel in Toronto. I had no life skills and felt totally isolated and lonely. So I started looking up family photographs of strangers on Flickr and copying my favourites onto a word processor, with the intention of someday printing them off and putting them in a photo album. I lost interest after a month or so.

Then earlier this year I got the idea of starting a Tumblr account featuring all my photographs of strangers. So far I’ve got 598 photos posted, with another 102 queued up to be posted automatically over the course of the next few months.

**20th century United States Presidential Elections: 2013**

In the fall of 2013 I spent a week on Wikipedia reading about every presidential election in the United States in the 20th century. It was bliss. Did you know that until 1964 the state of Georgia had never voted Republican? Since then, it’s never voted Democrat. And Minnesota, of all places, is the state that’s been voting for Democrats the longest, ever since 1976. Isn’t that interesting?

---

**David Preyde**

*David is a writer with Asperger’s Syndrome who focuses mostly on creative representations of disability, especially autism. His hobbies include procrastinating, goldbricking, malingering, and dilly-dallying. He endeavors to make a living off writing, though won’t dismiss the possibility of selling his blood, plasma, and non-essential organs to make ends meet. His blog about Asperger’s and related issues can be found at differentsortofsolitude@wordpress.com*
It can be argued that a limitation of much Disability Studies theory is that due to its sophisticated nature, individuals are not exposed to it until later in their lives. The following piece of short fiction is an attempt to make DS theory accessible to individuals of all ages. Putting a spin on existent slanderous tropes, the prosaic story 'Harold' seeks to utilize rhyming meter and universally accessible imagery to provide individuals with a working framework through which to engage Disability.

There once was an apple named Harold,
Harold was a wonderful soul,
Always tried hard in school,
To garner straight As was his goal.

Now the problem with Harold you see,
Is he was a fair bit softer than his friends,
He was too delicate to play most sports - and come gym class –
Harold was always picked at the end.

His classmates always applauded his effort,
They handled him with kid-gloves,
His parents told him it was not his fault,
And always, he would have their love.

As you can I can both agree,
This is not much comfort to a young lad,
It is hard not to feel less-than,
When one cannot play football with their Dad.

So while other kids were running around,
Harold was forced to walk at a slower pace,
Forever aware of the injuries he could incur,
Even from a simple footrace.

One afternoon as Harold was leaving school,
He met an older gent on the street,
Harold knew the fellow as a neighbor two doors down,
However they had never had a chance to meet.

Hello Harold, how are you this fine day,
Asked the older gent,
Harold responded without thinking,
And before he knew it, he began to vent.

Mother and Father are fine,
Still playing the denial game,
Ignoring the fact their one and only child,
Is more than a little bit lame.

My boy, the old man began,
You do not understand what you say
Have you no clue what you are,
Come with me quickly and do not delay.

Harold was more that a little wary,
Having never met this man,
So first he went to talk with his parents,
Seeking their support of this plan.
Having received an ok, 
Harold headed out the door, 
Walking down the street, 
To house three-forty-four. 
Knocking first, and entering right after, 
Harold was now in the dwelling of his elderly friend, Unbeknownst to Harold, 
His erroneous outlook would soon end. 
My boy, said the man come here, 
And bring that book to your right, 
Harold did as he was told, 
Although his hands shook with fright. 
Come with me, the man said, 
And I will show you that you are not sub-par, 
Different without a doubt, 
But lame is not what you are. 
The man led Harold to the back of the house, 
To what he called the grotto, 
In this brightly lit room, 
He opened the book, and pointed to the picture titled Tomato.

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Invisibility within queer and crisp communities: subverting the gaze  
Amber Reid

Disability as tolerable in small doses

I was hired as a Personal Support Worker (PSW) to assist a visibly disabled woman with activities of “daily living” like shopping, banking, monitoring forced aesthetic goals of losing weight, walking in a “straighter” fashion, and going on outings. These outings never included outing oneself as crip or queer. Instead, communal identities of cripness and queerness ran underground, couched in more politically correct terms like “differently abled” and “friend.” When I go out ‘with’ the visibly disabled lady that I work for, herein referred to as Rose, I am not meant to be going with her in a friendly way, but I am to go with her in a supervisory manner, so that I can apologize for her “deviant behaviour” and make others more comfortable with being presented with difference.

Tolerating disability is part of an effort to treat the visibly disabled or impaired body “just as everyone else” (Michalko 2009, p. 111). This erases or at least minimizes difference through accommodating a certain level of disability, providing that the disabled body is pleasant, courteous and grateful. Visibly disabled bodies are supposed to use humour, conversation and wit to “relieve nondisabled people of their discomfort” (Garland-Thomson 2009, p. 69). But in the case of invisibly disabled bodies, their disability does not “cancel out other qualities, reducing the complex person to a single attribute” (p. 69).

Perhaps instead of surveilling, policing, and tolerating, a support worker creates crip community with impaired bodies through welcoming disability, nurturing relationships, and creating friendships with and between impaired bodies. Crips, non-crip allies, and impaired bodies who do not (yet) identify as part of crip communities all desire communal enactments with other bodies. Perhaps this can wish can be a binding one; fuel to make us be able to do things differently.
Crippling and Queering the “Helping” Profession

Disability is normatively understood as a ‘thing in the world’ that attaches itself unto bodies. This thing called disability can be tolerated in small doses because it is politically correct to do so. In this way, disability is used to portray society as democratic and inclusive. This toleration is not done because disability is seen as a valuable, integral part of some people’s understandings of themselves and their communities. Instead, disability is tolerated because it is seen as something that cannot be accepted, and is shameful. As such, it is something that is polite to ignore (when possible).

As a white disabled PSW, I am an invisible member of crip community who is well-positioned to begin unpacking what “politically correct” tolerance of difference means to visible and invisible members of queer and crip communities.

It is unthinkable that I could desire companionship with this disabled body, that I could want to find ways to connect with Rose instead of holding power over her. How do these invisible statuses both exclude invisible members of communities through not recognizing them as members, and thus not inviting them in? How do they also give those who are non-visibly marked prestige and privilege through providing the option to choose to come out (as queer or disabled) or to pass? How does the visible whiteness of both Rose and myself influence how we encounter and/or are protected from ableism?

The choice to come out or stay in is not available to those who are visibly marked, since they are always already brought out by others. Visibly disabled folks such as Rose are stared at and have their intelligence and very humanity questioned on a regular basis. When Rose and I go out, tellers and cashiers attempt to give change to me instead of her, they look past her as if she was not there, and pedestrians reach out to “help” her with doors and with curbs without asking her permission. Rose is treated as if she does not have feelings, a need for human interaction, or boundaries.

Understandably, Rose has learned to be very cautious and even unfriendly towards people she does not know. Her reactions to these supposedly helpful interventions by bystanders can be seen as antithetical to building community. Too easily, the onus of checking ableist assumptions can be shifted off of bystanders and onto visibly disabled people such as Rose. In contrast, invisibly disabled folks such as myself enjoy the privilege of choosing to come out, or choosing to pass. This provides the disabled individual the opportunity to move in the world, socialize with others, access employment opportunities and social services (without being overtly discriminated against) at least some of the time. This privilege comes with often being presumed as fully-abled bodied, and when we cannot fulfill all of the expectations of others, we are presumed to be lazy, disorganized, and unreliable. Consequently, visibly disabled and non-visibly disabled folks do not always get treated the same way. While the former may hope for the ability to pass and to act as if they were non-disabled, the latter may crave communal recognition within crip community. These desires are not antithetical, but they do at times rub up against one another.

Clare calls this tension, “horizontal hostility,” which he defines as the product of an interaction “between marginalized bodies from many communities [who] create their own hierarchies” (1999, p.133). In the same vein, Ejiogu and Ware (2008) observe that disability is “inextricably linked and co-created by historically informed, cultural, racial, class, gender and sexual differences” (p. 11). What can we do with this tension, knowing it always exists between communal members who are marked differently and to various extents?

Tolerating difference as an act of political correctness

My relationship with Rose is complicated, not because it is most accurately described as a friendship masquerading as a professional relationship, but because people make meaning of our relationship every time we go out “there” where things “lie in ambush” (Bauman 2003, p.1). It is always assumed I have a duty to Rose, either because she is family or because it is a job for which I am getting paid. Commonly, it is understood there is no way an employment situation can be subverted and become a friendship.

Bauman warns us of idealizing community, and getting caught up in how it feels “good to have a community” (2001, p. 1). As an invisible

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1 Ableism is defined in by feminist critical race scholar and disability activist Fiona Kumari Campbell as “the network of beliefs, processes, and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability then is cast as a diminished state of being human” (2001, p. 44).
femmy (feminine-looking) dyke with a chronic condition and fluctuating disability status (as in I sometimes do and sometimes do not identify as disabled), I pass as both heterosexual and non-disabled. I am hardly ever identified as queer while alone, and hardly ever identified as disabled. My impairment exists somewhere between the realms of physical impairment and neurological difference (it is sometimes (n)either and sometimes both). Like Wendell, I “live between the world of the disabled and the non-disabled” (in Samuels 2003, p.240). In contrast, Rose is a visibly physically impaired and neurologically different, and has historically been a vocally homophobic woman. At first, she was first horrified that I was queer, and she let everyone in the corporate downtown coffee shop that we frequent regularly know this. But over time, Rose has grown to respect my partner and I. It is hard to say whether this newfound respect for queer folks extends to queer folks in general, or only to people whom she has already decided that she liked before she discovered they did not identify as heterosexual.

Samuels discusses how queers, unlike non-disabled crips, have developed “a variety of nonverbal and/or spoken means to signal that identity” (2003, p.241). However, femmy lesbians are not represented by these signs. Femmy lesbians are less visibly marked, could-be communal members. We could more easily blend into the norm and become part of the normate, which is “the veiled subject…outlined by the array of deviant others whose marked bodies shore up the normate’s boundaries” (Garland-Thomson 2009, p.65). The potential for blending in does not mean we are less committed to creating communities or that becoming part of the normate is inevitably desireous for non-visibly queer and disabled people.

Amanda Hamilton notes that people with nonvisible disability “are in a sense forced to pass, and the same time assumed to be liars” (in Samuels 2003 p. 242). Passing as part of normate culture through invisible markers does not mean passing subjects are less trustworthy than visibly marginalized subjects. In fact, there is potential for passing to be “a subversive practice…the passing subject may be read not as…a defiant figure who, by crossing the borders of identities, reveals their instability” (p. 243).

The invisibly queer and invisibly crip body forces communities to question who is let in and kept out. We force those engaged in creating communities to acknowledge the instability of our relationships to our bodies, as well the fluidity of identities. We provide ways to think about community outside of its ideal form. We are troublesome and we exist on the margins of queer and crip communities.

**Representing Disability Differently**

Disability, if it is a “thing in the world,” is a communifying thing which invites visibly-disabled bodies, invisibly-disabled bodies, and allies to come into crip community, and “dwell with disability” (Chandler 2010, para. 2). Yet we need to continually critically analyze what kinds of racialized, classed, sexualized and gendered bodies receive the invitation to participate in crip community.

In this exploration of creating crip community, it is important to remember people’s apparent resistance to doing things differently is not always a conscious decision to defy community, but sometimes comes from a lack of exposure to community and/or specific communifying practices. Since communities are cultural creations enacted differently across time and space, we need to be gentle with those who seem to be the antithesis to community, for these bodies are potentially crip. We must not privilege the visual (as does the normate) to such an extent that we assume could-be communal members are always visibly marked.

**Communal enactments within a corporate coffee shop**

Rose and I spend much of our time at a particular downtown coffee shop discussing the news, people-watching, and building community. Customers at this coffee shop are welcomed; they are safe in their knowledge that as long as they pay, they are free to exist in this comfortable aromatic space until the shop closes or they wish to leave. Customers believe as they sip, they can take reprieve from the hectic world “out there” (Bauman 2003, p. 1). However, they do not consider that the “outside” world with all of its discomfort is irremovable from the politically correct “comfortable” space of the coffee shop.

When Rose and I roll and walk in, people are uncomfortably reminded of the leakiness of in here and out there. Certain kinds of socially marginalized people are said to not belong in this coffee shop. If you can pass, you can come in; otherwise, you put people at dis-ease. Rose and I are breaking into
this “safe” corporate space and claiming it as our own crip space; the cripness of this space runs underground, unspoken.

Leaky bodies represent leaky boundaries between communities. Leaky bodies reveal the precariousness of “safe” spaces, as they demonstrate the ways through which spaces can be used in various ways. Breaking into a space and turning it from a space of (un)belonging to belonging is not straightforward; it is actually a rather queer and never-ending process. It must be enacted repeatedly and in different ways over time.

This corporate downtown space is not the ideal location for the enactment of community, but as no ideal space exists, this space is suitable. This space is not evidently non-accessible; there is a slope at the entrance, and the baristas are most apologetic for the stairs that descend to the bathroom. The brand of inaccessibility at this coffee shop is, I would argue, somewhat more dangerous, as this is a politically correct, non-accessible space that profits through advertising itself differently to different people.

My invisible disability allows for me to, as Garland Thomson says, “interact with the socially engineered environment and conform to social expectations” differently than Rose (2009, p. 64). This “determines the varying degrees of disability or able-bodiedness, of extra-ordinariness or ordinariness” (Garland-Thompson 2009, p.64). My body is represented as ordinary, non-disabled; it is body that enforces order, is authoritative and takes care of bodies. It is not a body which itself is disabled at times. Thus my invisibly disabled body is excluded from the “narrative of corporeal difference,” (Garland-Thompson 2009, p. 65) which enables me to be “unmarked” and “sheltered by the neutral space of normalcy” (Garland-Thompson 2009, p. 65). This is especially true when I am with Rose, since “otherness emerges from positioning, interpreting, and conferring meaning upon bodies” (Garland-Thompson 2009, p. 66). My body, juxtaposed against that of Rose, is read and interpreted as the able-body, the full-bodied body. I do not get “assigned” (Garland-Thompson 2009, p. 67) the position of the disabled body; I have the privilege to choose when and how to occupy it. My queer and crip communities can be elitist and excluding of non-visibly queer or crip bodies. It is difficult to decide when to come out “as a person whose bodily appearance does not immediately signal one’s own sense of identity” (Samuels 2003, p. 133). This means finding and/or forming crip communities that welcome non-Visually marked bodies as communal members can be difficult. Like queers, “disabled people are sometimes fundamentally isolated from each other, exist[ing] often as aliens in their social units” (Garland-Thomson 2009, p.71). This perceived isolation and lack of a given community permits and forces invisibly-disabled-crips and femmy-queers to continually redefine their communal others.

I am not read as being gay because I appear “feminine,” and since this seems to match the gender I enact, my sexuality is not questioned. While it is, in a sense, a privilege to be able to choose when to “out” myself, it is also painful to not be read as part of the community. It is painful to have to be with another woman in order to ‘prove’ that I am not actually heterosexual and to avoid “social scrutiny” (Samuels 2003, p.233), while – at the same time – being with another woman also invites social scrutiny.

In the moments when I gain queer and crip communities, I know this gain comes with “soon missing freedom” (Bauman 2002, p. 4). But for invisibly disabled crips, these moments of perceived belonging are so short that as invisibly disabled crip and a femmy dyke, I always exist on the margins of marginal communities. Rose, whose body is often read as “too disabled” and whose disruptive body is often shut out of public spaces, also exists on the margins (albeit in a different way). Thus, bodies that are regarded as insufficiently and excessively excludeable bodies are isolated within the communities within which they were said to be a part. The privilege of being able to pass as non-disabled, to fit into the world of the normate, makes it more difficult for me, an invisible member of queer and crip community to “let go of the desire to pass as nondisabled – really to be nondisabled” (Clare 1999, p.134) as invisible members are torn between two worlds, sometimes feeling at dis-ease in both. In this way, “Isolation and community tug against each other” (Clare 1999, p.134).

Garland-Thomson notes that “an invisible disability, much like homosexual identity, always presents the dilemma of whether or when to come out or pass” (2009, p.70). The decision to decide to come out is made especially difficult when one is already read as the normative ‘ideal’ body. It would be so easy to go along with assumed able-bodiedness and heterosexuality, but this would not be a way of acting that is in line with my desire to create community. I can choose to or choose not to act on behalf of crip community when I hear offensive ableist comments or notice access barriers. I choose
to counter representations of disability as excess, disability as something that is only tolerable in “small doses” and add in representations of disability as bonding.

Samuels argues that “the option of passing as nondisabled provides both a certain level of privilege and a profound sense of misrecognition and internal dissonance” (2003, p. 239). The choice to pass, to blend in within multiple communities and to be accepted by them is a supposedly desirable “privilege,” and as such, it is something supposedly self-evidently good. Yet the ability to pass can make finding community difficult, as one who can fit into either world feels forced to choose one over the other. Passing means taking refuge in a body that is read as possessing a socially acceptable level of queerness or disability. Passing, like the notion of community, needs to be troubled because we cannot pass without questioning what communifying possibilities are lost when we pass as part of the normate.

References


Amber Reid

Amber is a queer, mad-identified master’s student in Critical Disability Studies at York University. She completed her B.A. (Hons) in Equity Studies, Sociology and Women and Gender Studies (2013) at the University of Toronto. She has presented her work at the Society for Disability Studies (2012, 2013, 2014) and at the Canadian Society for Disability Studies (2014).
Click

Alison Albright

Courses. Click.

Team Work for Community Services. Click.

“The creation of new approaches to work with clients will be an outcome of the course. Theories of multidisciplinary, interdisciplinary and transdisciplinary teamwork will be presented. Different disciplinary perspectives will be respected and applied...” (Ryerson University, 2011).

Compared to all of the social work courses I’m required to take, a course about teamwork seemed like it would be a breath of fresh air. The fact that it was an online course meant that for once I wouldn’t have to walk to the front of the classroom and give the professor my Access Centre form for accommodations. I wouldn’t need to have that awkward conversation with the professor on the first day of class, in which I identify myself as a student with a disability, while hoping that the rest of my class doesn’t overhear me.

Enroll. Click.

Online Lecture: Week 1. Click.

My stomach dropped. Nowhere in the course description was it indicated that each student would be placed in a virtual team for the entire duration of the course, with a team assignment due weekly. “This course is not accessible to Access Centre disabled students” was not noted anywhere either.

Email the course instructor. Click.

I knew that I would have to advocate for myself. I explained to the instructor that extended time to complete assignments is one of the accommodations I receive, and that the team assignments due weekly would not allow for my accommodation. I then suggested that I complete the team assignments individually each week.

Send. Click.

The instructor wrote back and made it clear that she was uncertain about what should be done for a case like mine. She told me that there weren’t any policies in place for this situation, nor had any precedent been set. I felt like I was going in circles, so I reached out to my facilitator at the Access Centre. I asked my facilitator and instructor to discuss what my options were and to get back to me.

Inbox. Click.

Over a month later, I finally got an email from my course instructor. This time she seemed sure that she and my facilitator had found the perfect solution to my ‘problem’. Due to the weekly team assignments, I was quite behind in the course work by this point and my team didn’t understand why I wasn’t submitting my contributions to them on time. I crossed my fingers and opened the email.

“We were hoping you’ll consider to forgo all the individual assignments (personal reflections and essay) so that you [can] concentrate on doing the team work” (Personal communication, October 4, 2013).

Their solution is the problem.

The insinuation that my capability to complete assignments on time was somehow related to my concentration enraged me. I did not want or need to be excused from any course work. All I needed was the accommodation that I was entitled to, and even after over a month of waiting for a response, I still hadn’t received it. Though I was technically allowed in the course, I felt as though invisible and unbreakable barriers were locking me out.

Drop Course. Click.

More than any other feeling, I felt utterly disturbed – disturbed that the expectation was that if my course load was reduced, I could and should be able to overcome my disability.

The Access Centre. Click.

Vision, Mission & Values. Click.
“In partnership with the Ryerson community, the Access Centre facilitates and supports accessibility and inclusion through education and academic accommodation for the diverse mix of students with disabilities in order for each to fully participate in his/her academic experience at Ryerson.” (Ryerson University, 2013).

As I read through the testimonials of students, I couldn’t help but wish that I could add mine:

*Set up for failure. Locked out. Dis-abled – not because of my disability, rather, because of how others perceive disabilities.*

**References**


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**Alison Albright**

Alison Albright is currently in her third year of the Bachelor of Social Work program at Ryerson University. She expects to graduate from the program in 2016, and she hopes to then pursue her Masters of Social Work. Alison can be reached via email at alison.albright@ryerson.ca.

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**Crippling Narrative: Story Telling as Activism**

Kim Collins

Stories are powerful. Thomas King, a Native American storyteller, states that “stories are all we are” (King, 2003, 32). It is through navigating these narratives and making our own that we weave our way through the world. This navigation can be treacherous. We see others, and others see us, through the interpretation and understanding of our stories. Once a story is told we lose the power to decide how it is interpreted or used by others. In spite of the perils that are a part of sharing narratives they can be an effective tool for activists. Some stories are easier to share than others. Part of the trick of effective storytelling is finding a place; a community which invites you to share difficult narratives. The socially accepted master narrative invites personal narratives which relate to the mythic norm of the nondisabled, white, heterosexual cisgendered male. This leaves many stories untold. It is into this vacuum that crip communities open a space for difficult stories which can neither be neatly packaged in terms of normalcy or within the rigid framework of the social model of disability. It is the fluid nature of crip communities that create a safe space for people to tell their narratives; narratives which may be difficult for the teller and the listener. This use of storytelling is an effective form of activism as it can be used to express the everyday lived experience of ableism/disablism.

Bill Moyer, in his conversation with Joseph Campbell states that, “we tell stories to try to come to terms with the world, to harmonize our lives with reality” (Campbell, J., 1991, 17).

While this may describe a generality it does not go far enough in addressing the subjective nature of reality. It is in this way that crip communities fill the gap by presenting narratives which harmonize reality for those who disrupt the mythic norm. This subtle disruption of the norm by narratives forged in crip communities, is an effective tool for activists. Being exposed to a persons lived experience of ableism/disablism makes is real; it creates a non-confrontation experience for the listener.
Mia Mingus states that, “ableism cuts across all our movements because ableism dictates how bodies should function against the mythic norm— an able-bodied standard of white supremacy, heterosexism, sexism, economic exploitation, moral/religious beliefs, age and ability” (Mingus, 2011). Mingus’ statement demonstrates how ableism/disablism and the idea of the mythic norm affect us all. While ableism is the foundation for all oppression, it is through personal narrative and storytelling that ableism can be evidenced most clearly. There is no one way to be disabled and there is no one way in which one experiences ableism/disablism. These experiences change with age, socio-economic status, race, sexuality, family status and a host of other social factors.

While society at large may be labouring under the oppressive mythic norm, the mergence of smaller communities opposed to this ideal have opened space for untold stories. Communities are a place where we are connected through shared understandings, where “we can count on each other’s goodwill” (Bauman, 2001, 2). Crip communities, disrupt the assumption that we can ‘know unquestionably’, who our communal members are and therefore who they are not. We assume that communities are bound together by members who share the same or similar identities. However, the unpredictability and ever-shifting character of disability requires us to consider its identity also unstable” (Chandler, 2012, 5).

This instability in membership creates space for stories which include aspects of disability which may not necessarily be in line with the social model of disability or the disability rights movement. This includes narratives of tragedy or shame, or narratives which intersect with race or sexuality. These narratives may be difficult to tell and may have been excluded from the more mainstream disability rights movements. This may be especially true for people with intersecting identities who do not necessarily identify as disabled. In this way crip communities become a productive space for people to relate their complete and unabridged lived experience rather than focusing on only one aspect of their identity.

So how does telling a personal narrative become a form of political activism? June Jordan states that, “to tell the truth is to become beautiful; to begin to love yourself, value yourself. And that is political in its most profound way” (Mingus, 2011). This statement can be seen in the work of Pat Capponi. Her peer group Voices empowers survivors of the psychiatric system to tell their stories and use their lived experience as a method of activism when dealing with service providers (Choudry, Hanley & Shragge, 2012, 7). Rather than perceiving their experience of mental health and ableism/sanism as only negative, they use their narratives transformatively; both for their communities and for themselves. In this way storytelling allows for people to witness the construction of a personal map of growth which can provide insight to others (Meekosha, 2002, 69). Thereby, strengthening crip communities and creating fertile ground for others to come to their own understanding of activism and pride.

According to Catherine Frazee it is this type of community engagement which transforms shame to pride. “Coming to pride is a delicate alchemy that can only take root in the fertile ground of community. It is our connection to each other that transforms stigma to grace, personal burden to collective struggle, shame to honour” (Frazee, 2003). This is not to say that all narratives coming from members of crip communities display pride, but rather it demonstrates the communal space needed to foster pride in personal narratives.

This is the work of Project ReVision. The project supports people to create visual stories relating their experience of difference. These narratives are then shared with medical health providers in order to exchange knowledge. The director of the project, Carla Rice said that she never expected to tell the story she did; it was the safe space of that community which welcomed her to tell her difficult narrative (Personal communication, July 19, 2012). The narratives do not need to be shared. The act of telling ones own story itself is a form of activism.

Other forms of activism can take a hard line. Protests, megaphones; situations presented in terms of conflict and struggle. More creative methods of activism, like storytelling and blogging tend to be discounted by media. A Youth Activist Forum found that many young disabled activists were using creative Do-it-Yourself forms of activism (Kelly, C. & Carson, E., 10). This was all but ignored by mainstream media and academic groups. These forms of activism bring to light what other, more conflict oriented forms, can exclude: the lived experience of ableism/disablism within a constellation of intersecting identities. It may seem that activism is not taking place if it is not loudly proclaiming itself. However, the power of narrative as a form of activism is that it does not need to be in your face to be effective.
So it is important to recognize how stories are being used. These can be both positive and negative. For example, stories of suffering could be usurped by large service providers to support the medicalization of disability. Or a story involving suffering could be used to change the perspectives of health care providers as in the case of Project ReVision.

At a parent activist panel one mother told her story. From one point of view she was dealing with post-partum depression, she was a bad mother, a bad wife and needed medical help. From another perspective she was overworked, overwhelmed, over tired and under supported (Public Lecture, July 16, 2012). These two drastically different presentations of her narrative show just how easy it can be to twist a story. How one small fact, like her previous experience with mental health can be understood in different ways. How would this story have changed if she were also racialized, a single parent, queer? Even now, her story is being retold by me. I would like to believe that she would approve of my retelling. But her story has been loosed, it is now mine and yours and “years from now we cannot say that we would have lived our lives differently if we had heard it” (King, 2003, 167).

Over the years activists have brought about great change in North America. Disability rights legislation like the ADA and the AODA have been important developments. But there is still more to be done. While changing legislation to ensure equality is important, it is vital to change attitudes as well. This is not accomplished through legislation. This is the function of art. So in spite of some of the potential negative ramifications of storytelling it is too powerful of a tool to be ignored by activists. By relating feelings, emotions and personal experiences it makes ableism real. It takes theories, ramp designs, legislation and makes it personal. We can talk about the social model of disability through megaphones till we are blue in the face and while we may reach some; a story gently told will stay with someone. A personal narrative will make someone stop and think the next time they say that something is ‘retarded’ or enter a building that is not accessible.

Like with the work of Pat Capponi we should use our stories transformatively. To view our stories as a form of activism. We do not always need to engage in conflict to spread our message; to change minds. We need to engage in deliciously subversive methods of activism that take those who intentional or unintentional hold ableist views by surprise. This is the work of crip.
communities: to support people to tell their narratives no matter how difficult they are to tell, how much they differ from the social model, to expose the lived experience of ableism/disablism within a constellation of intersecting identities.

**Bibliography**


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**Kim Collins**

Kim Collins is in her final year of the Disability Studies program at Ryerson University and is working on a children’s book about institutionalization. She is planning to attend the Critical Disability Studies master’s program at York University where she hopes to continue working with narrative. She volunteers with several organizations, including the Student Advisory Committee and the Social Committee for the School of Disability Studies, she manages the social media for Toronto Disability Pride and is on a curatorial committee with Tangled: Art and Disability to feature the works of survivors from Huronia Regional Centre.
In recent years, the topic of mental illness has gained increased attention. One of the institutions which has been a part of this increased awareness is the Centre for Addiction and Mental Health (CAMH). CAMH recently launched their newest advertisement campaign. The advertisements for this campaign rely on the trope that mental illness is negative, undesirable and unwanted. The use of the well-known charity model of disability is employed for specific reasons. By illustrating psychiatric intervention as charity and calling upon the benevolence of the viewer, the ad is able to render the violence enacted onto ‘mad’ bodies invisible. The ad is explicitly violent and while simultaneously making other forms violence invisible.

For the purpose of this discussion, I will be discussing the advertisement for bipolar disorder. It appeared on bus shelters, in print and online on the CAMH website. This most recent advertisement campaign is titled “The Understanding Campaign”. According to the institution its goal is to “bring attention to the ripple effect of untreated mental illness” (Centre for Addiction and Mental Health, 2014). The advertisement is slightly different depending on which of these locations it is found. The one which will be described is found on CAMH’s website. The advertisement consists of both photo and text. The photo is of the face of a woman of colour, and she appears to be in her 30s. At the top of the advertisement CAMH logo appears, with its slogan “Canada’s leading hospital for mental health”.

Across the woman’s face the text reads “Create hope by spreading the understanding”. Below this text, on the right side of her face and just below her eyes the text reads “I am one of 300, 000 people with bipolar disorder in Canada. Unless I get help, my manic and depressed mood shifts lead to...”. Then there are hash tags in front of words describing negative consequences of the disorder. The first is “impulsive spending” and the last one is “a wasted life”. On the left side of the woman’s face it says “See what happens if I get help”. At the very bottom it says “The sooner you help, the sooner we can help” and “Donate now”.

When the user clicks their mouse on the text which says “See what happens if I get help”, the text on the right side of the woman’s face disappears and is replaced with text on her right side of her face, just below her eyes. The rest of the advertisement remains the same. The text reads “I’m one of 300,000 people with bipolar disorder in Canada. If I get help, my recovery leads to ...”. Then there are hash tags in front of words describing positive effects of recovery. The first is “Getting off the Rollercoaster” and the last is “Self Acceptance”. The advertisement is interactive, such that when a user selects a word with a hash tag in front of it, they are invited to share it through social media.

The advertisement is for CAMH, and so the viewer understands that the woman in the advertisement is identifying it as the appropriate institution to provide help. The history of the institution is needed to better understand the advertisement. CAMH, was originally known as The Provincial Lunatic Asylum, and has undergone seven name changes since its inception (Voronka, 2008). Voronka (2008) argues that the institution was created to contain mad degeneracy, which threatened the White middle class. Voronka (2008, p. 47) states “degeneration became a crusade that the respectable were entrusted with to fight”. Thus the mad body, considered as degenerate, was perceived as an enemy. The respectable White middle-class were the appropriate individuals to protect citizens from this enemy. The history of CAMH informs our understanding of the present advertisement. The viewer can situate the recent ad campaign in the long history of the institution. Instead of the mad individual understood as degenerate, the language of ‘mental illness’ is utilized. However, the advertisement explains mental illness, in the form of bipolar disorder, as the enemy to the individual and a ‘good’ life. In this regard we can see the continuation of the institutions belief of mental illness to be a threat, and something which needs to be contained.

The use of a racialized female in the advertisement is done for various reasons and requires further attention. It is utilized to aid and confirm our understanding of mental illness as a threat. The ad purposely wants to produce the woman in this advertisement as an ‘Other’ or a deviant. Racialized bodies are understood to be less valued that White bodies, thus less than human. Racialized bodies have been historically understood as subhuman and constructed to be in need of containment. The racialized body is understood to be less valuable, deviant and a threatening. The use of such a body aids in making the violence of psychiatric treatment invisible. This violence is considered natural for certain bodies, specifically women of colour.

Another act of violence is committed by not bestowing a name onto the woman. By doing so, they are denying her individual identity. This woman is simply one of many people with bipolar disorder. Because of her transgression, she is deemed not worthy of being given the right of individuality. Through these various tactics, the advertisement is both explicitly and implicitly violent.

The advertisement contains a major flaw that needs to be addressed. Through this advertisement, the mad body speaks to us directly. They speak of the impending doom that will destroy their life if they do not receive treatment. However, the mad individual is regarded as lacking rationality, or not of a sound mind. Fabris (2011) explains “the mad body is often conveyed as not understandable, as lacking in cognitive capacity.” (p.26) Thus what is not explained through this advertisement is how this mad individual is producing a rational thought by asking for treatment. It is more so that, the viewer overlooks this fact, and accepts that when a mad individual is asking for help, they are sane. They are asking to be ‘normal’, and because wanting to be ‘normal’ is rational, the mad individual can be considered of sound mind when asking for help. The viewer understands this particular woman to be not too far lost in her ‘madness’. There is hope that she can be saved, and the viewer is compelled to be part of restoring her to normal function. However, it still forces us to acknowledge that a mad body is capable of rational thought. This is problematic because the advertisement would like the viewer to think this mad body, is incapable of rational thought and thus allows CAMH to intervene in ways they deem appropriate.

In this context, psychiatric treatment is not only understood as the appropriate intervention, it is also charitable. Charity relies on individual acts of kindness by the fortunate to the less fortunate. The fortunate come to be seen as the protectors of the less fortunate. In this case, CAMH is the benevolent savior that protects the mad person from himself or herself, since they are unable to do so. Fabris (2011) speaks of the danger he presented, or was thought to present, when he was having a manic episode. Fabris (2011) says “my transformation belies a danger, to myself, to others, and their property” (p.13). He then recounts the events of forced drugging and confinement in a psychiatric ward which followed his transformation. Mental illness is always
perceived as a threat and as something negative. Individuals or institutions that protect both the mad individual from themselves and society are charitable. Thus they are considered moral and good.

Since the mad individual in the advertisement has identified CAMH as the appropriate intervention. The viewer understands help to be psychiatric treatment. However what psychiatric treatment consists of is never explicitly stated. This omission acts to erase the violence of psychiatric treatment enacted onto the mad body. CAMH is regarded as the leading hospital for mental health and is considered to be a protector. A protector is always considered well intentioned. Thus any treatment enacted onto a mad body, with or without consent, is considered to be in their best interest. Treatment, in the form of forced drugging, lobotomies, electroshock therapy, no matter how violent, is seen as an attempt to restore an individual to normal function. The advertisement speaks of the harmony that will be restored after treatment but there is no reason to consider what treatment entails. Voronka (2008) argues that the renaming of the institution renders its inhumane past invisible. She states that “the constant renaming ...works to disassociate from a history of violence and failure to cure”(p.53). By renaming the institution, the viewer no longer thinks of the forced labour and treatment enacted onto bodies throughout its long history. The advertisement and the renaming of the institution works to render the atrocities of psychiatric treatment invisible.

The language used in the advertisement further helps to explain how violence is rendered invisible. According to the advertisement, unless an individual receives help they will have ‘a wasted life’. Prior to treatment an individual is considered to be disposable. They are considered to be so because they are not leading productive and ‘normal lives’. CAMH is entrusted with restoring these individuals to normal functioning. Titchkosky (2009) argues the psychiatry professionals “are committed to ‘normalcy’, as the only life worth living” (p.4). CAMH, as an institution is not concerned with the well being of the individual. Rather they are committed to upholding normalcy. Since normalcy is “singularly good way of being in the world” (Titchkosky, 2009, p.4) it can be achieved by any means necessary. Violent treatments are legitimized and overlooked because normalcy, first and foremost needs to be upheld. In addition stating that someone has ‘a wasted life’ if they do not seek treatment, refuse or stop treatment, is a value judgment. The advertisement is sanist, which is “the dividing of thought into mad and sound” (Fabris, 2011, p.29). Fabris (2011) states that sanism is the “primary rationale for imposing treatment” (p.16). Thus, the viewer also considers treatment as a discriminatory and oppressive practice. Oppression is not only erased, but it is presented as something beneficial.

Furthermore, the advertisement explains depression and mania as ‘mental illness’. Certain ways of thinking, feeling or behaving are defined are pathologized. But this is one explanation happens to be the dominant one. Fabris (2011) asks us to consider an alternative explanation. He says “while slippage could easily be seen as freedom from order, order is imposed anyway” (p.26). Thus he presents us with the idea, that what is defined as mental illness can be consider as freedom. Since it is not understood by professionals, this possibility is never spoken of. It is not spoken of because it is a threat to normalcy. It exposes the lie of normalcy: namely that there is only one way of being in the world.

In addition, if certain ways of thinking, feeling or behaving are automatically labeled as mental illness, then an individual exhibiting these can only be experiencing suffering. What is not considered are individuals who live with ‘mental illnesses’, and who do not seek, refuse, or stop treatment. Fabris (2011) says, “madness is an embodied way to know, it is intelligent, searching, and valuable.” He asks us to consider other possible explanations of madness or mental illness. It could be considered, as stated earlier, freedom from order. This freedom could allow individuals to think, feel and behave in a way that allows them to explore new ways of knowing and understanding.

Explaining someone’s thoughts, feelings, and emotions as an illness not only pathologizes that individual, but also strips the person of their identity and the value of their being. It renders them useless and disposable. Adhering to a narrative of mental illness allows us to divide people into those who are valuable and those who are not. Those who can be counted, and those who can easily be erased from our landscapes.

References

I argue that equal rights of people with disabilities are violated in the immigrants’ selection process of Canada because the nature of citizenship fundamentally excludes people with disabilities from its framework. The concept of citizenship is built on the liberalistic idea of society which values only the citizen’s capacity to work so that people with disabilities are considered nothing more than an economic and social burden to society. I present my argument in four aspects. First, there is a constitutional conflict between the Immigration and Refugee Protection Act and the Canadian Charter of Rights and Freedoms. Second, the idea of citizenship is built on the selection of people who can economically contribute to society based on their capacity to work. Third, a eugenic paradigm plays a significant role in the social construction of citizenship. And finally, I call for a change in the discriminatory immigration law by critically evaluating the paradigm of citizenship.

The practice of selecting immigrants in Canada has officially excluded people with disabilities since the 1869 Immigration Act (Chimirova, 2008, p. 38; Capurri, 2010). In recent times, although 'disability' is not explicitly stated as a factor of inadmissibility, the 2001 Immigration and Refugee Protection Act still contains health-related criteria which determines the admissibility of immigrants based on a medical report (p.38). Accordingly, the admission of people with disabilities and their families to Canada is legally denied. For example, in 2012, Sungsoo Kim, who had lived in Canada for 9 years with a work permit, was denied permanent residency and ordered deported to his country because his son was found to have autism. Similarly, in 2010, Mr. Barlagne’s application for permanent residence was rejected due to his daughter’s cerebral palsy. The Kim and the Barlagne families faced rejection of permanent residency for the same reason: their child’s disability was expected to bring a costly burden to the health and social service of Canada (CCD, 2011, 2012). Not only are immigrants with disabilities inadmissible in Canada, but refugees with disabilities also face barriers in the resettlement process.
because developed countries, Canada included, view them as a potential burden to the state (Mirza, 2011, p.526-527; Anani, 2001, p.28).

The Immigration and Refugee Protection Act (IRPA) contradicts the Canadian Charter of Rights and Freedoms in its stipulation of the constraints on immigration for people with disabilities. To be specific, Section 38(1)(c) of the IRPA states: “a foreign national is inadmissible on the health grounds if their health condition might reasonably be expected to cause an excessive demand on health and social services.” This means that people with poor health conditions or with disabilities are legitimately denied admission to Canada based on the fact that they presumably drain a great amount of social resources from the state. Many applicants whose applications of permanent residency were rejected under this provision tried to appeal these decisions in courts of law. Most court decisions indicate that only families are allowed to immigrate in so far as the family of a disabled child is willing to pay for the special education and health treatments for their child, instead of using social services (Chimirova, 2008, p. 43– 48). Chimirova points out that it is very unfair to demand immigrants with disabled children to pay for their own medical expenses as a condition of immigration, while non-disabled citizens can enjoy the universal and socialized health care system. According to Chimirova, this provision stems from the idea that people with disabilities are neither capable of being independent nor productive and therefore are burdens to society. Accordingly, in this line of thought, a state, as a sovereign instrument, should prevent non-citizens with disabilities from coming into the country and spending the money of domestic tax-payers (p.49, p.50).

However, as Chimirova (2008) argues, these health-related restriction are not consistent with the values and purposes of the Charter. Not only does the Charter states the formal and procedural equality rights of people with disabilities under section 15, but the Supreme Court’s analyses of the Charter shows that adverse discrimination of people with disabilities is also taken into account when examining barriers people with disabilities face in the public sector of society (p.55). In this sense, the accommodation for people with disabilities is necessary to guarantee substantial equal rights for them (p.25). Also, since the Charter’s purpose was clarified by the court as to protect the dignity of minorities (p.26), Section 38 (1)(c) can be said to violate the spirit of the Charter (p.57).

The Section 38 (1)(c) “excessive demand” phrase presumes that people with poor health conditions or disabilities are burdens to society. This provision deems the dignity of people with disabilities by intensifying a prejudice and stereotypes against them. It is also important to note that the court’s analysis of the Charter clarified that non-citizens are also protected under s15 of the Charter (Capurri, 2010), so the IRPA’s exclusive provision can legitimately be overridden by the Charter.

Despite this, the principles of the Charter are not incorporated well into court decisions regarding the immigration of people with disabilities. According to El-Lahib and Wehbi (2011), in 2005 Supreme Court ruling in the case of the Barlagne family, the court ordered Immigration Canada to perform an individual assessment of immigrants with disabilities to consider the financial factors of the immigrating family, rather than making a decision merely based on the medical criteria. The authors criticize that this ruling intensified the notion of the charity model for people with disabilities by calling for “humanitarian grounds” for the family with disabilities, instead of taking a human rights approach (El-Lahib and Wehbi p. 99-101).

Moreover, El-Lahib and Wehbi (2011) point out that the immigration merit system, which screens out immigrant applicants based on point criteria, eliminates the chances of people with disabilities to gain permanent resident status. The merit system of immigrant selection criteria consists of six factors, such as applicants’ education, language ability in English and/or French, age, work experience, arranged employment, and adaptability. They criticize that people with disabilities from the global south are less likely to meet this criteria because people with disabilities are under the oppressive power relations that systemically exclude the people from education and employment in their home country (p.97-98). Therefore, the merit point system of Canada is not fair for people with disabilities when it comes to assessing the merits of those people from the global south (El-Lahib and Wehbi, 2011, p.98-99).

The medical and merit criteria also reduce chances of refugees with disabilities being permitted entrance to Canada. Refugees with disabilities are generally rejected admission in Canada after going through the selection criteria (Anani, 2001, p. 28). Mirza(2011) notes that despite the recommendation of the United Nations’ High Commissioner for Refugees (UNHCR)’s program for developed countries to annually accept more than 10 refugees with disabilities,
most countries stick to their discriminatory admissibility criteria for economic reasons (p. 527).

Secondly, the legal and systemic barriers that prevent people with disabilities from gaining Canadian citizenship reveal the liberalistic nature of how Canadian citizenship is legally defined. In other words, the perception towards people with disabilities as a medical and social burden represents the characteristic of the concept of dis-citizenship (Devlin & Pothier, 2006, p.17). The concept of dis-citizenship means that citizenship substantially excludes people with disabilities from having full civil rights because the nation evaluates citizens in cost-benefit terms according to their productivity and efficiency (p.17). The substantive condition of Canadian citizenship is constructed according to the notion of productivity and efficiency of citizens and, in so doing, naturally excludes citizens who do not fit into this notion. The inadmissibility of people with disabilities based on physical competence generates fundamental questions of who is included as citizens in the first place. Although citizenship is a framework which ensures people’s equality within the nation, the liberalistic characteristics of citizenship prevent people with disabilities from having full access to equal rights.

Capurri (2010) illustrates the ideological aspect of the Canadian identity formulation process that creates “legitimate citizens”. She argues that people with diseases or disabilities were restricted from entering the country based on the concerns about the social and moral impact of people with disabilities, such as racial degradation (Capurri, 2010, p.356). However, according to her, contemporary concerns are more related to the public expense people with disabilities might impose on the society (p.356). This shows how a public paradigm regarding citizenship has shifted in accordance with capitalist market economic imperatives.

Historically, people with disabilities are de-valorized due to the systemic requirement of maximized body functions in capitalism (p.52). In this process, culture, politics, and economy went together to prioritize healthy, industrious, and exploitable bodies while devaluing presumably unfit bodies. Consequently, this process results in stigmatizing and institutionalizing people with disabilities, denying their full access to citizenship (p.53, p.55). Given the fact that immigration is a central part of the Canada’s national identity, the exclusion of people with disabilities from the selection system indicates Canada’s political intention to erase people with disabilities from the Canadian citizenship formulation of “rightful citizens”.

Furthermore, Abberley (1999) argues that citizenship is created and granted on the grounds of individuals’ capacity to work in the process of the capitalist development. According to him, conservative social theorists argue that people with disabilities are destined to be left out from the social arrangement comprised by the web of occupational structures because people with disabilities’ physical impairment prevents them from participating in any occupation (p.6-8).

Marxist theorists attribute the society’s rejection towards people with disabilities to the inhumane characteristics of capitalism that produce and jeopardize impairment (Abberley, 1999, p.6-8). However, according to Abberley, neither of those social theories can offer a solution for the marginalization of people with disabilities in labor since both of those theorists presume that the basic human condition is the capacity to work (p, 11-12). Abberley (1999) argues that, in these social schemes, it is determined that some people are, no matter what they do, not able to create social value because the social value and wealth are integral to the interests of the majority of the society (p.12).

In this respect, people with disabilities’ incapacity to work do not come from their impairment per se. Rather, the people with disabilities are considered as incapable to work or unproductive due to the socially constructed notion of “work.” Therefore, it is reasonable to say that Canadian citizenship has been constituted in a way to marginalize people with disabilities by constituting the people as an economic and social burden of the nation.

Thirdly, a eugenic discourse embedded in the immigrant’s selection criteria also minimizes the equal rights of people with disabilities. Carey (2003) argues that eugenic restrictions are integral to the “legitimate citizen” selection discourse through the systematic medicalization and institutionalization of people with disabilities (Carey, 2003, p.423, p.424). According to her, legal and political system goes hand in hand with the eugenic ideology to control minorities in the name of the medical care and protection. To be specific, people with intellectual disabilities and mental disabilities fall into the category of ‘deviance’ in the liberalistic concept of citizenship.
Liberalism is based on the assumption that citizens are rational agents who agree on the state protection in exchange for some extent of their freedom being handed over to the state. In this sense, individual competence and autonomy are the key elements that make up citizens. Accordingly, a nation built on liberalism legitimately restricts the civil rights of people labeled as “feebleminded” for the sake of the society as a whole. Carey (2003) also maintains that moral narratives play a role in the construction of citizenship. Moral narratives stigmatize and segregate people with intellectual disabilities based on the perception that people with intellectual disabilities are unable to distinguish moral value. Congruently, the eugenic discourse and moral narratives construe people with disabilities as total dependents on family, community and the society (p. 418).

The liberalistic ideas that form the foundation of Canadian citizenship and underlay the Immigration and Refugee Protection Act require amendment. A new approach should be designed in such a way that equity of people with disabilities are promoted in the global context, embracing the spirit of the UN’s Convention of Rights of Persons with Disability (UNCRPD, 2006). The immigrants’ selection system and the practice based on medical examination are inconsistent with the Canadian Charter of Rights and Freedom as well as the international protocol of rights of persons with disabilities. Thus, only a shift in the paradigm of citizenship, and how we construct notions of citizenship, will make a change.

I suggest that, under the IRPA, section 38(1)(c) “excessive demand” provision should be amended in a way that reflects an equitable approach to people with disabilities as proposed by the Supreme Court’s analysis of the Charter. To be specific, Chimirova (2008) argues that “excessive demand” phrase should be replaced by “undue hardship” phrase to change the paradigm of immigrants’ selection system. The “excessive demand” phrase violates their equal right to have an access to the health and social services of Canada as well as undermining their right to immigrant since it places responsibilities for providing medical care and education on the families of people with diseases or with disabilities. On the other hand, “undue hardship” phrase implies that a state has a duty to provide people with disabilities with health care and social services equally unless it is proven that the equal services for people with disabilities would cause an unbearable amount of cost to the nation. In this way, the provision can be founded on the premise that people with disabilities are regarded as equal applicants as people without disabilities.

When it comes to the matter of refugees, Canada officially accepts refugees under the categories listed by the Convention Relating to the Status of Refugees in 1951. This category constitutes the status of refugees as people “under the well-founded fear of persecution because of social group or political opinion” (Parekh, 2009, p.4). The word “persecution” includes social “restrictions on his rights to learn his livelihood, rights to practice religion, or his access to normally available facilities (UNHCR)” (Parekh, 2009, p.6). This means that the absence of social, economic, and cultural rights is also taken into account when establishing refugee status. Thus, there is room for refugees with disabilities to be legitimately accepted by Canada under this definition of refugees in the United Nations’ Refugee Convention (Parekh, 2009).

In conclusion, frameworks of citizenship can be further expanded by fully embracing the social model of disability in the legal and social system of Canada. By understanding disability as a social creation occurred under the national and international power relations, and by moving away from the medical model of disability which associates people with disabilities to economic and social burdens, Canada can implement different immigrant policies that incorporate social justice globally. In this way, it will also move forward with the reconstruction of citizenship paradigm.

References


Yoonmee Han
Yoonmee Han was raised in Seoul, South Korea. She majored in philosophy at Korea University and studied social science and human rights at York University in Toronto. As being a member of the Student Committee for Human Rights of People with Disabilities at Korea University, she encountered the disability rights movements in South Korea. She also came across with the basic concepts in feminism and disability studies throughout the student seminars in those years. These experiences led her to pursue her academic interests in feminism, identity politics and disability studies relating to the issues of human rights and social justice after she moved to Toronto.
Within Canada, disability is understood as a problem that must be solved (Mitchell & Snyder, 2013). When disability is conceived of as a problem, it suggests that there is something inherently wrong with disability. Disability has always existed. Disabilities that will not go away or cannot be fixed become deviance. If disability is conceived of as a problem, disabled people are understood as deviant aberrations within society. The problem of disability then lies within the individual. Disability is not understood as a social construct. It is therefore the responsibility of the individual to manage their disability or else it will be ‘managed’ for them.

Canada has used notions of deviancy to pathologize ‘non-white populations’ in order to affirm white settler legitimacy over the land (Erevelles & Minear, 2010). Disability is thus mobilized within a nation-building discourse that imagines Canadian citizens as white able bodies. A sort of ‘ultimate capability’ is therefore embodied within whiteness while disability is embodied within racial difference (Erevelles & Minear, 2010). Erevelles and Minear (2010) explain that systems of power attach disability to ‘difference’ in order to justify ongoing systemic injustices against oppressed populations by declaring, “biological difference as the ‘natural’ cause of all inequality” (p. 133). The construction of ‘difference’, including racial difference, is bound up in nation-building processes and is inextricably linked to notions of disability.

“The Quebec Charter of values” is a current example of how the State uses its institutional power, in this case through legislation, to assert white settler legitimacy over the land. This charter bans public workers from wearing religious headwear and symbols (Peritz & Perreaux, 2013) in an effort to keep public institutions ‘neutral’. Bernard Drainville, the minister in charge of the Charter, explains that “if the state is neutral, those working for the state should be equally neutral in their image” (Peritz & Perreaux, 2013). The Charter bans religious wear such as the Muslim hijab, niqab and the Sikh turban but allows for public workers to wear small crosses and Stars of David and exempts the Catholic symbols attached to Quebec street names, institutions of government and cultural sights from being subject to the laws of the Charter (Peritz & Perreaux, 2013). The Charter thus demonstrates what is considered neutral. Western cultural norms are understood as neutral. Westernized bodies that do not threaten hegemonic whiteness are considered neutral. On the other hand, bodies that physically represent foreign cultures (read: non-white) are posed as offensive and furthermore, punishable. Drainville demonstrates how the discourse of neutrality is necessary in keeping the Settler State, a body of immense institutional power, white (Peritz & Perreaux, 2013).

At the same time as this legislation draws clear lines between culturally appropriate bodies (read: westernized) and culturally disruptive bodies (read: Muslim female bodies), it also embeds ability in appropriate bodies and limitation in disruptive bodies. The notion that Muslim female bodies represent limitation is evidenced in that the majority of discussion surrounding the Charter has centered on a discourse of ‘freeing’ Muslim women from an imagined ‘oppression’ (embodied within the hijab and niqab) (Hamilton, 2013). In “The Color of Violence”, Erevelles describes the mainstream discourse of the westernized woman in relation to the third world woman, of which the State is greatly invested in:

“...Western describes a certain normative construction of woman (read: educated, modern, having control of one’s body, and the freedom to make one’s own decisions) against whom the ‘average third world woman’ is compared and found to be lacking...represented as leading an ‘essentially truncated life on account of her gender (read: sexually constrained) and her being ‘third world’ (read: ignorant, poor, uneducated, tradition-bound, domestic, family-oriented, victimized, etc.)’...These images constitute third world women as an embodiment of lack and mirror ableist representations of disabled women, who also struggle against the stereotypical images of pathetic victimized femininity that justify patriarchal, imperialist, and ableist interventions” (Erevelles, 2011, p. 120, my italics).

Thus the State is able to represent itself as a liberator of women by masquerading this current legislation as benevolent towards Muslim women.

This legislation lets both imagined Canadian citizens and imagined immigrants know that ‘disruptive’ bodies must and will be policed. This is evidenced...
through the ways in which Muslim women are being targeted by this legislation: violence against Muslim women has risen since the Charter has been put on the table (Hamilton, 2013). Garland-Thomson speaks of how images shape our perceptions and sanction certain behavior, "...by using conventions of presentation that invoke cultural ideas and expectations”, this in turn manifests, “...power relations between the subject positions of disabled and able-bodied...” (2002, p. 57). Here we see how laws, like images, are powerful forms of cultural representation. They shape how our societies imagine themselves; laws tell us which bodies are disruptive (or even likely to be disruptive) and which bodies are not. Even though the proposed hijab/niqab bans have not yet passed at the time of this writing, violence against Muslim women has risen as the public has begun to police these women themselves (Hamilton, 2013). Therefore laws sanction certain behaviors (i.e. violence) that would not have been previously socially accepted.

Unlike the concept that Erevelles and Minear discuss, in which biological difference is attached to bodies of color and posed as a natural source of disability (2010) in the case of Muslim women, disruptive culture is seen as the source of disability. Gender, perceived immigration status, religion and race are all seen as sources of disability that oppress the Muslim woman. In other words female Muslim bodies are seen by the Quebec government to be ‘disabled by their culture’. Culture is therefore a “problem in need of a solution” (Mitchell & Snyder, 2013, p. 1). Thus, in order for Muslim women to assimilate into Canadian society, they must symbolically and literally remove their cultural difference, embodied in Islamic dress such as niqab and hijab.

The solution to the problem of disruptive Islamic culture has showed itself in the mobilization of institutional power to exclude non-compliant Muslim women from public space. Through legislation such as hijab/niqab bans, “...the state ‘looms large in women’s lives only when women transgress the boundaries set by the state ...” (Erevelles, 2011, p. 120 – 121). By constructing Muslim women as ‘disabled by their culture’, attention is then shifted from the Islamophobia innate within the Charter and put onto Muslim women. Muslim women are now seen to impose limitations upon themselves if they refuse the removal of hijab and niqab. Consequently, the Muslim woman is at fault if she cannot find work or if she cannot leave her house without facing violence. This mirrors the way in which disabled people are constructed as deviant and are in turn held by the State, as responsible for their own disabilities.

The mapping of space to embody Canada’s ‘imagined’ population (read: white able citizens) is a nation-building process that highly influences how we come to understand ‘productivity’. If space is constantly made inaccessible to disabled people and/or peoples of racial, sexual, cultural and religious difference, then it is not hard to imagine these bodies as ‘unproductive’, ‘burdens on society’ and therefore ‘disposable’. This process of excluding difference from public spaces and institutions is integral to the very shaping of difference as disability. In her article “Geographic Stories”, Katherine McKittrick (2006) explores how geographic space has been mapped to produce “racially, sexually and economically hierarchical” (p. 3) interactions within society. In the case of Muslim women in Quebec, this also applies to culture, which is of course bound up in conceptions of ‘racial difference’. Thus, this world that presents itself as benevolent and open to all, has in fact been carefully arranged to privilege, “white, heterosexual, [middle] classed” (McKittrick, 2006, p. 3), able males. By analyzing how geographic space is produced to exclude deviant bodies from the public, it is possible to see how disability is produced and socially maintained.

The Quebec Charter Values is a clever way to keep public spaces and institutions white. The Quebec government is arranging space hierarchically through legislation. This legislation excludes Muslim women from public space and reinforces the exact stereotypes it claims to be fighting. This Charter will therefore maintain Islamophobia and support future xenophobic immigration policies. Muslim women will be excluded from public spaces and institutions. Islamic culture is imagined and constructed as something that imposes limitations upon Muslim women and transforms them into ‘unproductive citizens’ and ‘burdens on society’.

The Quebec Charter of Values is thus a current real world example of how the white Settler State uses legislation to further assert and maintain its power over the land. Mainstream discourses normalize white/westernized bodies by posing bodies that represent cultural difference, such as those of Muslim women, as a threat to western conceptions of freedom. Cultural difference then comes to represent ‘limitation’ while whiteness represents ‘ability’. Patriarchal legislation that bans niqab/hijab is then portrayed as benevolent, as working towards ‘freeing’ the Muslim woman. This excludes Muslim women from public space and reproduces Canada as a white nation. The State is then
able to reassert its benevolence towards marginalized peoples as well as its supremacy as a Western nation – a beacon of freedom and democracy.

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Jess Goldman

Jess Goldman is a poet, writer of short fiction and the occasional academic essay. Her work has been featured in the League of Canadian Poets National Poetry Month Blog 2013, as one of the National Poetry Month’s New Poets. She is the co-founder of the Toronto-based community organization, Toronto WordSmiths. She is in the midst of the undergraduate program at the University of Toronto, majoring in Equity Studies.
Introduction

Investigating discourses of body-marking within the disability studies framework places me in an awkward position. As a queer woman of colour, I often find myself alienated within the disability studies framework, and do not identify with the “disabled community” at large. I have had to work through my initial fears of placing the narratives of subaltern bodies within a very white hetero-normative disability studies framework that enables the erasure of their stories—and hence, of the bodies of queer women of colour who engage in body-marking. Disability is not an identity detached from my experiences as a colonized body, a woman who carries the intergenerational scars of genocide and colonialism (Gorman, 2005): I experience disability through colonialism, a perspective that is the reality of many alienated people.

The experiences of many queer women of colour are often contradictory to the homogenous narratives that create one meaning of helpless people who re-enact inflicted pain by the abusers upon themselves. None of these narratives see body-marking as a form of resistance, a way of expressing agency (a part of many subaltern narratives). The dominant body-marking narratives share one common feature: a heavy focus on psychotherapy. A subaltern narrative approach, highlighting the importance of the knowledge embodied within alienated people, is thus necessary within the theoretical framework of disability studies.

To increase the visibility of more marginalized stories, I will analyze the narratives approach to show the process through which many women of colour reclaim and redefine acts of body-marking from the dominant stories in existence. To overcome the limitations of binary and normative ways of relating to and categorizing our bodies, and to avoid assigning meanings to the act, I will use the term “body-marking” instead of “self-harm” (Inckle, 2010). As it is not my intention to recreate another homogenous narrative of body-marking, but to challenge such uniform notions, I wish to emphasize that the
stories in this paper merely explore some of the many existing narratives of body-marking that have not been explored by the scholarly community.

Construction of Binaries: “Casha” and “Clinically Diagnosed Self-harm” (CDSH)

This paper does not attempt to find the motivation or meanings behind body-marking. Despite dominant narratives, these motivations and meanings vary from person to person. “Self-mutilation,” “deliberate,” “dark,” “low self-esteem,” and “crazy” are only some words that narrate stories of body-marking. Language and other forms of representation construct certain acts of body-marking as “normal” (in other words, socially sanctioned), and others “abnormal” (referring to acts of body-marking that are clinically labelled “self-harm:” eating disorders, cutting, etc.). Maggie Turp’s term “casha” (an acronym for “culturally acceptable self-harming acts or activities”) describes socially sanctioned body-marking in contrast to clinically diagnosed body-marking (CDSH) (Turp, 2003). While cashas do not always come from a place of trauma and domination, CDSH always comes from a place of trauma and is stigmatized.

The State of Trauma and the Act of Cutting

This paper does not define the state of trauma within an isolated act of body-marking, but within systems of oppression that traumatize the individual. It argues that scholarship on body-marking places too great an emphasis on traumatized individuals, both framing them as undesirable and removing focus from the undesirable state of trauma. In its examination of narratives, this scholarly process uses certain reoccurring language to construct a dominant account of the individual involved in body-marking, ignoring the traumatic histories of the colonized.

Examining dominant languages is extremely important in challenging narratives that isolate the act of body-marking and frame it as an undesirable state of being, but fail to account for the systems of oppression (racism, classism, ableism, sexism, patriarchy, transphobia and queerphobia) that place an individual in a state of trauma. Dominant narratives or discourses of body-marking do not often question these systems of oppression—which create a state of constant traumatic ways of being for an individual—as undesirable. Instead, they isolate the act of body-marking from these systems of oppression, situating the problem within the individual involved in body-marking (Shakespeare, 2006). The individual often internalizes such narratives.

Disability Studies Framework and Mental Health of the Colonized Body

The disability studies framework sees disability as desirable. This view responds to representations of disability as a problem in need of a solution (Mitchell, 2006). However, this perspective cannot universally (and irresponsibly) apply to that which some scholars describe as “mad studies.” Investigations into aspects of mental and emotional health must recognize that the state of trauma, as experienced by the colonized, is not a desirable state of being. It is important that disability studies distinguish between the undesirable state of trauma (as defined in this paper) and the act of body-marking. The act of body-marking leaves the individual involved to define the motives and meaning of body-marking for themselves.

Body-marking as a Symptom of Mental Disorder

People whose body-marking acts are defined as “self-harm” within psychotherapy are often diagnosed with dissociative identity disorder (DID), bipolar affective disorder (BPAD), depression, adjustment disorder, psychosis and much more (McAllister, 2003). Post-traumatic Stress Disorder (PTSD) is the most commonly diagnosed for people who body mark. PTSD in psychotherapy is closely associated with various forms of trauma, especially childhood or adolescent sexual abuse. Psychotherapy sees post-traumatic stress disorder as a risk factor for body-marking. Clinically diagnosed body-marking is more common within the PTSD framework. The term Complex Post-traumatic Stress Disorder is more closely related to retraumatization, indicating the chronic nature of certain traumas (Follette, 2012).


The term “self-injurious behaviour,” used in psychotherapy accounts of body-marking in the US, is an interpretation that assigns meaning to the act of body-marking. This has enormous psychological and social effects on the ways in which people respond to body-marking. The term “behaviour” describes a symptom of a disorder. Viewing body-marking as an “action” permits the perspective that body-marking can be rational, but may also contain some negative aspects (Huband, 2012). People can be responsible for their actions, so viewing body-marking in this way acknowledges their agency to decide
whether it is in their interest to stop the action. The term avoids defining them as helpless and without agency.

**Behavioural Perspective and Personal Perspective**

The behavioural perspective associated with terms like ‘self-injurious behaviour’ reduces emotional involvement in therapy (of both the client and the therapist) because it views the individual as a victim rather than as an agent. As this perspective makes it easier to generalize from previous experiences and similar situations (Huband, 2012), it is most effective when examining a population of people, not an individual. Accounts solely based on the intentions of people who mark their bodies lack explanatory value, however, because the meanings of their actions might change, or may they be confused about the meanings behind their actions (Huband, 2012). Basing accounts purely on the individual’s intent risks ignoring the stories of alienated people who continue to experience the effects of colonization. It is then important to combine both behavioural and personal perspectives, recognizing that “we act out of habit” especially when we are stressed or faced with an emergency. We build these habits over time, based on past actions (Huband, 2012).

**Effects of Generalizing Narratives of Cutting**

The way in which the behavioural perspective validates the practice of generalizing similar cases within psychotherapy can be extremely violent toward individuals who mark their bodies, especially those who identify as queer women of colour. This perspective often ignores the implications of colonial violence in combination with hetero-patriarchy within families. Generalization leads to the privileging of the white hetero-normative perspective on our bodies. Generalized interpretations of narratives regarding body-marking may follow a given script. Child or adolescent abuse (mainly by a family member), or another form of trauma, leads to PTSD risk factors. This creates an inability to distinguish healthy from unhealthy relationships, which then leads to the need to re-enact abuse on the self. They therefore “self-harm” by becoming cutters, alcohol abusers, sexually “deviant,” etc. This narrative may sometimes apply to people who engage in body-marking. However, it is not a single universally applicable story for all who body mark.

**Compulsory Hetero- Able-bodiedness**

McRuer’s alignment of “compulsory able-bodiedness” with the already existing term “compulsory heterosexuality”—an excellent starting point from which to articulate subaltern stories—shows how the two social imperatives marginalize bodies in similar ways (McRuer, 2006). I stretch this to claim that they operate together. Women of colour experience this intertwined compulsoriness as “compulsory hetero-able-bodiedness.”

**Reclaiming and Redefining the Subaltern Stories**

Dominant narratives regarding body-marking are extremely violent towards queer women of colour healing from sexual abuse and queerphobia. Often, these narratives categorize awareness of queer sexuality as deviant sexual desire caused by PTSD. Therefore, queerness equates to “madness,” something that arises from abuse. I would argue the opposite: awareness of queer sexuality against compulsory heterosexuality and self-acceptance is a sign of regaining the agency that the abuser took away. Regaining agency can foster a sense of self-worth and resistance to abuse.

**Conclusion**

Language binaries and usage construct a normative way of viewing and relating to the body. This construction obscures possible multiple meanings of body-marking, validating a compulsory white-hetero-able-bodied perspective on individuals who mark their bodies. It identifies the disabled person as the problem, and ignores the way that normalcy is constructed (Lennard, 1995). This process is violent toward individuals who mark their bodies, especially those who identify as queer women of colour. The narrative analysis approach overcomes the limitations of perspectives on disability as a separate social and historical category. It is especially valuable for people of colour because we experience disability through colonialism, genocide, and migration.

**Reference**


Destabilizing Disability: Including addiction for cross-movement solidarity
Geoff

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.
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.
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


geoff

g Geoff 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
This critical endeavor stems from my own experience. It attempts to politicize the formation of my personal identity, the struggles I have experienced in relation to the ongoing cultivation of my way of being, and a re-learning of how to love myself. The aim of this project is to think differently and critically about disabled subjectivity and the experience of ableism through articulations of shame and notions of belonging. This paper calls into question the dominant conception of shame as an emotion that is located within an individual disabled subject. I will explore how the internalization of shame can be likened but not paralleled to processes of psychic colonization, which transfer the ideologies of the dominant into the psyche of the oppressed. This concept, in connection with analysis of how shame operates on the individual level and organizes disabled life, illuminates why disability represented as shameful is an integral part of systemic hierarchies of power and disciplinary mechanisms that maintain the oppressive status quo. In order to imagine disability and its representation differently, this paper applies Ahmed’s concept of affective economies of hate, to shame and disability. Ahmed’s contribution allows us to come to a new understanding of shame as located outside the disabled subject. This alternative reading ruptures the dominant understanding of shame as an emotion, and creates a space for examining alternative representations of disability that challenge the common acceptance of the idea of disability as shameful. Finally, I will argue that shame and pride are real human experiences. Works that examine the nuanced nature of human emotionality are necessary in order to reconsider the value of subjugated knowledges, create the possibility for representing disability differently, and offer space for redressing the role and function of shame and pride in individuals and throughout society.

The dominant representation of disability as shameful promotes the idea of disability as individually located, producing the internal feeling of shame that exerts control over the thoughts and behaviours of all people (Brown, 2010). My interest lies in how it affects those who identify or are labeled as disabled or mad. It is first necessary to understand the dominant conception of how shame operates as an emotion. Through examining the operation of shame, the social and cultural ideologies that motivate its use as a tool of oppression become apparent. Shame is revealed to be dangerous and corrosive to the need to feel love, belonging and connection. Shame is often referred to as the “master emotion” (Brown, 2010, p.40) in the fields of psychoanalysis and sociology, because of the profound and negative material and emotional consequences of this experience and psychic state. Shameful representations reiterate narratives about disabled peoples as degenerate, flawed, and undesirable. Shame is produced in the disabled or mad person, and bodies and minds can become perceived as embodiments of shame through the acceptance of these dominant ideals. The concept of shame in this context suggests emotional experiences of relational inferiority, undesirability, insufficiency or malformation of one’s being. In this vein, shame perpetuates thoughts that re-inscribe self-loathing messages as they repeatedly say, “I am bad.” (Brown, 2010, p.41) Shame is distinguished from the feeling of guilt, as it does not regard the morality of a particular action or the event in which “I have done something bad” (Brown, 2010, p.41) but instead it relates to ones very being. Guilt can sometimes become motivation, whereas shame becomes internalized as a perpetual obstruction that falsely insists that the self is fixed inescapably in an inherent state of moral wrongness (Brown, 2010). In this way the feeling of shame as internally located, supports the dominant assertion that the ‘problem’ of disability is located within.

Shame is known to lead to self-destructive behaviours in the varying forms of addiction, violence, aggression, and thrives by remaining unspoken and unacknowledged (Brown, 2010). Shame corrodes the part of ourselves that believes we are ‘good enough’ and wrestles its captives into submission and stagnation, unable to see flexibility or fluidity in their identity outside the space of seeming deficiency, lack and hopelessness (Brown, 2010, p. 42). As shame takes grip, particularly over the minds and bodies of people who identify or are taught to identify as disabled or mad, the effects of the emotional turmoil described above are endless, but doubtlessly harmful, destructive, and cyclical (Brown, 2010). Shame therefore helps maintain an internally regulated experience of inferiority in the person who fears that their differences will lead to continued abandonment and isolation; shame regulates understandings of normalcy; shame contributes in making meaning of bodies and minds that defines them as problems, flaws, and mistakes or malformation that must be
overcome, hidden or discarded in order to access the privilege of feeling loved and loveable.

Shame is heavily involved in compelling into consciousness the idea that disability and madness are produced and provoked in the individual, and contributes in strengthening the pervasive understanding of disability as an individual problem, thus disguising the social location of disability’s construction. Constant bombardment of shaming representations aid in the internalization of shame, and behavioural and thought patterns can become organized and controlled, however consciously or not, by this guiding principle. As an emotion, shame leads to and reinforces the internalization of self-hatred and self-loathing that spawns a phenomenon of self-surveillance. Motivated in part by the fear of being outwardly shamed, subjects pursue modification, suppression, treatment or medication of their thoughts and behaviour (Brown, 2010). The embodiment of shame then becomes a control mechanism compelling its subject to attempt to self-correct, conform, self-modify and self-negate. Consequently, this disciplinary mechanism becomes a profoundly manipulating form of psychic colonization that makes commodities of pride and shame in order to coerce and control the disabled subjects self-perception, sense of individual value, and awareness of their status within social space. According to Foucault (1980), power circulates through individuals as vehicles, and thus persons are simultaneously elements of the articulation of power, and resisting and consenting actors (Foucault, 98). Examining shame as psychic colonization and a disciplinary mechanism reveals how disabled peoples become part and parcel of the oppressive system that organizes their lives.

The psychic colonization that I refer to is made possible because shame is a relational concept requiring an interaction between the able body/mind and it’s others, although this fact is often hidden. It is also made possible because the emotional experience or embodiment of shame, once internalized, stands independently in absence of an external person doing the shaming. In this way, its relational quality becomes lost as it is rendered into a seemingly inherent characteristic of disabled or mad peoples. The ‘shamer’ does not need to be engaged in an explicit act of shaming because of the internalized sense of worthlessness instilled in the disabled person. The individual becomes seen as the original source of shame, locating the emotion individually rather than as the result of social conditioning and interpersonal experiences. Being full of shame, fearing shame, and experiencing its power creates disconnection and desperate feelings of being unlovable, thwarting any attempt to determine one’s own worth (Brown, 2010, p. 41). The disappearing act of the agent or social construction that creates shame through continual acts of shaming, and constant shameful representation of disabled people can be compared to a psychic colonization of the mind in a similar manner to the process described by Fanon (2008) in regards to the experience of blackness.

In *Black Skin, White Masks* Fanon (2008) delves into the creation of an alienated and disconnected sense of self that loathes its very being because of the inescapable (socially constructed) corporeal reality that casts blackness as inferiority. This disconnected self searches for salvation from this state through the imitation and adaptation of the supposed superiority of whiteness. Fanon (2008) further details how the being of the black man is relational “For not only must the black man be black, but he must be black in relation to the white man” (p. 90). The colonially entrenched racism, which is aimed at the delineation of exploitable bodies to serve capitalist and imperial expansion, constructs an ‘inferiority complex’ attributed to blackness that is often considered inherent in the being of the black man, and not an ascription proclaimed by superior powers (Fanon, 2008, p. 75). The burden of this imposition leads to attempts to ‘whiten’ by any means possible, a cycle that reaffirms the dominant’s social position, and represents an acceptance and internalization of colonial racial schemas and accomplishes the task of making the oppressed into their own oppressor (Fanon, 2008, p. 91). The goals of ascending to whiteness however, is an impossibility so long as colonial racism and white supremacy continue to dominate the global order (Fanon, 2008).

The self-professed superior able body/mind constructs the attribution of shame to inferior subjects, and this is often forgotten. Shame’s significance as a colonial psychic manipulation lies in the manner in which it motivates, supports, and enables continued exploitation of disabled people through medicalisation, as well as through the commodification of shame and pride that negotiates and determines a person’s value within a capitalist and neoliberal framework. Therefore, as a form of psychic colonization, shame is a tool for cementing social hierarchies and relies on attachments to ideologies of both compulsory able bodiedness as well as neoliberal capitalism (Kolarova, 2013) that continues the dominance of colonial oppressors and their claim to able body/mind-white–heterosexual superiority. The disabled person, motivated...
by shame, becomes their own oppressor as they internalize the message and undertake attempts at the impossible: to achieve normalcy - a fallacious concept in itself, but also an impossibility so long as ableism and capitalist ideals about worth, value and productivity reign. But how can we break the cycle that perpetuates subordination and subjection of disabled bodies and minds, as well as challenge the broader hierarchical stratification of racialized and disabled lives? I contend that one method is through a re-imagining of shame, and reconfiguration of its location and function, as well as a more nuanced and complicated interpretation of its relation to pride and its role in all our lives.

A re-imagining of shame can be accomplished by applying Ahmed’s (2004) work on affective economies of hate, that allows for an understanding of shame as part of a dynamic structuring social process. According to Ahmed (2004), emotions move between bodies and play a crucial role in the boundaries that delineate between an individual and a collective body. This perspective contends that emotions are not a personal matter, nor are they simply from within or without, but are circulating between bodies, constituting the boundaries between individuals, collectivities, and their respective worlds (Ahmed, 2004, p.117). By examining how a particular piece of text employs emotions in particular roles, it is possible to discern how hate and love are crucial in delineating subjects from the dominant body of the acceptable citizen (Ahmed, 2004).

The letter below allows for an adaptation of Ahmed’s theory in relation to the study of shame in disability. The presence of the other, in this case the child with autism, functions as the imagined threat to the object of love (Ahmed, 2004). It is against the delineated boundary of dominant conceptions of ableism and normality that the object of love (the image of perfection and able-mindedness) is perceived as threatened by the other (Ahmed, 2004). In Ahmed’s (2004) words: “It is the emotional reading of hate that works to bind the imagined white subject and nation together” (p.118). In the example below it is the emotional reading of hate, and the deployment of shame that binds the imagined able-bodied and acceptable citizen, neighbour, or parents together:

To the lady living at this address:

I also live in this neighborhood and have a problem!!!! You have a kid that is mentally handicapped and you consciously decided that it would be a good idea to live in a close proximity neighborhood like this???? You selfishly put your kid outside everyday and let him be nothing but a nuisance and a problem to everyone else with that noise polluting whaling he constantly makes!!! That noise he makes when he is outside is DREADFUL!!!!!!! It scares the hell out of my normal children!!!!!!! When you feel your idiot kid needs fresh air, take him to our park you dope!!! We have a nature trail!! Let him run around those places and make noise !!!!!!! Crying babies, music and even barking dogs are normal sounds in a residential neighborhood!!!! He is NOT!!!!!!!!!!!!!!!!

He is a hindrance to everyone and will always be that way!!!!! Who the hell is going to care for him?????? No employer will hire him, no normal girl is going to marry/love him and you are not going to live forever!! Personally, they should take whatever non retarded body parts he possesses and donate it to science. What the hell else good is he to anyone!!! You had a retarded kid, deal with it...properly!!!! What right do you have to do this to hard working people!!!!!!! I HATE people like you who believe, just because you have a special needs kid, you are entitled to special treatment!!! GOD!!!!!

Do everyone in our community huge a favor and MOVE!!!! VAMOSE!!!! SCRAM!!!! Move away and get out of this type of neighborhood setting!!! Go live in a trailer in the woods or something with your wild animal kid!!! Nobody wants you living here and they don’t have the guts to tell you!!!!!

Do the right thing and move or euthanize him!!! Either way we are ALL better off!!!

Sincerely,

One pissed off mother!!!!! (Daily Mail Reporter, 2013, para.11)

The mobilizing of hate creates a collective body. The recognition of the disabled mind/body, supposedly explains a unified and shared “visceral response of hate” (Ahmed, 2004, p.118). In the letter from One pissed off mother!!!!!, her justifications and motivations reflect a sense of communal consensus that the presence of the child with autism represents a threat to the entire neighbourhood. In this act, the role of emotions delineates who is hated, and who is united because they hate together (Ahmed, 2004). The use of reference to euthanasia is a direct comment on the perceived worth of this
child with autism. This is an undeniable reiteration of the message of shame. Ahmed’s (2004) theory pertinently reminds us that shame is more than a personal emotion, and that it is an agent in the formation of collectivities and connectedness; part of the affective economy of hate that obstructs, excludes and endangers the lives of disabled people both physical and mental. At the same time, this delineation results in the disabled body/mind’s dispossession, disconnection and disparagement.

One pissed off mother!!!!’s rage reflects dominant cultural fears about contamination and degeneracy, demonstrating shame as an affective economy. This has become paramount in maintaining control and dominance over disabled minds and bodies. Ahmed’s work shows that it is possible to re-imagine alternative ways of representing these produced spaces and meanings, beginning with the conceptualization of shame as a social and interpersonal phenomenon. The re-imagining of shame in this way forces us to recognize and question the ways in which we form collectives, connection, and community by use of emotional strategies. Shame is deeply implicated in preventing or distorting our sense of connection and belonging (Brown, 2010), and if it can be recognized as a component of a broader affective economy of hate, it is possible that these necessary parts of human experience can be renegotiated toward inclusivity. This would entail recognizing the role of shame in corrupting how one thinks or behaves.

Shame is a feeling or fear that our being flawed makes us unworthy of love and belonging (Brown, 2010, p.39). But the experience of this intensely painful state can offer a profound space for learning as it challenges us to validate and legitimize our ways of being over temporary acceptance and acknowledgment from a collective that has been designed and purposed for casting out difference and delineating exclusionary boundaries. Privileging our ways of being means it is necessary to explore the darkest corners in which shame lurks (Brown, 2010, p.6), and to acknowledge, question, and move through it towards a deeper feeling of wholeness, integrity and connectedness.

The work of Eli Clare (1999) is a significant source for challenging representation of disability as shameful and questioning the idea that shame and pride are binary opposites. Furthermore, Clare’s (1999) work dislodges the power of shame and problematizing its familiarity and seeming regularity. In Clare’s (1999) work there is an overall theme of possibility that emerges, suggesting that disability life may become a site for more profound realization and understanding of what shame is doing in all of our lives.

Foucault (1980) insists on the importance of drawing criticism of dominant ideology from various sites of subjugated knowledge and Eli Clare provides one of these critical spaces of inquiry. Previously disqualified knowledges, deemed inadequate and “beneath the level of cognition or scientficity” (Foucault, 1980, p. 82) contain histories of struggles and pose the possibility of disrupting and rupturing tyrannical globalizing discourses that are held in such esteem and privileged regard. In Exile and Pride, Clare (1999) exemplifies what it means to own your own story as he negotiates the complexities and contradicting feelings of shame and pride:

*In the eyes of the rube, the freak show probably was one big melting pot of differentness and otherness. At the same time, the differences among the various groups of people who worked as freaks remain important to understanding the freak show in its entirety. But whatever the differences, all four groups held one thing in common: nature did not make them into freaks. The freak show did, carefully constructing an exaggerated divide between “normal” and Other, sustained in turn by rubes willing to pay good money to stare.* (Clare, 1999, p.72)

In this passage, Clare (1999) examines the freak show and its complexities, as well as how it demonstrates the construction of divisions and boundaries that Ahmed (2004) has so well described. Clare (1999) also expresses pride and identification with his historic counterparts and revels in building an appreciation of his story and the alterity of his being. In the quotation below Clare (1999) recognizes the varied experiences that encompass both shame and pride, and relates history to the present relational quality of disabled peoples who embody shame when in the company of non-disabled others:

*The history that for so long has placed us on stage, in front of audiences, sometimes in subversion and resistance, other times in loathing and shame, asks not only for pride, but also for witness as our many different personal histories come tangling into our collective one.* (p.100)

There is both a transformative and reflective possibility in representing disability as endless varieties of human experiences, and deeper understandings of commonly held fears and insecurities. I assert that moving through
shame is a powerful way to resist its strangling effects. This does not deny its existence, but mediates its power, allowing for realization of shame as a common human experience and as a socially negotiated (and therefore still negotiable) experience. Disability can then be conceived of as representative of the possibility of moving through shame, as opposed to a site requiring its rejection. Disability as shameful could be represented otherwise, and how people engage in resisting such representations could offer a radical and rewarding new site for personal development leading to social change. Clare (1999) proposes a representation of disability and madness as sites for unearthing previously disqualified knowledges about struggles that are personal and social, as well as commonly human. In other words, disability might be represented as possibility and transformation that questions the very basic binary code between good and bad that I believe plagues most, if not all people.

Shame affects all of us because of the common need to feel connection and belonging and the tendency to forsake ourselves and our ways of being as if it were possible to achieve these things through such means. Disability is therefore alternatively represented as a model for how individuals may experience a range of often-conflicting emotions, including shame and pride, without allowing it to overwhelm, and without overcompensating. Rather, with acknowledgment and a new capacity for learning about the complexities and range of human emotional connectivity and experience, disability life offers a profound space for the search and assertion of non-dominant ways of being, encouraged through the process of owning our stories (Brown, 2010). The task of this paper has been to examine the dominant construction of shame that is related to representations of disabled minds and bodies, and deconstruct how shame operates as a mechanism of self-surveillance and psychic colonization. It also sought to examine re-imaginings of shame in relation to disability and disability life, by adopting Ahmed’s (2004) work on affective economies as well as Clare’s monumental contributions to story making and expressions of ways of being. True belonging can only happen when we are present in our ways of being and ourselves, and the courage to do so requires a level of self-acceptance (Brown, 26) that is so often denied, dissuaded, or disparaged in people who identify or are labeled as disabled or mad.

References


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my life is full of bathrooms powder rooms toilet rooms and the sort
she raised me here surrounded by water
always wanted me clean
taught me how to swim at a very young age
led me down river with her gentle touch
laid me down to sleep in a basin of mirrors
whispered in my ear narcissus is near
her breath cold as ice I froze –
one evening i watched her undress under the full moon enchanted
i hid behind the door and witnessed her unraveling

layer after layer she came undone naked unfolding
a magic spell before me
there she stood in front of the looking glass a tiny figure sparkling shivering
silver petals spilling over the bath
time doubling multiplying
floating in a sea of flowers she danced with creatures from another realm
one by one the petals slowly fell collapsing her body dissolving into the porcelain bed of ancient rock beneath her
she didn’t sink or disappear
imprints of the flowers remained in the walls overflowing repetitious excessive
my life is full of escape
i return to the secret land of waste and call for her
where are you, echo? echo?

i catch a glimpse of her
in another time peering
into the waters
that run thick in my blood

she ignores me seduced
by the image of a woman
in her reflection

i look closer reminding
myself not to fall
in

i hear her chanting
hide and seek lost
and found return
again into the ground

closer to death she has never
been more beautiful

i feel her all
around me

undulating notes
remnants of the wreckage
start to move

a hand reaches
forth and grabs me
by the teeth!

scintillating thoughts vanish
into water heaving
spellbound notes
from an ancient mother’s tongue

sacred mouths gasp for
breath beyond bathroom suffocation
finding solace

in the underworld
where stories live buried
deep waiting
to be retrieved and
cultivated differently
in daily ritual
Flavourless Foods and Savory Sounds
Izzy Mackenzie

“We need to pull our internal world forward to see how our direction has been shaped” (Lee Maracle)

In spite of cashing in my power cards for a mask of medically marked definitions, I am beginning to pull my creativity forward to find better truths in my life. It is plump, juicy and savory unlike the memory of musty crumbling hospital cookies. Institutionalized nurturing has a plastic tang like flavourless white people food...Yuk! I don’t believe in it anymore. Western medicine is not going to figure me out because paradoxes that are open and loud can never be spoken for. My tongue is too quick for Dr. Doc to notice that stories can’t be contained in the synthetically bred language manufactured in Petri dishes. Quantifying bodies is haunting. And it is terrifyingly ‘normal’ in the hospitals I’ve been to. I would rather mix up my life with a small dose of photosynthesis and vitamin d, and watch it unfold with the flowers of spring. Enveloped by the wind their sweet scent dances in the sky from one nose to the next, bringing pleasure and beautiful smiles to many.

Drug experimentation somehow ends up becoming a harmful lived experience without anyone noticing because the fluorescent buzzing that hums in shopping malls and hospital halls replaces songs of the sun, earth and moon. City headlight hums kill flowers, like the daisies my cousin brought me when I was in the land of berserk. In a flash, the bright pulsing movement of dance can morph into a drone of depressed beats contained in machines that make sound for us. I just didn’t know it. Experiments may be temporary but Doc, you keep trying the same one over and over again while never learning from the slight changes that everyone is making all the time. And so I’ve given up with yours. It wasn’t very creative to begin with. Thinking inside your box bears newborn babies in two colours alone: dull dolly pink and duller doody blue. Boring! I prefer sitting outside on the porch and watching people touch, kiss, sing, and paint stories of an electric world that is always changing. I listen carefully. Awfully delicious unconventional sounds make me into someone who prefers smoking and drinking with my cryptically madly queerfully transgenderlushious friends. And yet I almost died a straight girl...

Izzy Mackenzie
Izzy Mackenzie Lay is a Youth Outreach Worker at the Griffin Centre and Project Coordinator of Compass – an LGBTQ drop-in for youth labelled with intellectual disabilities. She is a queer disability activist, community arts facilitator, feminist writer, barf poet, performer and a proud member of R3: Roots Rhythms Resistance Artists’ Collective. Some of Izzy’s recent works include Ravenous Cows and Cannibalizing Poesis – spoken word performances that entangle barf poetry with tales of magik and the sacred. Currently, Izzy is co-authoring a forthcoming publication in Solitudes of the Workplace: Women and Universities Mcgill-Queens University Press 2014.

To find out more please email Izzy at isabelmackenzieelay@gmail.com or visit http://r3collective.wordpress.com/
Description of the Michelangelo Hand

A hand is the primary way that humans manipulate their local environment and how well you control your environment is a critical measure of ability[1]. It is not lost, therefore, that the word manipulation, from the Latin manipulus meaning “handful” is a direct reference to the appendage we use to control the environment around us. It is evident that the loss of a hand and the arm attached to it is an impairment to functioning in an environment where technologies are designed for the hands to operate them and even the hands themselves have evolved to manipulate the objects on this planet.

It can be expected that a resourceful species such as ourselves wouldn’t let the loss of an upper limb inhibit our ability to survive, and it hasn’t. We have been developing technologies that replace and attempt to restore the function of the upper limb since antiquity[2]. Our technoscientific culture has more opportunity to restore functionality to upper limb amputees than ever before with recent developments in robotics, lightweight materials and bioelectric sensors. Technologically speaking, these developments were science fiction less than 100 years ago. The current apex of the scientific research and engineered solutions as applied to upper limb amputation is the Michelangelo Hand, a myoelectric (muscle sensing) robotic prosthetic made by the company Otto Bock[3]. The Michelangelo hand has a battery life of 20 hours, is made of lightweight metals and plastics and controlled through built in electrodes that are filtered and interpreted through state of the art software. The hand has multiple actuators in its five fingers and is capable of performing complex precise tasks such as opening a toothpaste tube, gripping a key and cooking[3]. The American distributor of the myoelectric prosthesis, Advanced Arm Dynamics states that, "The Michelangelo Hand offers unprecedented speed, strength and a natural, anthropomorphic look". The device costs $73,800 USD[4].
Analysis of the Michelangelo Hand

Like many problems that seem solvable through science and engineering, erasing upper limb functional impairment with technology seems like an inevitability, but in what form does this erasure come? If the purpose of the research and engineering was to erase the disability of upper limb amputees as defined by Stedman’s Medical Dictionary (1976) as “a medicolegal term signifying a loss of function and earning power” then the solution would come in the form of erasing the loss of function and earning power. I want to address the motivations of the research and design that went into making the Michelangelo hand. I want to trouble the idea that the Michelangelo hand is an example of advancement towards enablement through improving function and earning power. I do not mean to say that myoelectric prosthetics are bad and serve no good purpose for an amputee. I instead want propose that the noble research and design motivations behind the Michelangelo hand may be confounded by the allure of the control and creation of life, the ableist notion that a complete body is a good body and marketability.

The Control and Creation of “Life”

Hands are tools, biological tools that have evolved in different iterations over countless generations of natural selection. That selection acted to give shape to the current natural design of the human hand. Is a five digit appendage with limited degrees of freedom the optima engineered design for survival and the control of the environment around us? When looking to nature, we see the answer is no. Animals who swim and run with greater speed, grasp with greater strength and climb with greater dexterity should be a reminder of the hubris in thinking that the human hand is the natural choice to be mimicked. It has been said that our greatest asset as a species is our intelligence and adaptability, with our physical bodies often being a limitation, thus inspiring technology to push that limit. Even the fastest human would lose a footrace to an average housecat, but our clever domestication of the cat is a testament to the irrelevance of the footrace. I do not deny that human hands are beautiful and intricate devices capable of innumerable tasks, but they require training to be used effectively. Observing any untrained person clumsily throw a ball or hunt and peck on a keyboard can attest to that. This does not discount, however that a trained hand can do something as magnificent as play a musical instrument. Even an untrained hand is sensitive to heat, pressure, temperature, touch and can even amazingly heal itself within limits. The complexities of the musculoskeletal, nervous and vascular anatomy along with all their interrelations that allow such seemingly incredible feats to be performed so gracefully are staggering to all and captivating to some.

“Be Bionic”

Amidst a culture of progress, the possibility of mimicking the beauty of not only the form but also the function of the human hand is alluring and inspiring. The inspiration is enough for Otto Bock to invest millions of dollars into the research and design of the Michelangelo hand. The Michelangelo hand is not only a feat of science and engineering in a vacuum however, it purports itself as an assistive device for patients. The patient who it aims to assist is an amputee, a widely recognized symbol of physical disability. Evidence based healthcare takes into account scientific evidence, practitioner expertise and patient evidence. Patient evidence shows that the uptake of myoelectric hands is low, many patients refuse to wear them citing that they are clumsy, heavy, lack control and ultimately that they do not improve the quality of life of the amputee. Instead the main complaints of prosthetic wearers in relation to function are socket/stump fit, weight and gripping strength. One would think that if the researchers and designers end goal was focused on the quality of life of amputees and the improvement of their function and earning power, the focus would be on those complaints. Examples like functional, interchangeable attachments, lowering the total weight and comfortable sockets. Instead, the Michelangelo hand is made to look as ‘lifelike’ as possible in its form and function instead of ‘deathlike’ and disabled. The development of the anthropomorphic shape reflects the notion that this ableist culture considers amputees to be in need of elevation through our most advanced technology to ‘be bionic’ instead of disabled.

A Complete Body is a Good Gody?

Before myoelectric prosthetics, there were bodypowered or cableoperated prosthetics. These devices rely on the adjustments made with the other hand, or by swinging the torso. These types of prosthetics are still in use by many amputees as a day-to-day prosthesis since they are cheaper, lighter, more reliable and easier to repair than myoelectric prostheses. They can also be customized with attachments to perform a variety of tasks like swimming,
rock climbing, typing, basketball etc…[10] The caveat is that these attachments are usually custom made by individual prosthetic technicians and are not covered by national insurance plans, therefore are often expensive. In addition to these functional prosthetics there are also aesthetic prosthetics, often hand painted to resemble a human hand and convincing replicas come with a high price tag. The existence of aesthetic prosthetic and their use brings into light the desire of an amputee to possess an anthropomorphic form. The desire to have a complete body and to approximate what a good human form looks like can be a matter of self-esteem for the amputee. Looking from a disability studies framework, we can see that it doesn’t have to be that way. The notion that a good human form is a complete human form is a cultural conception that is imposed upon the amputee and everyone interdependent with them. An amputee may have lived the majority of their lifetime with a complete form or they may have never possessed a complete form. In either case the implicit understanding of normalcy produces their incomplete bodies to be understood as socially and culturally inferior to a complete one. The Michelangelo hand, with its anthromimetic appearance and movement, applauds itself as a technological solution to that inferiority and thus reinforces the conception that an anthropomorphically complete body is the only good body.

The Uncanny Valley

The research and design focus on anthropomorphic hands has a long history. From antiquity onwards, humans have crafted the shape of the hand from the materials available to them in order to mimic its form and function[2]. As we humans have become more adept at imitating life we started to notice that there was a point close to a perfect imitation that elicited a feeling of horror. Like Frankenstein’s monster, this creation in the space between life and death is regarded as horrible. In 1970 a Japanese roboticist coined this space the Uncanny Valley when observing the androids he created[11]. This fear has been theorized to stem from a fear of death and disablement, an example being that a dead body has the same form as a living one but is dangerous to our health and reminds us of our mortality[11]. As applied to prosthetics, when the researchers and designers create these imperfect replicas of life, they potentially subject the wearer to the ancestral prejudice of their fellow humans. There have been studies done exploring these ideas[12] but an examination from a disability studies framework allows us to see that the very pursuit of a lifelike appearance is fruitless if the goal is to make the patient comfortable. The perfect imitation of normalcy is impossible for those with complete bodies, and even with the most perfect replica, even the slightest mechanical twitch or botched paint job will betray the abnormalcy to another humans finely tuned sense of the uncanny. A disability studies framework can allow us to see that the solution isn’t creating a more perfect replica of a normal hand, but in dismantling the concept of a normal hand altogether.

A Maimed Market

The prosthetics companies that are now global leaders all have their roots at the beginning of the 20th century, in the interwar period when the industrial revolution was in full swing and the First World War had ended[5]. There was a recognized need for prosthetic devices for the maimed soldiers, who were being saved from death due to antibiotics but were now living with disability. Like lifesaving antibiotics, the question of disability was answered by technology and the fabrication of prosthetics became an industry. The goal of any for-profit company within this industry is growth and profitability. In the case of prosthetics, or any other medical device, growth can be a problem, since the very device you create can serve to eliminate your market. The multitudes of industries centered on disability are all subject to this dilemma, that if they truly eliminate impairments then they become obsolete. From a disability studies framework we can see that a solution to the problem of growth is the continued reinforcement that disability is a problem in need of an advanced technological (read: expensive) solution and perpetual monitoring from highly paid experts.

“Buy Bionic”

If a prosthetic lasts a lifetime, restores function, earning power and is inexpensive to buy, the growth and profitability of the company that makes it can be challenged. The prosthetic industry avoided stagnation by continuing to put research funding into the development of expensive bionic limbs for further progress while simultaneously selling the appeal of the SuperCrip. In the absence of war or an increase in disease-related surgical amputations, the prevalence of amputees in a population does not display constant growth. An answer comes in the form of convincing its existing market to buy robotic myoelectric hands are more expensive; require more parts, more repairs and a team of highly trained personnel to manage. It would seem like milking your
already small market would alienate them, and this would collapse the industry altogether but this is avoided in developed nations. In many developed nations both the research funding and health service is nationalized so the prosthetic industry can draw from these deep pockets because this ableist culture expects that an amputee would want to be bionic, and will therefore buy bionic.

Conclusions And Resistance

The development of the Michelangelo hand is a product of a long history of man’s attempt to progress through rational examination and creative design. The application of assistive technology to those considered disabled by society provides an insight into the motivations of the society, especially when it comes in the form of lending a helping hand, or this case selling it. The research and design motivations are confounded by the allure of the control over nature, the ableist conception of a whole body and the marketability of the technology. Those people who were deemed disabled and in need of assistance can resist the application of a technology to erase their disability by not buying and buying into the helping hand that is offered. Instead, they can and do accept their forms and functions as they are, or would rather wear a prosthetic that outstrips the normal limitations of form and function that a human hand can achieve.

References

[0] In my discussion on disability and examining from a disability studies framework I leaned on the works of Simi Linton 1998, Oliver 1990, Rethinking Normalcy, Michalko and Titchkosky, 2009 and the blog of Swisswuff.ch who provided an analytic insight into the issues faced by upper limb amputees


"A Dystopic Autistic Future": Protecting Neoliberalism and the Human Race in "I Am Autism" and Children of Men

Vittoria Lion

In 2009, disabled activists and their allies were infuriated by "I Am Autism" (McGuire, 2011, p. 225), a video directed by Mexican filmmaker Alfonso Cuarón for the charity Autism Speaks, for its personification of autism as a horror movie monster which snatches able-bodied children and replaces them with changelings1. Ironically, this outright expression of hatred and fear of a minority group is a far cry from the position he advocated in his 2006 adaptation of Children of Men, P. D. James' apocalyptic novel about a world in which human beings are facing extinction because they can no longer reproduce, in which he powerfully satirized the alarming rise of violence directed at immigrants in the United States and Europe (Cuarón, 2006). Cuarón's simultaneous acceptance of both of these polarities can be attributed to the belief that the claim of science that disability is a biological inferiority comes from a completely neutral point of view (Harding, 1991, p. 37). In this paper, I will propose that these two films find common ground in their depiction of the child as an ultimate symbol of hope which must be protected from harm. Taking inspiration from Anne McGuire's prospectus, “The War on Autism: On Normative Violence and the Cultural Production of Autism Advocacy”, I will suggest that the absence of a particular, normative type of child is viewed as anxiety-provoking in Children of Men and “I Am Autism” because it signifies the loss of new citizens who will learn to contribute to neoliberal economics in the future by producing and consuming. I will also discuss the argument of the Slovenian Marxist philosopher Slavoj Žižek that xenophobia is an incredibly effective force for mobilizing the public in times of financial crisis (Žižek, 2012, p. 35) in relation to these two films. For me, his ideas are a fascinating lens through which to view the vilification of disabled people and immigrants depicted by Cuarón.

In Cuarón’s interpretation of the year 2027, nuclear wars, terrorist strikes, and natural disasters have destroyed ecosystems and degraded living conditions on most of the planet’s surface. The only country whose inhabitants are known to be living in relative safety under the control of a stable government is Britain, which is now a totalitarian state that has closed its borders to immigrants desperately seeking shelter. In the opening scene of Children of Men, dishevelled customers huddle in a coffee shop watching news footage about the death of “Baby” Diego Ricardo, the youngest human on Earth, who was born “18 years, 4 months, 20 days, 16 hours, and 8 minutes” (Cuarón, 2006) ago. For a reason which is never revealed, women have become infertile, making the death of the human race inevitable: in a flourish which establishes that the world of Children of Men is one in which despair reigns, it is mentioned that the British government distributes antidepressants and suicide pills to the public. Illegal immigrants who have been rounded up and herded into cages like animals are a common sight on the streets of London. Cuarón’s unlikely hero is Theo Faron (played by Clive Owen), a listless bureaucrat who has been captured by the Fishes, a terrorist organization led by his ex-wife, Julian (Julianne Moore), which fights for justice for immigrants. The mission she gives him is to safely deliver Kee (Clare-Hope Ashitey), a heavily pregnant non-status immigrant from Africa, through security checkpoints to Britain’s coast. Upon arriving there, Kee expects to be rescued by the crew of the Tomorrows, a ship which will bring her to a mysterious group rumoured to be developing a cure for infertility called the Human Project.

In order to reach that destination, Syd (Peter Mullan), a Homeland Security officer who buys marijuana from Theo’s father, Jasper (Michael Caine), arranges to have Theo, Kee, and her nurse, Miriam (Pam Ferris), transported to Bexhill, an Auschwitz-like prison camp for refugees. An unsettling shot of inmates being tortured and gunned down by guards implies that foreigners are exterminated there. Kee gives birth in the camp, and the shock of seeing

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1The violently ableist comparison of disabled children to “changelings” has been of great interest to scholars of disability studies, and has most notably been examined by Susan Schoon Eberly in her essay, “Fairies and the Folklore of Disability: Changelings, Hybrids, and the Solitary Fairy”. Changelings are monstrous creatures from the mythology of Medieval Europe that were believed to be given to human mothers guilty of deplorable sins in exchange for their real children (Eberly, 1988, p. 60). While certain changelings were said to appear to be otherwise normal children with physical deformities, others were mere “‘stocks,’ inanimate, wooden, doll-like beings which soon lost all semblance of life” (Eberly, 1988, p. 60). This brings to mind damaging descriptions of mentally disabled people as “empty human shells” (quoted in Friedlander, 1995, p. 15), notorious for being used by the Nazis (Friedlander, 1995, p. 15). The legacy of belief in changelings can be found in the words of Suzanne Wright, who co-founded Autism Speaks with her husband, Bob Wright: “If three million children in America one day went missing – what would we as a country do?” (Wright, 2013)
her daughter distracts fighters on both sides in an uprising against the British
government by illegal immigrants and Fishes which breaks out, giving her, the
baby, and Theo a passage to a rowboat. The film closes ambiguously as Theo
discovers that he has been seriously wounded and dies at sea while Kee spots
the Tomorrow in the fog. However, after the screen fades to black, sounds of
children giggling play, hinting that a new generation will soon populate the
barren world.

“I Am Autism” begins with a series of video clips of autistic children quietly
playing in public parks, forests, beaches, and backyards. The children are
alone, and their gazes are focused anywhere but the direction of the camera.
However, foreboding music, ghostly howling noises, and the booming voice
of an entity that introduces itself as “Autism” tell the audience that there is a
menacing presence haunting these otherwise non-threatening scenes. Autism,
who is never shown on screen, proceeds to make a series of disturbing vows
to ruin cherished norms of the middle-class nuclear family (McGuire, 2011, p.
240-241): Autism will split apart marriages, render families financially destitute,
preface families from enjoying religious services or birthday parties, and
leave countless children unemployed and unable to live on their own when
they reach adulthood. Autism describes itself as a ghoulish spirit that has no
empathy or compassion, stealing and maiming children and delighting in the
ensuing misery and hopelessness of their parents. Autism intimates viewers
by emphasizing the ease with which it crosses all racial, socioeconomic, and
religious barriers, invisibly creeping into new environments and laying waste
to them like an airborne poison (McGuire, 2011, p. 203). In the background,
children can be heard shrieking and crying in pain. Unexpectedly, the
atmosphere of the film dramatically shifts as non-autistic adults in white
t-shirts, presumably the family members of the autistic people, rush to the
sides of their children and grandchildren. The words of Autism are silenced
by a crowd of non-autistic parents, brothers and sisters, teachers, doctors, and
scientists, framed as courageous fighters who will rid the world of Autism
through biomedical and technological means. Meanwhile, voices representing
diverse nations make a militaristic agreement to cooperate to keep Autism at
bay. Like Children of Men, this video ends with inspirational, upbeat music and
the laughter of happy children.

Slavoj Žižek found himself inspired by the philosophical meanings which he
saw in Children of Men, and cooperated with Cuarón to create a six-minute-
long commentary track for the DVD version of the film (Cuarón, 2006). One
of the many instances in which he addresses themes explored by Cuarón can
be found in his essay, “The Return of the Evil Ethnic Thing”, from his book,
The Year of Dreaming Dangerously:

Back in the 1930s, Hitler offered anti-Semitism as a narrative explanation for
the troubles experienced by ordinary Germans: unemployment, social unrest
– behind all this stood the Jew… Does not today’s hatred of multiculturalism
and of the immigrant threat function in a homologous way? Strange things are
happening – financial crashes occur that affect our daily lives, but are experienced
as totally opaque – and the rejection of multiculturalism introduces a false clarity
into the situation: it is the foreign intruders who are disturbing our way of life.
There is thus an interconnection between the rising tide of anti-immigrant feeling
in Western countries … and the financial crisis: clinging to ethnic identity serves
as a protective shield against the trauma of being caught up in the vortex of non-
transparent financial abstraction. (Žižek, 2012, p. 35)

In this paragraph, Žižek explains that it becomes very enticing to blame
a problem with a simple solution for their difficulties for people who are
alienated from the real causes of financial collapse in a capitalist system. In
his Economic and Philosophic Manuscripts, Karl Marx uses the term “alienation”
(Marx, 1994, p. 61) to refer to a feeling of powerlessness and lack of self-
direction which workers experience when they come to view the objects
they produce as beyond their control because they no longer depend on them
(Marx, 1994, p. 59–60). As the connection between the worker and the object
that he or she has made becomes increasingly severed, it appears to rise up
against the worker as “an alien thing” (Marx, 1994, p. 59); according to Žižek,
we see the reasons for stock market crashes which we believe we have no
power over and seem incomprehensible to us as similarly “alien things” (Marx,
1994, p. 59). For example, in the 1930s, many Germans feeling overwhelmed
by job changes and stock market fluctuations turned to using Jews, Roma,
homosexuals, disabled and mad people, and members of other marginalized
groups as scapegoats for their hardships, thereby rationalizing eugenics. It is

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3For the purposes of this paper, I will not be expanding beyond this definition of alienation.
However, recognizing that Žižek is heavily indebted to Marx, I recommend that readers
turn to the chapter, “Alienated Labour”, in Marx’s Economic and Philosophic Manuscripts
for a more thorough explanation of his theory of alienation.
thus fitting that Žižek chooses to open this passage with a reference to the rise of the Nazis to power in Germany.

According to Anne McGuire, striking similarities exist between language used during recessions to slander immigrants and disabled people, who are painted as burdens who must be accommodated for and devour scarce resources more efficiently used by others (A. McGuire, personal communication, 26 March 2013). Investment in supporting these individuals is believed to be greater than the benefits of having them in the nation-state (A. McGuire, personal communication, 26 March 2013). McGuire defines “investment” (McGuire, “Buying time”, 2013, p. 111) as the devotion of precious resources such as money, energy, and time to a particular purpose in the hope that one will eventually be given a reward that outweighs those expenses in the future (McGuire, 2013, p. 111). Thus, the unwanted presence of foreigners and disabled people becomes a clear, compelling, and easily-digested explanation for why markets have collapsed. I believe that the intimate connections between the experiences of those who are considered strangers to the nation-state and disabled people make Žižek’s interpretation of xenophobia particularly useful for disability studies.

In their autobiographies, autistic people often humorously refer to themselves as extraterrestrials stranded on an unfamiliar planet (Sinclair, 2010); for example, the autistic activist Jim Sinclair refers to his history of forced and uncomfortable interactions with non-autistic people as “a life spent among aliens” (Sinclair, 2010). In his essay, “Defectives in the Land: Disability and American Immigration Policy, 1882-1924”, Douglas C. Baynton examines the conflation of disability with foreignness in late nineteenth-century and early-twentieth century American immigration laws (Baynton, 2005, p. 41). He explains that the justification for denying disabled and mad people entry into America on the basis that they were burdensome to the nation-state was extensively used by immigration officials for their racist purposes (Baynton, 2005, p. 33). In order to prevent as many foreigners as possible from penetrating America’s borders, the definitions of physical and mental disability written for these laws were intentionally left wide and ambiguous (Baynton, 2005, p. 34). “These laws were usually presented simply as a matter of economics,” (Baynton, 2005, p. 34) Baynton writes. In “I Am Autism”, the disembodied voice of Autism speaks of itself in terms of economic cost: “Your money will fall into my hands, and I will bankrupt you for my own self-gain,” (Cuarón, 2009) Autism taunts, addressing parents of autistic children, and adds that “scientists don’t have the resources [to treat and cure autism], and I relish their desperation” (Cuarón, 2009).

McGuire notes that a strong association between the elimination of disability and the prevention of financial collapse manifested itself in the decision of Autism Speaks supporters and volunteers to observe the first-ever World Autism Awareness Day by ringing the New York Stock Exchange’s opening bell on the morning of April 2, 2008 (McGuire, 2011, p. 170-171). For her, this action symbolizes “the potential economic productivity of autistic people, the desired ‘end-products’ of the latest in biomedical research” (McGuire, 2011, p. 171). The choice of location suggests that “becoming aware of autism in contemporary times is not only an ideological investment, but a monetary one” (McGuire, 2011, p. 175). She also questions President Barack Obama’s decision to dedicate 100 million dollars to research on the causes of autism and potential treatments and cures in 2009, while Americans were suffering from the effects of the worst recession since the Great Depression (McGuire, 2011, p. 186). I believe that this perplexing event can be explained through an application of Žižek’s analysis of the correlation between surges in xenophobia and financial crises to attitudes toward disability: the immigrant and disabled person are both unwanted in the nation-state because they are seen as burdensome to desirable citizens being threatened by a period of crisis (A. McGuire, personal communication, 26 March 2013), and harsh measures must be taken to prevent them from infiltrating its borders.

Investment in the futures of children is the central theme of both Children of Men and “I Am Autism”. I argue that the protection of children and their imaginary, prosperous futures is depicted as so crucial in Cuarón’s work precisely because they represent hope for the perpetuation of neoliberal economics through the maturation of new producers and consumers. In his introduction to Noam Chomsky’s critique of neoliberalism, Profit Over People: Neoliberalism and Global Order, Robert W. McChesney calls neoliberalism “the defining political economic paradigm of our time” (McChesney, 1998, p. 7), an ideology descended from the policies of Ronald Reagan and Margaret Thatcher which benefits a highly centralized group of tremendously rich investors and multinational corporations at the expense of the vast majority of humanity (McChesney, 1998, p. 7). Fundamental to neoliberalism are Milton Friedman’s beliefs that maximizing profit is the work of democracy, and that
governments that seek to place any regulations upon the market are anti-democratic by definition, regardless of how favourably they may be viewed by their subjects (McChesney, 1998, p. 9). Neoliberalism devalues human experiences and social endeavours which do not directly contribute to the market, attaching a disproportionate amount of significance to how much individuals produce and consume (McChesney, 1998, p. 11): “Instead of citizens, it produces consumers. Instead of communities, it produces shopping malls,” (McChesney, 1998, p. 11) McChesney writes. Autism is framed as a “developmental disorder”, and McGuire proposes that it is difficult to separate notions of child development from larger ones of economic development (McGuire, 2011, p. 180). This, she states, is the result of a seemingly natural assumption that increasing numbers of people who do not develop normatively will stunt the economic development of a country (McGuire, 2011, p. 180).

Within the context of neoliberalism, “normal development” means gaining the ability to keep up with the ever-increasing pace of the market (McGuire, “Buying time”, 2013, p. 102-103): when this pace is stifled, as in the recession of 2008, those who do not develop normatively make the perfect scapegoats. Referencing Lee Edelman, McGuire remarks, “it is, indeed, almost impossible to conceive of future times without the figure of the child, for the child has come to embody the very telos of the social order itself” (McGuire, “The War on Autism”, 2011, p. 179). Obama’s actions are a perfect example of what Naomi Klein calls “disaster capitalism” (Klein, 2007, p. 14) - the persuasion of the populace to hand over massive amounts of money and resources to corporations and the military-industrial complex in the hope of repairing or preventing catastrophes (Klein, 2007, p. 10-11). To borrow a term used by Naomi Klein, Obama attempted to “shock” (Klein, 2007, p. 307) the economy back into its maximum speed by providing employment for citizens in the research and sale of new therapies, biomedical treatments, and cures for autism (McGuire, 2011, p. 188).

In her paper, “Buying time: the s/pace of advocacy and the cultural production of autism”, McGuire analyzes a quote from Autism Speaks founder Bob Wright which was printed on five million Starbucks coffee cups in 2007 (McGuire, “Buying time”, 2013, p. 99). She interprets Wright’s message to parents of possibly autistic children that “early intervention could make a big difference in your child’s future” (quoted in McGuire, 2013, p. 99) as demonstrating that certain kinds of children must earn their futures in neoliberal societies (McGuire, 2013, p. 114). Not all children represent the dawning of a bright future by default (McGuire, 2013, p. 114): Rather, the birth of an autistic baby is portrayed by Wright as an event surrounded by high anxiety about avoiding a very unpleasant future. Cuarón echoes this depiction of the autistic child in “I Am Autism”. “I will plot to rob you of your children and your dreams,” (Cuarón, 2009) Autism announces. Addressing the small-scale futures of specific individuals, the hideous spectre of Autism adds, “I will make sure that every day you wake up you will cry, wondering who will take care of my child after I die?” (Cuarón, 2009), imploring parents to view a future involving raising an autistic child without the promise of a cure as miserable. Autistic children are not viable children, according to Cuarón.

McGuire playfully refers to this outlook on autism as a fear of “a dystopic autistic future” (McGuire, 2013, p. 115). By framing autism as a destroyer of children in “I Am Autism”, Cuarón describes autism as a sort of plague of infertility not unlike the actual one that informs the events of Children of Men. In the latter film, he reveals his vision of a world without children to be a literal dystopia, a wasteland prowled by fascist bullies where innovation and technological progress have come to a grinding halt. The copy on the back of the DVD cover reinforces his message that such a world is an undeniably hopeless place before the viewer even sits down to watch the film: “No children. No future. No hope” (Cuarón, 2006). I find the similarity between this language and Autism’s threat to “fight to take away your hope” (Cuarón, 2009) in “I Am Autism” to be telling. Cuarón suspects living in a world devoid of children to be a prospect so bleak that most people alive in such a situation would seriously consider taking their own lives. Baby Diego is looked upon as a beacon of hope, adored as a celebrity and trampled in a riot after declining to sign an autograph for a hysterical fan in Buenos Aires.

Although this topic is never explicitly investigated in the film, I cannot help but think that Cuarón’s dystopia would be an extremely dangerous place to live in for homosexuals, who have non-reproductive sex, and disabled people, who are usually considered to be at risk of bearing weak and unhealthy offspring when they are seen as capable of having children at all. In his book, No Future: Queer Theory and the Death Drive, Lee Edelman posits
that homosexuality is indissolubly linked to the “death drive” (Edelman, 2004, p. 3) of psychoanalytic theory in political discourse, in contrast to what he calls “reproductive futurism” (Edelman, 2004, p. 2). According to him, homosexuals are framed as dangerous to the nation-state because they are believed to have no interest in “fighting for the children” (Edelman, p. 3). Comparing this rhetoric of “fighting for the children” (Edelman, 2004, p. 3) to the parental and scientific “community of warriors” (Cuarón, 2009) who band together out of “love for our children” (Cuarón, 2009) in “I Am Autism” supports the claim that homosexuals and disabled people are very similarly framed as threats to the security and vitality of the nuclear family (McGuire, 2011, p. 240-241).

The assumed uselessness of disabled people in Cuarón’s hypothetical future is conveyed explicitly through his horrifically ableist portrayal of Theo’s mother, Janice, a wheelchair user: she has no lines and is euthanized with suicide pills by Jasper. She is the only important visibly disabled character to appear in Children of Men. As a person who identifies as autistic and lesbian, the automatic assumption made by the film that Kee’s daughter is heterosexual and able-bodied made me feel very uncomfortable and excluded. It is obvious that, for Cuarón, the world will not and should not be repopulated with people like me in the aftermath of a catastrophic event. I am also disturbed by his decision to use a black woman to represent the fertile mother of this new generation of human beings, as I believe that it subtly reinforces the myth of what Patricia Hill Collins calls the “out-of-control hyperheterosexuality” (Collins, 2000, p. 129) of black people, which makes it only acceptable for white people to be openly queer (Collins, 2000, p. 129-130).

I believe that this equation between threats to able-bodied children and the potential loss of future generations is also apparent in the use of statistics to create frightening images of communities swallowed by escalating rates of infertility and autism in Children of Men and promotional materials for Autism Speaks (McGuire, 2011, p. 196-197). Perhaps the figure of 18 years of infertility quoted throughout Children of Men serves as a fictional counterpart to the statistic of “1 in 150 children” (McGuire, 2011, p. 196) constantly repeated by Autism Speaks, which has been cited by Barack Obama (McGuire, 2011, p. 196) and appeared in the Starbucks campaign that I mentioned earlier (McGuire, 2011, p. 158). Reminiscing on her experience of the beginning of the infertility epidemic while working at the John Radcliffe Hospital, Miriam tells Theo,

Three of my patients miscarried in one week... Next week, five more miscarried. Then the miscarriages started happening earlier. I remember booking a woman in for her next appointment and noticing that the page seven months ahead was completely blank. Not a single name. I rang a friend who was working at Queen Charlotte’s and she had no new pregnancies, either. She then rang her sister in Sydney. And it was the same thing there. (Cuarón, 2006)

The narrative of the deadly virus which contaminates everything in its path and cannot be escaped saturates dominant discourse about autism (McGuire, 2011, p. 203): one must only look to the paranoid warning that autism “works faster than pediatric AIDS, cancer, and diabetes combined” (Cuarón, 2009) found in “I Am Autism” for evidence of the uncritical embracement of comparisons of births of autistic children to a killer epidemic. McGuire writes that statistics which speak of burgeoning populations of autistic people represent “the risk that [autism’s] growth might not be stoppable; that it might grow beyond available techniques of management, that its growth is out of control” (McGuire, 2011, p. 198). Miriam’s story of infertility reflects a similar worst fear, and Cuarón shows his audience that, in her world, it came true. McGuire’s acknowledgement of the regularity with which autism statistics are encountered in newspaper headlines and TV news coverage (McGuire, 2011, p. 199) is interesting for bringing to mind a similar scene in Children of Men. The camera hovers over a wall in Theo’s parents’ house plastered with newspaper clippings which begin with “25% Infertility Rate” (Cuarón, 2006) and culminate in “90% Infertility” (Cuarón, 2006), and, finally, “Two years since last baby born” (Cuarón, 2006). Eventually, there is nowhere to hide from the epidemic (McGuire, 2011, p. 200).

“After the sound of the playgrounds faded, the despair set in. Very odd what happens in a world without children’s voices,” (Cuarón, 2006) Miriam muses while watching Kee playing on a swing set in an abandoned schoolyard where they are waiting with Theo to be met by Syd. The “sound of the playgrounds” (Cuarón, 2006) is a symbol of normative childhood which is also used to powerful effect in “I Am Autism”; Autism swears to “make it virtually impossible for your family to easily attend a temple, birthday party, or public park without a struggle, without embarrassment, without pain” (Cuarón,
It is interesting to note that, while the surroundings of the autistic children in the video include playgrounds, they are not shown interacting with other children or using the playground equipment in ways that they are expected to: a boy holds a bat in an empty baseball diamond, and another sits alone at the bottom of a slide. However, by the end of the film, it turns out that the legion of “parents and grandparents ... siblings and friends and schoolteachers and therapists and pediatricians and scientists” (Cuarón, 2009) which has amassed to fight autism has brought back the bubbly laughter that was unsettlingly absent throughout its first half. Cuarón appears to believe that a cure for autism will ensure the existence of human children in the future, like the cure for infertility which is implied to be found soon after Kee is brought to safety on the Tomorrow. In both scenarios, the wonders of biomedical science bring salvation: since autistic children are expected to disastrously slow down economic and technological progress when they reach adulthood (McGuire, 2011, p. 180), a cure for autism becomes a necessary precondition for the continuation of the human race.

I view Cuarón’s agreement to direct “I Am Autism” as especially puzzling because the themes of disobedience of authority and resistance of institutionalized discrimination which are central to Children of Men are ones that can certainly be appreciated by disabled and queer people. I think that his unreflective use of traditional stereotypes to portray disability is an example of our unwillingness to critique biological science (Harding, 1991, p. 37), which attributes disability to deficiencies that can be objectively observed within the bodies of specific people (Oliver, 1990, p. 3-4). Refreshing and invigorating representations of disability in film will need to rest upon an understanding that nothing – and especially the assumption that the belief that disability should be eliminated comes from a place of objectivity (Oliver, 1990, p. 3-4) – is exempt from critique.

One example of a more progressive narrative about disability within the genre of Children of Men is Andrew Niccol’s 1997 film, Gattaca, about a futuristic dystopia rigidly divided along a hierarchy of genetic purity, which explores notions that disability may be socially constructed. The exploitation genre of film is especially rich in creative and positive depictions of disabled bodies: a rather humorous example is Robert Rodriguez’s Planet Terror (2007), in which a woman whose leg has been chewed off by zombies uses a machine gun as a prosthesis in order to defeat the monsters who have ravaged the Earth. I hope that portrayals of disability as a terrifying cause of dystopian conditions, whether they are as explicit as “I Am Autism” or slightly more subtle, like in Children of Men, will be phased out by disabled and queer characters who are welcome presences within them and highly motivated to fight for justice.

References


3The tagline used on posters for this film was “The last hope for humanity... rests on a high-powered machine gun!” (Troublemaker Studios, 2007). I see this subversive portrayal of a disabled person as the only hope for the future of the human race as a sort of antithesis to Children of Men.


---. Personal communication, 26 March 2013.


Vittoria Lion

Vittoria Lion is a queer, mad, autistic self-advocate and animal activist in her fourth year of undergraduate studies at the Department for the Study of Religion at the University of Toronto. Her interests include continental philosophy, psychoanalysis, liberation theology, environmental justice, animal theology, and critical disability studies. She likes delicious vegan food, Jorge Luis Borges, Walter Benjamin, cheesy movies (no pun intended), and tea. She plans on pursuing graduate studies and wishes to dedicate her life to abolishing an economic system that views humanity and nonhuman nature as a mass of disposable commodities.
I created this painting in February 2012 as part of a Disability Studies course I took at the University of Toronto. Through the portrayal of the colourful ribbons in my painting, I illustrate how the body is a shifting, unstable, messy, and transnational category that is exposed to various levels of power, oppression, marginality, and resistance (Gorman, 2007). My goal when creating this painting was to make people more aware of how one's values, beliefs and laws are not static but fluid, and it is through the interweaving of these systems that disability is produced.

Artists' Statement

My painting is inspired by the everyday discourse and imagery that I am exposed to in the media, which is used to put labels on people based on race, gender, sexuality, class, age, and dis/ability. I believe that these factors should not determine how one is represented in society, since the body is very social and is constantly deviating away from the natural laws (Clare, 2001). Through the analysis of my painting, I put forward a conversation of the complexity of lived realities. I illustrate how the body is a shifting, unstable, messy, and transnational category that is exposed to various levels of power, oppression, marginality, and resistance (Gorman, 2007), through the portrayal of the colourful coiling ribbons in my painting. This notion of progress (Davis, 1995) is portrayed in my painting in the fluidity of the vibrant colours, smooth brushstrokes, and swirling ribbons, swaying from left to right and up and down, which represent multiple races, genders, sexualities, classes, ages, and abilities across transnational borders. These fluid ribbons show the one's values, hopes, and priorities are constantly changing (Davis, 1995). Seeing how I have not ended the ribbons leaves the viewers to wonder. I leave the viewers hanging because I want them to participate in finishing my painting. Do the colourful ribbons ever merge together and become tangled, or do they remain separate from one another? While determining how these coiled ribbons will end, one must be aware of the social, political, historical, and economic laws.
attached to them since whenever these is a foreground, there is a background. In other words, disability is not solely located in people’s bodies (Clare, 2001), but rather between social systems and how they operate and become interpreted (Milburn, 2010). This is emphasized in my painting whereby the neutral hues captivate the viewer’s attention through the rough textures protruding from the background, and my intention for such was to show how disability is located between people and how they function (Chandler, 2010). My goal when creating this painting was to make people more aware of how ones values, beliefs, and laws are not static but fluid, and it is through the interweaving of these systems that disability is produced.

Reference


Alexandra Ntoukas

Alexandra Ntoukas holds an Honours Bachelor of Arts degree from the University of Toronto, St. George Campus, where she double majored in Equity Studies and Women & Gender Studies. She is currently completing her Consecutive Bachelor of Education degree in the Primary/Junior division at York University’s Regent Park site in order to pursue a career as an elementary school teacher. She plans on incorporating her love for visual arts and sports into her teaching methods to allow room for individual creativity and self-expression. Promoting a fun, safe, and positive learning environment is something that she strives to achieve both inside and outside of the classroom.