BOOK REVIEW


Tom Shakespeare has made his living, if one actually makes a living in academia and its peripheries, as a contrarian. His best-known effort in that role has been to question if not oppose the strong social model offered by the UK Marxist school of disability studies. As such, there had been a battle of the titans, as it were, between Michael Oliver, Colin Barnes and Tom Shakespeare that was well known in the UK and European circles, and was usually mentioned in a kind of breathless and somewhat bemused way that generally has been reserved for pop stars or for politicians.

The fascinating thing about reading Shakespeare’s revision of his 2006 book Disability Rights and Wrongs is how eminently reasonable it reads now after the sturm und drang of the last 10 years in those disability wars. Shakespeare brings interesting credentials since the last incarnation of the book because he left academia and worked for the World Health Organization, although now he has returned to the ivory tower of the University of East Anglia. You could say that some of the best bits of the new book are informed by that sojourn in the ways of the world.

What is clear is that you do not want to be in the crosshairs of Shakespeare’s aim. He is too damn smart and accurate to put up with inconsistencies and sloppy thinking. He does not suffer ideology in his search for a kind of truth. If he were a shopper, he would be the guy who is going to check the quality of every item in your store very carefully and probably get you to agree to come down on the price when you realize that what you were offering is not exactly what you had said it was. One of his biggest beefs is that, as he says, ‘disability studies has failed to balance the demands of radical social change and intellectual rigour’ (1). One can read this as an attack on the ‘strong’ social model, and indeed it is, but the other viable alternative, especially in the USA, is the cultural and critical model, now also emerging in the UK, is not spared attack either. For Shakespeare these are ‘over-theoretical’ and lack practical application. Thus, strangely for a contrarian, Shakespeare actually offers a middle way that is both intellectually rigorous and also has practical applications. This is what Shakespeare calls a ‘critical realist’ approach.

What does that approach look like? It tries to take into account theoretical work as well as materialist politics. But it also wants us to think in a more nuanced way when we talk about disability. He wants us to see that the term ‘disability’ itself covers a multitude of conditions and states of being within those conditions. ‘Too often, disability studies is not grounded in an adequate understanding of what I call “actually existing disability”, which means comprehending both the diversity of illness and impairment experiences and contexts, and the breadth of everyday life’ (4). For Shakespeare, impairment is not the upbeat thing disability activists and some scholars might insist upon. Chronic illnesses, multiple impairments, pain and the like cause people to be ‘disabled by society
and by their bodies and minds’ (5). This kind of a statement, while innocuous to non-disability scholars, is clearly a gauntlet thrown down to defy the notion that disability is entirely a political experience. Rather there is a relationship between one’s impairment, one’s being and one’s social and political surround. Indeed, for Shakespeare ‘my predominant focus is on the relationships between people and their experiences … it is the relational aspects of life that are of the greatest fascination’ (5).

Given that fascination, Shakespeare’s attack on the social model makes sense. The book does this work, which its earlier edition did as well, but what is added here is his assault on ‘cultural disabilities studies’. He correctly points out that you cannot simply substitute ‘disability’ for the usual suspects in cultural studies – race, class and gender. He notes that disability has a somatic component that is different from that of race or gender. ‘Cultural Disability Studies theorists seem to have particular difficulty with the idea that anything could be partly biological, genetic or otherwise’ (60). Those theorists see ‘deficits as differences’ (60). The problem with that is, like the social model, the physical and mental aspects, including pain and suffering, are elided for a larger cultural argument. Further, for Shakespeare, those Foucauldians who see the problem as being one of the power of diagnosis, policing, bureaucracy and institutionalization downplay the utility for actual people of having a diagnosis, treatment, government benefits and the like. For him, life is not all about the panopticon; it is also about the pharmacy, personal assistants, protection and other positive things.

Alternatively, Shakespeare likes the critical realist method which he describes as an ‘acceptance of an external reality: rather than resorting to relativism or extreme constructionism, critical realism attends to the independent existence of bodies which sometimes hurt’ (73). In the end, this argument is a pragmatic one that is familiar with the theoretical issues others discuss, but one that wants to pull us back to some kind of reality. Such an argument is eminently reasonable, and in that way, the master contrarian Shakespeare turns into the very reasonable man. Yet, his arguments would not satisfy those who would question the unproblematic nature of the ‘real’. Like Tobin Siebers, when Shakespeare wants to get to this ‘real’, he emphasizes pain and suffering. After all, what could be more ‘real’ than those visceral indicators of being in a body and being subject to its vicissitudes. But, as I say elsewhere (Davis 2014, 21–26) pain itself is not a pure and unmediated thing. People like David Morris and Ronald Schleifer write on pain as a social construct (as well as a ‘felt’ sensation), and many purely biological conditions are subject to the cultural as people like Anne Fausto-Sterling and others have shown.

In setting up drastic oppositions between social construction on the one side and critical realism on the other, Shakespeare’s reasonableness wobbles a bit because it does not fully take in the nuances that some in disability studies are considering. It would also be useful for Shakespeare to give a more prominent place to younger scholars in disability studies whose work is not beholden to the previous battles and who are aware of the interstices in these arguments.

The final part of the book is a compelling look at specific practices including prenatal diagnoses, which Shakespeare concludes are not eugenic or discriminatory, while he recognizes some of the problems with the way the procedures are done. On the issue of search for cures, a similar approach is taken – approval for the idea of cure while caution on the rhetoric and larger implications of massive programmes for cure. End-of-life issues get another look, and again, in this case, Shakespeare comes out for assisted suicide with a lot of reservations and cautions. Further, hot-button issues relate to personal assistants,
sexual relationships and services, violence against disabled people and the like – too many in fact to be easily summarized in a short review.

These are the areas where the contrarian comes out more strongly. Shakespeare’s views start from his own reason and not from a set of prescriptions and prohibitions for disability scholars and activists. As he reasons his way through each of these controversial issues, whether you agree with him or not, you will find yourself nodding your head in agreement with an intelligent and reasonable interlocutor. At the end of the day, whether you agree in total with Shakespeare, you will be grateful that someone took the time to follow along these thought lines. To quote his namesake, ‘Nothing is but thinking makes it so’. Shakespeare of Avon and now of East Anglia agree at least on that point.

Reference

Lennard Davis
University of Illinois at Chicago, IL, USA
lennard.davis@gmail.com
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http://dx.doi.org/10.1080/15017419.2014.967808