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Diversity

Lennard J. Davis

What is diversity? Its message is beguilingly simple and effective. Humans come in a variety of formats—with differing genders, skin tones, hair color and types, eye shapes, and sizes in the realm of physical differences, and diverse languages, religions, nationalities, and lifestyles in the realm of social differences. While diversity acknowledges the unique identity of such peoples, it also stresses that despite differences, we are all the same—that is, we are all humans with equal rights and privileges. No one group is better or superior to another.

Disability would seem naturally to fall under the rubric of diversity. Yet much of the time, when one sees lists of those included under the diversity banner, disability is either left off or comes along as the caboose on the diversity train. One could explain this negligence by saying that disability is just not that well known as an identity category; and that, when it is, disability will then take its rightful place along with more familiar identity markers such as race, gender, nationality, ethnicity, sexual orientation, and citizenship. One could say it will just take time and more activism and eventually people will be educated. Or one could say the problem is structural. This entry will explore the latter position.

To understand the concept of diversity and how it fits in with (or does not fit in with) disability, we might want to understand when historically the concept came into play and what preceded it. We might begin with

the eugenics movement of the late nineteenth and early twentieth centuries, which stressed not the value of diversity but rather a “scientifically” determined notion of normality. Various groups were statistically aggregated based on their health, intelligence, size, strength, and so forth, in an attempt to determine which groups were normal (and therefore which groups were abnormal). Using a bell curve, statisticians determined where individuals fit into various cohorts and how subdivisions of the population compared with each other. Not surprisingly, white, middle-class European citizens were seen as more normal (or less abnormal) than immigrant groups from eastern and southern Europe, Africa, and Asia, as well as the indigenous working classes.

Thus the key distinguisher of groups during this period was how normal or abnormal they were. The goal of social policy and public health during this period was to reduce the number of abnormal people, often called “degenerate” or “feebleminded,” and increase the number of “fit” people. Obviously, there was no ideology of diversity, since diversity was exactly what eugenics tried to eliminate or minimize.

The idea that some groups were normal and others were not began to lose public acceptance in the aftermath of the Nazi use of eugenic theories of normality to eradicate groups like Jews, Gypsies, homosexuals, and disabled and Deaf people. Further, the civil rights movement of the 1960s made it harder for the label of “normal” to be applied to any ethnic or national group as opposed to another group that would be seen as abnormal (although it took a few more years for gay and lesbian citizens to lose the “abnormal” qualifier). During the last half of the twentieth century, cinema, photography, television, popular music, and artworks increasingly argued for a “brotherhood of man” and later, as part of the feminist movement, “sisterhood” as a powerful good. The civil rights movement brought about changes

in laws that made discrimination based on differences such as race and ethnicity harder to accomplish. The feminist and sexual rights movements included gender in this schema and, eventually, gay, lesbian, and transgender groups were added as well.

Economic discrimination based on race, however, continued, since human rights did not apply to economic justice and income inequality. One way that economic injustice based on race or gender was envisioned as disappearing was through equal opportunity in education and employment. The concept of affirmative action arose in the mid-1960s as a counter to the former discrimination based on race. At first not controversial, the idea of placing one group over another based on former discrimination eventually became a flash point for a new kind of racial prejudice based on the perception of preferential treatment. As “affirmative action” became a somewhat less acceptable phrase based on the ire it created in nonminority populations who complained of reverse discrimination, the word “diversity” may have arisen as an acceptable substitute. Now we have “diversity officers” at universities and in businesses rather than “affirmative action” officers or “minority affairs” administrators.

The Americans with Disabilities Act, implemented in 1990, may have changed some practices and abuses toward people with disabilities. But it did not change very much the way culture regards people with disabilities in relation to diversity. Our current interest in diversity is laudable, but websites and advertisements touting diversity rarely include disability. It is not that disability is simply excluded from visual and narrative representations of diversity in university materials. More significantly, disability is rarely integrated into the general media or, more pointedly, in K-12 and university courses devoted to diversity. Anthologies in all fields now cover topics like race and gender, but the inclusion

of disability rarely happens. In popular media, it is rare to see blind people or people with Parkinson’s disease included except in settings that reek of melodrama or sentimentality. Is there ever a depiction in a film or television show of a Deaf couple talking or a group of wheelchair users gathered in a park in which the point is not to highlight their disability? When disability does appear on the Internet, it is generally cloistered on web pages devoted to accommodations and services or as an exotic feature on a YouTube video.

Disability is not just missing from a diversity consciousness; disability could very well be antithetical to the current conception of diversity. It seems clear, as Walter Benn Michaels points out in his book *The Trouble with Diversity*, that current conceptions of diversity nicely suit the beliefs and practices of neoliberal capitalism. Michaels argues that the idea of diversity functions to conceal economic inequality. But one could add that diversity also represses forms of difference that are not included under the better-known categories of race, ethnicity, gender, and sexuality. In other words, diversity may only be able to exist as long as we exclude physical, cognitive, and affective impairments from the diversity checklist. Perhaps these need to be repressed because they are a collective memento mori of human frailty; but more than that, they are narcissistic wounds to the neoliberal belief in the free and autonomous subject. The neoliberal subject’s main characteristic is individuality and the ability to craft one’s destiny and choose one’s fate as a consumer-citizen. But in such a mind-set, disability seems a lot less like a lifestyle choice and a whole lot more like an act of fate and evidence of powerlessness.

Universities are not exempt from this neoliberal way of thinking. College courses on diversity are intended to celebrate and empower underrepresented identities. But disability seems harder for “normals” to celebrate

and see as empowering. The idea presented by diversity is that any identity is one we all could imagine having, and all identities are worthy of choosing. But the one identity one cannot (and, given the ethos of diversity, should not) choose is to be disabled. No one should make the choice that their partner be disabled or their child be born with a disability. So how could disability legitimately be part of the diversity paradigm, since it speaks so bluntly against the idea of consumer lifestyle choice and seems so obviously to be about helplessness and powerlessness before the exigencies of fate? If diversity celebrates empowerment, disability seems to be the poster student for disempowerment.

Disability is not the only category eschewed by diversity. One never sees crack addicts, homeless people, obese people, or the very poor in any celebration of diversity. These all fall into the category of what some might call the “abject” and must be forcibly repressed in order for the rainbow of diversity to glimmer and shine. This group of outcasts is excluded from the typical frame of university brochures or course materials, and this exclusion emphasizes how limited and problematic the project of diversity really is. These limits are laid out in diversity’s main message: “We are all different—therefore we are all the same.” But if difference is equated with sameness, then how can being different mean anything? That contradiction is usually resolved by finding one Other to repress—an Other whose existence is barely acknowledged. That Other is disability. What diversity is really saying, if we read between the lines, is that “we are different and yet all the same precisely because there is a deeper difference that we, the diverse, are not.” That peculiar sameness of difference in diversity has as its binary opposite the abject, the abnormal, and the extremely marginal—and that binary opposition gives a problematic meaning to the general concept of diverse sameness.

One of those deeper differences might be thought of as medical difference. Medicine defines a norm of human existence, while diversity superficially seems to reject norms. There is no normal human being anymore, as there was in the period of eugenics. Diversity seems to say that there is no race, gender, or ethnicity that defines the norm—as, for example, the white, middle-class heterosexual European male used to do. Indeed, that is a tenet of diversity studies. But in the realm of medicine, the norm still holds powerful sway. No one wants to celebrate abnormality in the medical sense—no one is calling for valuing high blood pressure or low blood sugar. There is no attempt to celebrate “birth defects” or cancer (although we celebrate those fighting cancer). What people most want to hear from the obstetrician is that their child is “normal.”

If diversity rejects the idea of a normal ethnicity, it has no problem with the notion of the normal in a medical sense, which means of course it has no problem with branding some bodies and minds normal and some abnormal. As long as disability is seen in this medical sense, it will therefore be considered abnormal and outside the healthy, energetic bodies routinely depicted in celebrations of diversity. Recall that students of color are referred to as African Americans, Asian Americans, and so forth, but on the medical side of campus students with disabilities are most likely to be referred to as patients.

For a long time, in disability studies, there has been a cherished belief that if we work long and hard enough in the academic arena, we will end up convincing people that disability is a real identity on par with the more recognized ones. That position remains a hope, and activists will help that moment come sooner, if it ever comes. But it may well be that diversity as an ideological paradigm is structurally related to the goals of neoliberalism. As such, diversity must never be allowed to

undermine the basic tenets of free choice and the screen of empowerment that conceals the lack of choice and the powerlessness of most people. Why should 15 to 20 percent of the population who are disabled be excluded from the diversity paradigm? Is this exclusion simply neglect, or is there something inherent in the way diversity is considered that will make it impossible to recognize disability as a valid and even desirable human identity?

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Education

Margaret Price

Scholars of disability studies (DS) who engage the topic of education tend to struggle with its chimerical nature: sometimes “schools” are abusive prisons, sometimes pathways toward greater social justice, and it is not always easy to tell the difference. While contemporary theories of DS education tend to point toward hopeful developments such as inclusivity and participatory design, scholars are also aware that certain features of asylums of the nineteenth century lingered in classrooms of the twentieth and even twenty-first centuries. This history and the wide variety of current educational theories lead DS scholars to conclude that “normality is a shifting social construction comprised of several competing interests” (Rogers and Mancini 2010, 100). Disability studies scholars and activists continue to debate just what those “competing interests” are, how they emerged historically, how their power should be addressed, and how positive change can be effected in educational settings.

In the modern West, disability has predominantly been figured as an individual, usually medical, “problem” that requires intervention and “cure.” As such, the classroom is often imagined as an important setting for those interventions and cures to take place. A medical/interventionist model of disability uses institutions of many kinds, including medical clinics, psychiatric hospitals and clinics, prisons, and schools, to effect a “solution” for disability. One strand of DS analysis focuses on the ways that different educational settings use the