

IntegrART SYMPOSIUM 2013

Vom Abfall zur Avantgarde - Schöne Aussichten!

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Ways of thinking about disability Begrüssungsworte von Tom Shakespeare

Traditional view, sometimes called the medical model. Based on the idea of deficit or deficiency. People have something wrong with them, their minds or bodies do not work properly. The correct response is a medical response. The correct emotion is shame, and the public should feel pity. I think the problems with this approach are obvious. The traditional view removes disability from a social context, and individualises the issue, resulting in blaming the victims for their own misfortune.

Radical view, sometimes called the social model. Based on the idea of discrimination or even oppression. Society has something wrong with it, because it is inaccessible to people with impairments. People are disabled by society, not by their bodies. The correct response is social and political change. The correct emotions are anger about discrimination and pride at being part of a minority group of disabled people. The public should challenge their own prejudices and assumptions. I think the problem with this approach is that it sometimes ignores impairment completely.

Avant garde view might re-examine our ideas about bodies or minds, and engage with difference. People with autism and ADHD describe themselves as NeuroDiverse, and the rest of us as NeuroTypical. We might think about how normality is socially constructed, and about creating new representations. We might think about what it means to be human. We might think of the added value in looking at the world from a disabled embodiment. We might engage with limited life spans, or the issue of suffering and pain or frailty. I think the problem with this view is that it might get very abstract and theoretical, and move away from political challenge.

Where does disability come from?

I think "health conditions associated with disability", which is how WHO might describe impairments, originate in different ways. WHO World report on disability found that 15% of the population, or one billion people in the world, are disabled. This is an artificial figure of course, because it depends on the definition and methodology. Yet I think we can defend it. Disability is associated with age – 5% of children, 10% of working age adults, and up to 50% of older people have impairments. More women than men are disabled. A minority of these health conditions originate from the rare genetic conditions such as muscular dystrophy, cystic fibrosis or dwarfism. Many more come from trauma, diet, poverty, ageing, war and other factors,

many of which are socio-economic. For example, impairment is more common among poorer people and people from poorer countries.

How should we think about disability art?

The traditional view might be described as “art with disabled people”. Art becomes a form of occupational therapy or pastime for people who cannot work or live independently.

The radical view in UK is described as “disability art”. Following Brecht, feminist art, Guerilla Girls and Queer approaches, this would challenge social exclusion through cultural activities. Often these are directed at the disability community, through disability cabaret, Survivors Poetry and other activities which build solidarity and pride. People have been brought up to think of themselves as inferior, invalid and second-rate. Art can challenge this negativity and build a sense of strength and power.

Like all such art and community art, I think that there are questions we should ask. Often the process is more important than the product. Is the art of good quality? Do we applaud the political commitment, while finding the content rather lame, if I can use such a word. I have seen various conceptual disability art which to me is not very interesting or original and I think we need to be honest about that and become self-critical, if we want to communicate with a wider audience.

I want disabled people to have the same freedom as non-disabled people to express themselves. “Art by disabled people” might describe a range of work, sometimes consciously about disability, sometimes not, whereby disabled people exercise their creativity, and sometimes explore their distinct perspectives as people with different forms of embodiment or thinking. I think a democratic art will make space for disabled people to make art, in any way they want.

I think avant garde art by disabled people might take various forms. There may be new art forms for disabled dancers such as Claire Cunningham, who works with her crutches, or sign dance, or the work of Caroline Bowditch. Myself, I am very interested in Butoh, because it is a Japanese form which engages with bodies, suffering, frailty, mortality. I have enjoyed several fruitful collaborations with the Geneva Butoh company Group du Vent.

Concluding thoughts

I want to support pluralism, imagination, investigation. I want us to reach as many people as possible – disabled and non-disabled. But I also want us to go deep and difficult and create avant garde work. We need multiple approaches. I am not interested in imposing ideological rules.

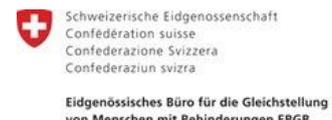
Some people want to fit in, and minimise their difference. They want to be known as men and women, Swiss and English, gay and straight, not as disabled. That is their right. Others want to build and celebrate

disability identity. Art can be a form of empowerment. We are glad that this disability identity is now a choice and a possibility.

I think Switzerland is a country that has often segregated and institutionalised disabled people. I am glad that this is slowly beginning to change. As disabled people, we want control over our lives and we want the right to express ourselves, in any way we choose.

I want to challenge us to change ourselves and our society. I want to challenge us to go deep and make good art.

Dr. Tom Shakespeare stammt aus Grossbritannien. Er machte an der Universität Cambridge einen Bachelor, einen Master und einen Doktor in Sozialwissenschaften. In seiner Doktorarbeit untersuchte er bildliche Umsetzungen von Behinderung. Seine nachfolgenden Forschungsprojekte an den Universitäten Sunderland, Leeds und Newcastle thematisierten Sexualrechte von behinderten Menschen, Behinderungen von Kindern und die Lebensqualität bei Kleinwüchsigkeit. Er hat umfangreich publiziert im Bereich Behindertenstudien, beispielsweise *The Sexual Politics of Disability* (1996) und *Disability Rights and Wrongs* (2006), sowie im Bereich Bioethik, beispielsweise *Arguing About Disability* (2008). Als persönlich von einer Behinderung Betroffener hat sich Dr. Shakespeare während zwanzig Jahren in der Behinderten-Community engagiert. Zudem war er als Performer und Autor in der Kunstszene aktiv. Zwischen 2004 und 2007 trat er mit seiner One-Man-Show «No Small Inheritance» [Keine kleine Erbsache] in Newcastle und an weiteren Orten auf. Er trat ausserdem mit dem Tanzensemble Fathom in Newcastle/England (Kontaktimprovisation) und der Group du Vent in Genf/Schweiz (Butoh) auf. Von 2003 bis 2008 war er Mitglied des Arts Council England.



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