Including Disability as Diversity in Our Teaching  
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Welcome: About a year ago, several of us interested in disability studies as a field of inquiry, as well as its implications for classroom pedagogy, came together and formed a working group around the topic. We wondered: How does including disability as diversity ask, even demand, that we make changes in our communities of learning? How does it impact the ways in which we both critique methods of representation and create new ways of making meaning? And what are the consequences of these findings for our classroom practices? Today’s symposium is an outcome of our group’s exploration of this question.

Disability Studies grew out of a number of intersecting trajectories that began in the 1960’s and 70’s. The Civil Rights Movement of the 1960’s galvanized awareness and action regarding the rights of minority groups; the rise of cultural studies in the academy precipitated dialogue about and analysis of people’s lives in relation to unequal distributions of power. Disability activism, itself, accelerated in the late 1960’s and early 1970’s, disability cultural work, or the role of the arts in helping craft a disability identity, in the 1980’s, and the disability critique of the Americans with Disabilities Act in 1990’s. Many disability scholars work in the literary, historical, philosophical, cultural, and social justice fields, and there is growing interest across the academy. In simple terms, the Disability Studies field critiques the ways in which disability is socially constructed. In order to do so, it seeks to challenge the tendency of the social mainstream to consider disability a personal problem, as a source of pity and charity, or as something that can be overcome or fixed with the help of medical and therapeutic intervention. It focuses on how social
practices maintain and reinforce disability as a category of the other and what the consequences of that othering are. This othering has serious implications not only for how we treat the disabled, but also for how we understand the limits of the human body. Given the massive interest in theories of the body in the university, it is surprising that there is not more interest in disability as a category that helps us revamp our understanding of the body.

Neil Marcus, a disability performance artist, asserts “disability is art.” Here, disability marks the sensorially different. Disability encounters are unpredictable, emerging, and improvisational. “Art” is the ability to work with sensorial information, arrange and rearrange it, and make the new out of the materials at hand. “Disability is art” is made in the exchange between people, between artist and audience, between professor and student, professor and class, class and community.

I currently teach a course on Disability and Human Rights, and one of the first assignments I give in this type of class is to send the students in search of images of disability. I think it’s important to find evidence of disability and its representation—not just take my word for it. In this particular case, the students had to collect images that show (1) access denied and (2) access gained. Once the students find the images they have to organize them visually to show what they understand.

One student decided to put some images on the outside of the box; the others inside. The images on the outside of the box all have to do with access gained, and they are connecting to the community-at-large, that is either images of achievement or linking through the use of assistive devices. There is a sense of disability as opening out toward, and a sense of being with. But the inside of the box is a different; they are still images about connecting, but they are images of the disabled in entertainment.
as part of the freak show of the early 1900’s—an exhibition of the other. Here the image is about looking at.

In a disability spin of Pandora’s box, the seductiveness of the outside lures us; it’s quite a hopeful series of images. Yet, it does not alert us to what is on the inside.

The conundrum of this box—if we follow her logic—is whether we will have to open it—(even ourselves) up—if we want to see what how access gained acts as the front for access denied, boxed together in the same house of culture.

Today we invite you to journey with us for a bit of time as we pull apart the metaphorical box of access gained and access denied, focusing on how we might engage in this process of opening up by including disability as diversity in our classrooms.

The format will be as follows: 1) we will show a clip from *When Billy Broke His Head* as a shared reference point, 2) there will several mini-presentations for different disciplines that will explore the film clip in relation to the respective discipline, and 3) we will have a question and answer period.
How has our society come to the point where being disabled is thought to be so horrendous that suicide is a culturally acceptable alternative as reflected in the Star Trek clip? That is just one of the questions addressed in the introductory course on Disability Studies that I co-teach. This course forms the foundation for a newly established Disability Studies minor. During the next 10 minutes I’ll be sharing with you some of the teaching methods we use in this class.

I) What is Normal and the Left Handed Exercise:

Is being left handed normal? A disability? .... Should society accommodate people who are left handed? “What does this have to do with the study of disability”? ..... Students in the intro course quickly learn that society has a lot to do with constructing what is considered “normal” or “abnormal” and their association with the social construct “disability.” On the first day of class we break the students up into small groups and give them ~10 minutes to define what is normal. ..... “What is disability?” ..... As you can see these are not necessarily easy questions to answer. It is especially hard to answer the question “What is disability?” once the concept of ‘normal’ is examined and its uncertain value is recognized.

II) Disability Models: Medical / Social

A) "The Medical Model" A.K.A. the "individual or tragedy model" centers the individual with the perceived physical or mental difference as the issue of concern. The primary focus is the prevention or fixing of the individual with a disability. Society reinforces this medical - individual - tragedy model through cultural tropes that include among others, the charity
telethon, with the most infamous example being the annual Jerry Lewis Labor Day "pity-thon", as seen briefly in the video clip.

B) The “Social Model” of disability postulates that it is not the individual with real or perceived physical or mental differences who is the central concern, but rather it is society’s attitudes, social and political organization, and cultural representations of these perceived differences that create disability.

III) Items / Artifacts Exercise:

Students are required to collect 10 “items” associated with the question. Various models of disability are part of their analysis. For example:

(Slide 1: “No Wheel Chairs Beyond this Point.”)
(Slide 2: “Columbus State Hospital. World’s Largest.”)

IV) Other Course Components:

A) Exploring how history reflects Western civilization's understanding of people with physical and mental differences. The 19th and 20th centuries are emphasized as is the history of eugenics and the rise of institutions for people with disabilities.
B) Exploration of the legal conception of disability including the history of forced sterilization of people with disabilities and the development of civil rights for disabled people.
C) Other issues including physician assisted suicide and euthanasia, disability culture and disability pride, the Human Genome Project and prenatal testing followed by selective abortion for impairment-associated traits.
References


Main teaching points when I apply a disability studies perspective to the history of eugenics and genomics:

First, eugenics perpetuated negative attitudes and policies, by defining all disabilities as medical problems and inherited defects that ought to be eliminated. Students are introduced to a crucial period (1900-45) in the history of persecution of people with disabilities, using examples such as

- “Euthanasia”: Nazi murder of disabled adults and children as “useless eaters.” US eugenicists allowed disabled infants to die, as in 1915 case dramatized in the film *The Black Stork*.
- “The menace of the moron”: institutionalization and compulsory sterilization laws in 30 states; 60,000 victims mostly “mentally deficient.” Stigmatized as social burden and source of vice; lower-class social problems.

Second, eugenics did not exclusively target people with disabilities. Notions of “unfitness” were not based on objective, biological criteria of ability and health, but were socially constructed. The flawed science of eugenics was used to justify gender, class, and racial biases. Students see that disability was not a stable category, and make the connection between disability and these other marginalized categories of “difference,” using examples such as

- Carrie Buck 1927 Supreme Court ruling which upheld the sterilization laws; she was a poor, unwed teen mother, victim of rape. Majority of US sterilizations were performed on women; also disproportionate number of foreign-born and people of color.
• What did the eugenics movement consider “normal” or ideal traits? Middle-class “intellect and character,” shown in 1920s Fitter Family Contests at state fairs.

• Intelligence testing and racist agenda. WWI mass psychometric evaluation of Army recruits, and eugenicists invited to test immigrants at Ellis Island. Assessed “innate intelligence”? Have students try to answer actual questions and discuss likely sources of bias (see below). Data used to support beliefs about mental inferiority of blacks, eastern and southern Europeans; eugenics experts testified before Congress in favor of racial homogeneity and 1924 Immigration Restriction Act.

Conclusion:
Eugenics was thus about medicalization of not only disability but also race, class, and gender difference. Eugenics provides a case study for why we should teach about disability alongside other diversity issues, as a “political fact, not sickness.” The history of abuses and discrimination in the name of eugenics also sets the stage for introducing students to questions about modern pre-natal genetic testing. The disability rights movement challenges routine use of genetic technologies on grounds similar to critiques of the old eugenics: assumptions about who is “well-born” and what counts as human “improvement” are subjective and discriminatory. The “new eugenics” once again emphasizes medical correction and perfection, and devalues diversity and social change to accommodate people with disabilities.

Resources on History of Eugenics

*Image Archive on the American Eugenics Movement*. Dolan DNA Learning Center, Cold Spring Harbor Laboratory. 
<www.eugenicsarchive.org>

1918 Army Alpha Test questions, “information section”
Sample: People hear with their...eyes/ears/nose/mouth
- Pinochle is played with...rackets/cards/pins/dice
- Habeus corpus is a term used in...medicine/law/pedagogy
- Bud Fisher is a famous...actor/author/athlete/comic
- “There’s a reason” is an ad for a...drink/gun/flour/cleanser
- The pancreas is in the...heel/head/shoulder/abdomen
- Turpentine comes from...petroleum/ore/hides/trees
- The number of a Kaffir’s legs is...2/4/6/8
- The Percheron is a kind of...goat/horse/cow/sheep
- Cornell University is at...Ithaca/Cambridge/Annapolis
Susan Neely-Barnes, Ph.D. candidate from social work and instructor of Social Work Practice Across Disabilities January 2005 Disability Studies Pedagogy presentation

How we can use the medical and social models of disability in our teaching to help students think critically about practice.

Example 1: The Jerry Lewis telethon. The Disability Movement is critical of the telethon because it uses pity to raise money. It portrays people with disabilities as pitiful, helpless children that won’t contribute to society. The telethon also focuses on the disease of MD, and doesn’t address the ways that society needs to change to accommodate people with MD. The telethon, through an emphasis on cure, employs the medical model of disability. What if the Jerry Lewis did his telethon from the social model perspective?

Using the telethon example, I want students to consider: what is the underlying model that’s driving the intervention? How does the model define the problem, the role of the person with a disability, the objectives, and the desired outcomes? How would the intervention change if the problem were addressed under a different model?

<table>
<thead>
<tr>
<th>Medical Model</th>
<th>Social Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition of the problem</td>
<td>A disease, e.g. Muscular Dystrophy</td>
</tr>
<tr>
<td>Role of person with disability</td>
<td>“Jerry’s Kids”</td>
</tr>
<tr>
<td>Intervention techniques</td>
<td>Raise money to fund research for a cure</td>
</tr>
<tr>
<td>Expected outcome</td>
<td>A cure for MD</td>
</tr>
</tbody>
</table>
Example 2: In another section of the documentary film, Billy Golfus describes his encounter with the vocational rehabilitation system. His experience is consistent with the medical model. Billy is given tests to determine his skills and interests. He is given training to finish a master’s degree. The system focuses on how to rehabilitate Billy to get him employed. However, this intervention didn’t work for Billy because he faced discrimination in the workplace due to his disability. A social model approach to this problem would start with the assumption that the biggest barrier that Billy faces in looking for a job is discrimination and a lack of accommodation in the workplace. A social model intervention would also start with assessing Billy’s skills and interests. However, a professional working from a social model perspective would also intervene with potential employers to address their concerns about accommodations and Billy’s ability to do the tasks.

<table>
<thead>
<tr>
<th>Medical Model</th>
<th>Social Model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition of the problem</strong></td>
<td>Billy’s head injury</td>
</tr>
<tr>
<td><strong>Role of person with disability</strong></td>
<td>Recipient of services</td>
</tr>
<tr>
<td><strong>Intervention techniques</strong></td>
<td>Assess Billy’s skills and interests</td>
</tr>
<tr>
<td></td>
<td>Training</td>
</tr>
<tr>
<td><strong>Expected outcome</strong></td>
<td>Billy has a job</td>
</tr>
</tbody>
</table>
Discussion questions

- What are some examples of medical model interventions that are helpful to people with disabilities?
- What are some examples of some social model interventions that are helpful?
- Do we see examples of interventions that might be more effective if they came from a different model?

Resources on disability that work particularly well for class discussion

Practice


Policy


History


Videos on disability


This is a rough outline of my talk, including PowerPoint material. It is designed to provide accessibility and is available in large print.

MAIN POINTS FOR TODAY
- how disability narratives often get told
- how disability studies scholars have analyzed and contextualized such narratives
- how I incorporated these ideas & critiques into my own class using the film *Shine*

WHAT IS NARRATIVE?
- stories, advertisements, newspaper pieces, autobiography, creative theoretical pieces, etc.
- one approach: comparing Disney’s *Hunchback of Notre Dame* to the Lou Chaney version (below)
NARRATIVES OF DISABILITY
In teaching disability studies, I encourage students to look for patterns of how disability is represented. I don’t advocate one way as the “right” way to represent with disability; instead, I note that it is the limited/stereotypical ways in which disability is often presented that is the problem.

HOW DISABILITY IS STANDARDLY PRESENTED
In Narrative Prosthesis: Disability and the Dependencies of Discourse, disability studies scholars David Mitchell and Sharon Snyder argue that most narratives of disability follow a fairly dependable four-step pattern (below). I use this framework in class to get students thinking about disability narratives.

1. “deviance or marked difference is exposed to the reader”
2. “narrative consolidates the need for its own existence by calling for an explanation of the deviation’s origins and formative consequences”
3. “the deviance is brought from the periphery of concerns to the center of the story to come”
4. “the remainder of the story rehabilitates or fixes the deviance in some manner” (53-55)

film examples of this framework: A Beautiful Mind, Shine
THE FOURTH STEP: OVERCOMING
In Mitchell and Snyder’s framework, the final step requires a person to “overcome” their disability in some manner. This expectation of overcoming has been widely critiqued by disability studies scholars (including Mitchell and Snyder). Disability historian Paul Longmore, featured in the film clip earlier, states why the expectation of overcoming is problematic:

- In order for people with disabilities to be respected as worthy Americans, to be considered as whole persons or even approximations of persons, they have been instructed that they must perpetually labor to ‘overcome’ their disabilities. They must display continuous cheerful striving toward some semblance of normality. The evidence of their moral and emotional health, of their quasi-validity as persons and citizens, has been their exhibition of the desire to become like nondisabled people. (398)

Similarly, disability scholar Simi Linton explains the impact of overcoming on society:

- If we, as a society, place the onus on individuals with disabilities to work harder to ‘compensate’ for their disabilities or to ‘overcome’ their condition or the barriers in the environment, we have no need for civil rights legislation or affirmative action. (19)

Issues of overcoming also play out in the clip from Star Trek we watched earlier: 😊

- And if the person does not overcome, then they often face figurative or literal death.
As Worf notes in the film clip: “My life as a Klingon is over.”

HOW THIS WORKED IN MY CLASS
We had a similar conversation about overcoming in my class regarding the film *Shine*, and the students read many of the scholars we’ve talked about today. We also how music scholars react to David Helfgott’s disability (as *Shine* is loosely based on David Helfgott’s life). We talked about the problematic statements of the music scholar Dennis Dutton, quoted below:

- “it would require a literal miracle for any pianist to take a decade’s holiday from serious practice, undergo electric shock treatment, and who knows what medications, and come out the other end still a virtuoso. David Helfgott was and still is mentally disturbed” (342).
- “the question persists how an incompetnet, mentally deranged pianist has found himself touring to sold-out halls, promoted in the expensive souvenir program as ‘one of the world’s leading pianists”’ (340).

WHAT WE ULTIMATELY LEARN USING A DISABILITY STUDIES PERSPECTIVE
- not only a lesson about disability, but also about
  - disciplinarity
  - understanding critical arguments
  - audience (whom is the film for? whom are the music articles for?)
  - veracity in storytelling
A FINAL THOUGHT ABOUT REPRESENTING DISABILITY
“the problem of the representation of disability is not the search for a more ‘positive’ sort of disability…but rather a thoroughgoing challenge to the undergirding authorization to interpret that disability invites” (Snyder & Mitchell 59)

MY WEBSITE (contains syllabi for some of my courses):
http://staff.washington.edu/avidali

Works Cited


1. Philosophy’s contentious history with disability – In the early 1990s, one philosopher interested in disability reports that when she looked up “disability” (along with “handicap” “illness” and “disease”) in the Philosopher’s Index (search engine), it “was a depressing experience. At least 90 percent of the philosophical articles on these topics are concerned with two questions: under what conditions is it morally permissible/right to kill/let die a disabled person, and how potentially disabled does a fetus have to be before it is permissible/right to prevent its being born?” (Wendell, 1997).

2. The positive value of disability – Rethinking the value of disability involves questioning some common assumptions and listening to communities of people with disabilities to see how they perceive themselves and their traits. Deaf culture, for example, sees their condition as positive. Consider a thought experiment – if you could get another sense/way of experiencing the world (maybe ESP or sonar), would you necessarily want it? Would not having it make your life deficient, or just different from those who have it?

3. Personhood and disability – Individuals with disabilities sometimes have conditions that (some) philosophers would argue exclude them from personhood (distinguished from “being human” and tied to traits such as rationality or self-awareness over time). In an effort to avoid being “speciesist” (a charge akin to racism), philosophers have made comparisons between some humans with impairments (and all newborns) and non-human animals that are commonly used for research and/or food. Such comparisons ignore the value of individuals with disabilities and tend to presume that all impairments are equally detrimental. How should we define “personhood” to be more inclusive?
4. **Disability and dependence shift moral and political philosophy** – Social contract theories start from an assumption that rational, autonomous, independent, self-interested individuals would agree to join a civil society, but this model is not accurate to our experience. It ignores the fact that we are dependent from the start, reliant on others for our development, and likely to end up dependent and impaired at some point in our lives. In recognition of this, Alisdair Macintyre asks, “What difference to moral philosophy would it make, if we were to treat the facts of vulnerability and affliction and the related facts of dependence as central to the human condition?” This suggests a potentially radical shift in the groundwork for moral and political philosophy.

**Reference list**


