

Rampe Reicht - Season 3 Episode 1: The Models of Disability

Ramp? Enough! 20 minute podcast about the social model of disability and the model of inclusion.

SR: I'm SchwarzRund and I'm currently writing my doctoral thesis on Audre Lorde.

tier: I'm simo_tier and I'm currently arguing with the authorities and especially with the medical supply store because my wheelchair has been broken for over three weeks and won't be repaired.

SR: And that actually brings us a little bit to the term of today, which is the "social model of disability" and the "model of inclusion", while we are mainly concerned with the term "social model". This is sometimes mentioned in a subordinate clause. So, if I were to say social model now...

tier: ... I would say I've heard that before, but I can't say any more about it.

SR: Okay, then I'll say one sentence: The social model of disability explains that the wheelchair problem is not an individual Simo Tier problem, but a problem for society as a whole.

tier: That makes sense then, so it's a problem for society as a whole.

SR: Exactly, it's not because of the deficit in your body, but because society is structured in such a way that you are socially forced into this role.

tier: Yes, I totally know the concept, I just didn't know the word... I hadn't put it together with the word.

SR: There is a second word, and that is the medical model of disability. Have you heard that before?

tier: Not yet, no.

SR: That's kind of your final boss.

tier: Ah, okay, that's this one then: Your body or because of your body or your disability, impairment you're in this situation [SR: Exactly.] and then you have to fight for help because of that.

SR: Exactly, that's one consequence of the fact that the search for support, for access, becomes totally individualized, so to speak. And as you can see, we still tend to live in the medical model. [tier: Oh yes.] as in the social model. There are several things connected to this that we'll be discussing today, and I'd like to ask you first, a moment that you remember from this whole care allowance dispute, where it was so much about you, your psyche and your body?

tier: Phew, yes, I could list almost everything. So this, I'm also applying for all kinds of money for more assistance in everyday life, and I'm told at almost every assessment or appointment with the authorities that it costs so much that I have to worry about how expensive it would be if I actually got the assistance that I'm entitled to.

SR: Exactly, so it's not seen: There is a huge cost to the fact that the world is so hostile to disabled people. Instead, it's seen as: You as an individual are a medical problem that causes costs. [tier: Yes.] And there is somehow a demand in there from your side, namely a demand for participation, you often say. [tier: Exactly, exactly.] Can you explain what participation is, very briefly?

tier: Yes, participation is simply the right of all people to participate in life equally, let's say, and there are various people for whom that doesn't apply.

SR: Right, and this participation cannot take place. [tier: Exactly.] Let's try to do this pragmatically, because we're already at three concepts. Let's imagine there's a kitchen where people always cook at lunchtime and the worktop is at a good height for Herbert. Herbert is 1.78m tall, white, not disabled and works on it. Would that be participation because everyone can use the same kitchen?

tier: That would be a problem for a person who is perhaps a little shorter or even in a wheelchair, and you would have to pay attention to the height of the worktop or, for example, see if there is any space under the worktop so that a wheelchair user could use the kitchen.

SR: I would also think about, for example, me with scoliosis, I might have problems using the kitchen, which is then small enough for the smaller person, right, because I would have to bend down.

tier: Yes, exactly, they're not low kitchens either.

Both: They're not participation either.

SR: And there's something in there that resonates a bit today, namely this concept of inclusion, which plays a very big role in German disability politics. And inclusion is different from something else, namely integration. And to break this down very, very, very much, you can close your eyes for a moment, if it's okay for you, and imagine yourself in your circle, and outside this circle is a person who doesn't fit in. And integration would mean that the person outside the circle has to adapt so that they are included in the circle, i.e. they are just like everything else in the circle. And inclusion says: everyone in the circle is the same or a little different, but they have to change in such a way that the person outside the circle can participate. But I would say that we can now state that inclusion has failed as a model [tier: Yes] and as a concept, because it still somehow assumes that the things that are in the circle work for the people who are in the circle.

tier: Exactly, and always a person who falls outside this circular norm of people in the circle is still somehow treated as a special case...

SR: ... who is included. [tier: Exactly.] You can actually see that the term is simply used incorrectly. But I also actually believe that when we talk about disability, the plain truth is that people who are in a circle actually lead a pretty nasty life, the norms in a circle. [tier: Oh yes, that's true.] I really like the podcast *Just Between Us* and they gave a really great example about the kitchen, that everyone thinks that doing the dishes standing up, for example, is basically the normal, non-disabled version and for most people doing the dishes sitting down is much more comfortable. [tier: Yeah.] So that would be the typical example in a circle: non-disabled people can do the wash-up standing up, disabled people can't, they have to be included or integrated somehow. But the reality is: No one should hang around this circle, in this horrible wash-up-must-be-done-by-standing circle, but everyone should move out of the circle and say: screw the circle, let's do things differently. How does this relate to the medical and social model? Let's look at it directly: we have to start from the individual, which is somehow sick and different and wrong, in order to integrate it, include it or something similar. But if we realize that the circle is shit, then we come to the social model. And you're applying for what exactly? Could you briefly explain that? So this personal budget, what is it all about?

tier: Right, I apply for various things, but the personal budget is so that I can hire assistants of my own choosing to provide me with support in my everyday life.

SR: Right, I think that's a really good example of... It would be useful for a lot of people to be able to access it more easily: Pregnancy, injured leg.

tier: Exactly, that's a great example for... that there should be some kind of short-term support. And I would like to emphasize once again that it's not about care, but rather that a person who perhaps has functioning legs and the person who has an injured leg can perhaps do the shopping or do the wash-up while standing, if we want to continue the example.

SR: Or does the wash-up for you while sitting down.

tier: Maybe the kitchen isn't designed in such a way that... then you can't do it sitting down and that's why the person with a leg injury... needs assistance...

SR: ... to be able to do that.

tier: Yes.

SR: Yes, exactly, that's it. And if we were to move away from this medical model towards the social model, it would be fully accessible for everyone.

tier: So, if we then looked at the society we live in, where people lack participation, then it comes together like this. [SR: All people.] Yes, all people lack participation, where is it really... maybe starting with where is it most precarious, more or less, and then to see how that can benefit or help everyone in this society.

SR: One example that I always find really good is from the Deaf movement, that... The way it works with interpreters is totally terrible. If you have to go to the authorities, you have to hire an interpreter through your health insurance that the interpreter is paid, which is very complicated, and you have to look for the interpreter and bring the interpreter with you to the authorities, which is completely ridiculous, because all Deaf people sometimes have to go to the authorities. It would make a lot more sense if people in public authorities were attending DGS (German Sign Language) courses and there would also be super adequate interpreters available at the authority.

tier: Exactly, because as we all know, Officialese or official German is a completely different matter. And I can certainly imagine that with the Deaf movement or with sign language...

SR: It's specific, yes, so you can't just use any interpreter, but... it can't always be the same person, for example, because there are interpreters who specialize in poetry, there are interpreters who specialize in music, there are interpreters who are super good at interpreting medical lectures, for example, and then there are interpreters for the authorities, so it doesn't make any sense for every Deaf person in Germany to have their own pool of 87 suitable interpreters, it would make much more sense if the interpreters were attached to the authorities and were available everywhere. This shows the difference between the medical individual model, as it is also called, and the social model in the sense of the societal model of disability. [tier: Yes.] It doesn't actually say that disabilities are sometimes simply shit for an individual. It simply says that a lot of these things can be solved in a more sensible way. One example that I might find quite helpful is the topic of vacation. And I'm not talking about super expensive, huge vacations. I just mean a small vacation around the corner from your own apartment. There are so many people who would really need assistance. Right? [tier: That's right, yes.] So, carrying luggage from A to B, because maybe you're not in a straight relationship with the averagely strong guy. Single parents who simply need a short two-hour break to do the shopping, do the laundry or just relax for a while. So, there are a lot of assistance needs that are not just linked to medical disabilities, but...

tier: Exactly. So... To name the model, which comes from the disability movement, the assistance model, makes total sense in contrast to care. Because, firstly, anyone can provide assistance without any prior knowledge, because it's about everyday errands and so on. [SR: Exactly.] And that's why I think the idea is to simply get away from this "people helping disabled people", but rather "people assisting each other".

SR: People assist each other and society ensures a fair balance.

tier: Exactly, because simply, apart from that, disabled people can assist. Like, for example, we're both disabled and we assist each other in completely different ways.

SR: Exactly, because different things complement each other. And we can see that this circle of inclusion or integration model is complete bullshit. Because it's not always clear when I'm in the circle or when you're in the circle. But rather: What is a circle anyway?

tier: Where is it and why do we have to try to get in there? That doesn't interest me at all.

SR: I don't want to do the dishes like non-disabled people. I just want clean dishes. [tier: Yes.] That's where I want to go, that's the goal. Right, but I've read a few books about it because I was wondering if anyone else had thought about it.

tier: Yes, please tell me.

SR: Have you ever heard of Susan Sontag? [tier: Yes.] Okay, cool. Susan Sontag published books in the 80s and two essays in particular that I think are really important. One is called "AIDS and Its Metaphors" and the other is called "Illness as Metaphor". And "AIDS and its Metaphors" also clearly builds a bridge to queer resistance to recognizing AIDS as an epidemic. And "Illness as Metaphor" deals a lot with the issue of breast cancer. Susan Sontag is a literary scholar, which is something neither of us were or are. That's why it's very much out of my comfort zone. But I think it just has such great sentences in it. And I've brought you one. I'll tell you about it now.

Sontag says: "Illness is always considered to be self-inflicted because people don't love themselves enough."

tier: Wow, that's intense. But that really sums it up. So firstly, this... We're all somehow familiar with different types of disability, that society tells us that it's our own fault. But in this, let's say, neoliberal capitalist society, we're on this self-optimization trip all the time. And that actually involves this: If you optimize yourself enough or...

SR: If you loved yourself enough, you would optimize yourself enough not to be sick. [tier: Yeah.] Yeah, I don't know. I read that sentence and I was like, "Damn, that's hard to read that way." But that explains why I got the diagnosis of "self-hatred". Because if I just loved myself more, then I would be healthy.

tier: Yes, because that's just absurd. Especially when people have multiple diagnoses and all that.

SR: The cure-all. I have nothing at all against people loving themselves, by the way. I think it's even better when people love and like themselves. But I think there's actually something in there that makes me feel really sick. Firstly, of course, that society is completely off the hook.

tier: Exactly, it's your own fault anyway, so it's only up to you. So, individualization again.

SR: Exactly, it's totally the medical model again. But that's also part of it, and that's what I think the medical and social model falls a bit short of for me. And that brings us to the last section, so to

speak. It's also part of it: Ergo, no one can love themselves if they're ill. [tier: Yes.] Not even you can love yourself if you're ill or disabled, do you know what I mean?

tier: Yes, I think so.

SR: And I wonder what that does to desire politics in the queer scene as well. [tier: Oh yeah.] When the first thing we think about a sick body is that the person doesn't even love themselves enough.

tier: That's just really hard to hear.

SR: Yes. That says something about how people see us for the first time, as if we are visibly ill, visibly disabled or make ourselves visible as ill or disabled.

ST. Unmasking, we'll get to that as well. But it's also a big topic when it comes to disability.

SR: Yes, making yourself recognizable and making yourself vulnerable, which is somehow part of emotional closeness.

tier: Totally. And if society then stigmatizes you in this way, then it's simply even more difficult.

SR: It's more difficult. And about what the conclusion of the current episode could be, I thought, is the question of, let's say, care work, because for me that includes both assistance and care, which is still largely provided by relatives in Germany. And relatives are not necessarily what you get as a ready-made package somewhere, from a certain age they are people who love you. [tier: Yes.] Right. So, what does that do to you, this, well, of course, it makes sense that you can apply for it, it makes sense that you can, but we also know that it doesn't work well. [tier: Yes.] And if we now know that we are seen as less lovable to ourselves, what does that do to access, shall I say, private care?

tier: It's extremely difficult. Because, that's what I always say when I have these conversations with the authorities or expert reports: Why do they need this? I say this: I can't allocate it on my personal environment. So above all, many people know that, especially when we are in queer contexts, in disabled contexts, we all support each other, but we also have other battles to fight. And that's what stops us, if you have to push me around in a manual wheelchair all the time, then at some point you'll be done and actually you should be writing your doctoral thesis and not worrying about my mobility.

SR: Absolutely. And then I'm not writing my dissertation, which is why a non-disabled person would be writing about Audre's policies then.

tier: Which would be totally wrong.

SR: Exactly, and then we have the matter of knowledge production again.

tier: Exactly, fewer disabled people in the academy again. And so that's... Somehow that feels so deliberate on the part of the ableist capitalist system. So, they didn't specifically build it that way, but it's somehow an extra benefit in their system that we are kept away from position and from fighting.

SR. And now I have another little side fact for you, which is frightening but important. Are you ready? [tier: Okay.] I got to know something and I don't know if you've heard of it because you just said it's not built that way on purpose. Yeah, have you ever heard of the Ugly Laws? [tier: No...?] Okay, that's pretty awful. Content Note, if you don't want to deal with such state violence right now: Thanks for listening, see you next time. Okay, cool. Now let's move on. They were around in the USA, I think until the 50s. But we'll link you to that again in the show notes. And these were state laws

that prohibited people who had facial disfigurements, because of disability, because of assault, or because of birth, from being in public places [tier: What?] because they shouldn't disgust and disturb non-disabled people with their appearance. [tier: Oh my God!] Exactly. And there were also these freak shows in Germany. [tier: Yes.] There are... If you become a civil servant, you're not allowed to have certain disabilities, restrictions...

tier: And above all, you can't be fat.

SR: And you can't be fat. That means it's intentional. [tier: Yes, that's right] It's not accidental, it's not a side effect. It's totally intentional that we don't help structure society. That's why we work in sheltered workshops, that's why we don't tell people at university that we have disabilities and so on and so forth.

tier: Frightening.

SR: Exactly. It's all connected to the question: do we want to have a society that is as accessible as possible for everyone? And be in a constant exchange and debate about it? Or do we simply want to say that there are care levels 1 and 2 and an application form and which of these is more beneficial for capitalism? And I think the math is then relatively easy to do.

tier: Yeah.

SR: So, the social model has a lot of advantages, doesn't it?

tier: It would seem so, yes.

SR: There is one disadvantage to it and this is always emphasized by the neurodivergent movement: The social model emphasizes very strongly that we are actually only made disabled and are not disabled.

tier: That's also why many people [SR: Exactly, that's where it comes from] are not necessarily calling themselves disabled, but saying "I'm disabled."

SR: "Children with autism."

tier: Yeah, yeah, yeah, ergh.

SR: And I think from a neurodivergent perspective, there are some important counterarguments to this that I definitely don't want to conceal. So, what we have now understood is that the social model of disability says: it's not your individual fault, but society is structured in such a way that you are excluded. And the way this is often understood is that it basically says that it wouldn't be "bad" to use a wheelchair if the world were accessible. That's where it works. But if we then use something else for it, like place-holder style, yes, it wouldn't be a bad thing to have OCD if the world was more adaptable...

tier: With some things, the world can't adapt [SR: Exactly.], for example, with depression or a phobia or something like that.

SR: The suffering wouldn't go away.

tier: Yes, with a fear of large crowds. I can't avoid crowds all the time.

SR: And do you notice that this is sometimes used incorrectly in my opinion [tier: You're right, yes.], that people say that disabled people can't go there because there are crowds of people. Which is not true, because it's not bad for every disabled person. [tier: Exactly.] For some people, for example, it's

easier to dance in tight crowds as dancing at 3pm in broad daylight at the "inclusion party" in quotation marks, sorry...

tier: Definitely.

SR: So, this is where the model somehow has its limits. And I think what I find so exciting about it is that this model, which was actually designed to make society responsible, is being used again to avoid talking about the fact that some things are just sad and annoying and difficult. Because, of course, society can make more effort and do more and this and that, but having OCD is exhausting and there is somehow a lot of grief, which takes that away from you. And that, to me, opens up such an exciting and terrible division within the disability community: "the good disabilities", "the difficult, complicated disabilities", who is "the good activist?"

And that's kind of my last point I would just ask you: If you think about who are the faces of the disability movement, without naming people right now, what assistance tools do they have? How can you tell they are disabled?

tier: Often wheelchairs, often crutches, yes. Well, I just see... So, these thin white people who use a wheelchair, but are dressed and look great, so they also have this, yes, beauty privilege, that definitely plays a very important role nowadays.

SR: That you can simply see: Everything would be fine for this person if only the street was made of concrete. [tier: Yes.] And I think that's where all these nice things, like the social model and the inclusion model and so on, can really fall on our feet if we start structuring a two-tier society within disability again.

tier: Yes, a lot to digest in the first episode already. We will of course link everything in the show Notes [SR: Yes.], all the texts and terms we talked about, as usual. Right, we have a Patreon if you want to support us regularly, it's also linked in the show notes. But we also have an account number and PayPal, where you can also make one-time payments. We are very grateful to you and your support has also helped us a lot in the last year where we both had Corona as well. Very, very, very helpful.

SR: Exactly, you have saved our voices.

tier: Yes. So really, if you have any questions or requests for topics, please send us an e-mail with thoughts and criticisms.

SR: To: rampereicht@gmail.com.

tier: Exactly, and when the next episode is coming and how the third season will continue and you can find out everything else, as usual, via our social media. So: @rampereicht on Instagram.

SR: I am SchwarzRund and you can find me everywhere with @schwarzrund.

tier: I am simo_tier and you can find me as @simo_tier on Instagram. I think I'm not on Twitter anymore.

Together: We are Mad, disabled, sick, trans, queer, disabled, Black, migrated, and so is this podcast.