

Manifesto for Queer Universal Design

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I. Introduction

Geography has had a far reaching and subtle influence on the humanities for the past twenty years. It has drawn academics attention to the importance of space in a wide range of fields that are not normally materially oriented. Queer theorists have similarly grappled with how to incorporate theories about space into queer theory (Bell 2009, 82). In this paper, we apply the concept of space to queer theory in a novel way: specifically, by applying the concepts of universal design to queer theory.

Disability activists have long supported the concept of “universal design”: a standard for how buildings, educational activities, websites, and other materials should be designed so that all users, regardless of their ability or disability, have equitable access. Universal design advocates argue that disabled people should not be accommodated with “special” accommodations, for example, a separate wheelchair entrance. Instead, all facilities should be designed for all users; for example, all building entrances should have wheelchair access. The concept of universal design has led to significant alterations in the physical design of buildings, the design of online materials, and changes in technology.

In the past, parallels between disability and sexual minorities have been drawn in ways that stress the “deviance” of both characteristics. Because of this commonly drawn parallel, sexual minority advocates have been

understandable leery of comparisons to the disabled community. Sexual minority advocates have shied away from a rich literature of theory and social activism about disabled people.

We argue that the theory of universal design, a product of disability activism, is a powerful model for the ideal future of sexual minorities. Based on the seven widely accepted principles of universal design based on dis/abilities, we propose similar principles of universal design based on sexual orientation. Our goal is to begin a dialogue about universal design for sexual orientation and to encourage potential future, non-deviant oriented, collaboration between disability advocates and sexual minority advocates.

II. Literature Review

Universal Design

There are two different understandings about the meaning of disability (Gill 1994, Scotch 2000). First, the medical model of disability views disability as a negative dysfunction. This approach is traditionally associated with the accommodation approach, which states that individuals with a disability should themselves seek accommodations each type they are in need. Second, the newer social model of disability views disability as a neutral difference. This approach is traditionally associated with the universal design model, which states that services and buildings should

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be designed so that everyone can access them without making special arrangements (Oliver 1996, 30–42; Priestley 1999, 8–12 & 24–28).

The principles of universal design were first articulated in 1996 (Mace et al. 1996). These principles articulated the standards that should be followed to preserve universal access without special accommodation. Since 1996, these seven principles have been widely applied to settings outside of architecture, including education (Rose and Meyer 2002, Silver, Bourke and Srehorn 1998) and public transportation (Audirac 2008). These seven principles are widely accepted as the standard for universal design. The principles are:

PRINCIPLE ONE: Equitable Use

The design is useful and marketable to people with diverse abilities.

PRINCIPLE TWO: Flexibility in Use

The design accommodates a wide range of individual preferences and abilities.

PRINCIPLE THREE: Simple and Intuitive Use

Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level.

PRINCIPLE FOUR: Perceptible Information

The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.

PRINCIPLE FIVE: Tolerance for Error

The design minimizes hazards and the adverse consequences of accidental or unintended actions.

PRINCIPLE SIX: Low Physical Effort

The design can be used efficiently and comfortably and with a minimum of fatigue.

PRINCIPLE SEVEN: Size and Space for Approach and Use

Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility."¹

Previous research on disabilities and LGBT issues

There have been three major efforts to discuss the intersection of LGBT issues and disability. First, non-normative sexualities and gender identities have been negatively compared to a disability. Prior to the 1970s, homosexuality was a psychiatric disorder in the DSM-IV. Same-sex attractions and behaviors were viewed as reflective of mental and sometimes physical differences from a healthy norm, which might be understood as symptomatic of a particular type of person ("the homosexual") or as an illness causing aberration from one's "true" (ie, heterosexual) identity. The first revised edition of the DSM-IV after the removal of homosexuality, published in 1980, created a new category of psychopathology, Gender Identity Disorder (GID), which was accompanied by a developed "standard of care" for medically managing transgender populations (Stryker 2008, 111–112). Gender non-conformity is still identified and treated as a medical disorder.

Queer activists have grappled with the medicalization and pathologization of sexuality and gender through multiple approaches. Activist pressures, including internal pressures from gay psychologists who came out to

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peers, were key to the removal of homosexuality as a psychiatric disorder. Trans activists have sought access to legal, competent, and respectful medical services, including through leveraging of the recognition of gender variance, even if only as pathology (Stryker 2008, 93–94, 98, 111–112). In states without protections from discrimination based on gender identity or presentation, there have also been efforts to protect trans individuals under laws protecting against discrimination for disabilities (Jones 2010). However, even the construction of GID as an “official” psychopathology has not lead to gender-related treatments being considered a fully legitimate healthcare need or disability. For example, activists continue to work to require insurance companies to treat surgeries and treatments as something other than “cosmetic” or “elective”. Trans people seeking surgery and hormones have often found the medical establishment is supportive only to the extent it does not disrupt an overall cultural belief in a gender binary (Stryker 2008, 93–94).

Second, research has investigated the lives of LGBT disabled individuals. The most commonly discussed analysis is that of Sharon Kowalski, a disabled lesbian woman who faced significant discrimination on the basis of gender, sexual orientation, and disability. In 1983, Kowalski became paralyzed and unable to speak after a head-on collision with a drunk driver. Kowalski’s partner of four years, Karen Thompson, engaged in a prolonged custody fight with Kowalski’s father, initially losing not only the custody battle but all visitation rights despite Sharon’s clearly expressed preference to have Thompson as her guardian and to have visitation from Thompson. After a long appeals process Thompson was finally allowed visitation in 1989 and was granted custody in 1991 (Griscom 2005).

Third, queercrip theory, a new theoretical approach, makes a major effort to reconceptualize the intersection of disability and non-heteronormativity. Queercrip theory combines the approaches of queer theory and crip theory.

Crip theory (developed from traditions of queer theory, feminist theory, and intersectionality theory) shares a similar relationship to disability studies as that of queer theory to LGBT studies, engaging identity politics with a critical eye. Crip theory pairs with queer theory in recognizing that hegemonic normative identities inevitably “require and produce degraded others”, thus normalization of marginalized identities is problematic insofar as it reinforces stigmatization of subaltern groups and appropriates (potentially) resistant identities into the hegemonic system (McRuer 2006, 141). For example, advocates for same-sex marriage commonly invoke the image of “deserving” committed, long-term, domesticated same-sex couples, who serve as a contrast to undomesticated, sexualized queers.

A queercrip analysis also draws attention to the fact that while advocacy of same-sex marriage potentially works for disability as a means of recognition of relationship (as could have been the case if Sharon Kowalski and Karen Thompson could have married), part of the normalizing rhetoric of same-sex marriage is oppressive to persons with disabilities. Advocates for marriage present it as means to reduce the spread of HIV among gay men, thus stigmatizing people with AIDS. Further, a critical theoretical perspective suggests that the focus on access to same-sex marriage draws attention away from larger issues of social justice, such as by focusing attention on the lack of same-sex partner coverage on health insurance plans rather than the lack of adequate health coverage for all. In other words, queercrip theory envisions a broadly different, accessible system in opposition to the hegemonic one, rather than incorporation into the current hegemonic system.

Drawing on this theoretical perspective, we envision universal access broadly, to include not just existing activities and spaces but the reconfiguring of social institutions – a universal redesign of society as a whole. We also re-vision the normalization of all bodies as the refusal of normalcy.

III. Theoretical Development

We argue that a comparison between disabilities and queerness is appropriate and productive. By investigating how universal design is applied toward disabilities, we can imagine how universal design would operate in queer lives. Based on the seven widely accepted principles of universal design based on dis/abilities, we propose similar principles of universal design based on sexual orientation.

Our argument is based on three basic beliefs. First, universal design is based on the ideology that all human bodies are “normal”, including bodies with historically defined “disabilities” like blindness. Similarly, we argue that all sexual orientations are normal, including sexual orientations that have historically been defined as deviant. Second, universal design advocates that all users should have the same access to facilities, not special and separate access. Similarly, we argue that all sexual orientations should have the same access to social resources, not special and separate access. Third, universal design argues that adapting facilities for one group will likely make facilities better for all groups. For example, adding closed captioning to a video for deaf students will also make the video more clear for hearing students. Similarly, we argue that social changes to accommodate sexual minorities will improve social institutions for all social groups, not just sexual minorities.

Although these principles primarily describe the construction and order of material objects, they also have been used to describe more abstract concepts, like education. In applying these principles to the concept of queerness, we do not imply that queer bodies are somehow distinct from non-queer bodies. Instead, we use these principles to try to imagine a social system that is universally designed for all sexual orientations. We imagine a “universally designed” family, career, religion, community, friendship, politics, parenting, and other social institutions.

Universal Design: “PRINCIPLE ONE: Equitable Use

The design is useful and marketable to people with diverse abilities.”

In terms of queer bodies, we imagine a world where queers have the same access, not special and unique access, to social institutions. For example, there should not be “special” bathrooms designated for transgender people. Instead, all bathrooms should be available to transgender people. Similarly, we imagine a world where queers have the exact same access to social institutions, such as military service, rather than separate access under different restrictions.

QUEER Universal Design, PRINCIPLE ONE: Equitable Use

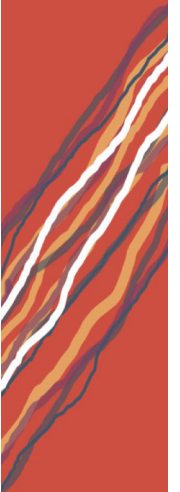
Social institutions are equitably available to people with diverse gender and sexual orientations.

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Universal Design: “PRINCIPLE TWO: Flexibility in Use

The design accommodates a wide range of individual preferences and abilities.”

Social institutions, like marriage, can be used for different reasons by different people. One couple may use marriage for the purpose of reproduction. Another may use marriage for a different purpose, like honoring a lifetime friendship. The same institutions should be available to all people. Another good parallel would be options of intimate partner relationships. Currently, heterosexuals and some queers have access to marriage. Queers and some heterosexuals have access to civil unions. Others have access to domestic partnerships. In our queer vision, everyone has access to all of these options. A straight couple and a gay couple should each be able to select from a range of options including marriage, civil unions, and domestic partnerships, depending on their individual needs.



QUEER Universal Design, PRINCIPLE TWO: Flexibility in Use
Social institutions accommodate a wide range of individual, family,
and lifestyle preferences.

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Universal Design: “PRINCIPLE THREE: Simple and Intuitive Use
Use of the design is easy to understand, regardless of the user’s
experience, knowledge, language skills, or current concentration level.”

We believe that being queer should not require special paperwork. Some
social institutions, like parenting, require substantial more effort for queers.
For example, in many states, a gay couple must provide evidence of their
committed relationship in order to be eligible to adopt. This requires them
to meet a higher and different standard than heterosexual couples. We
believe that a queer vision involves LGBT people being free from additional
requirements to document their relationship.

QUEER Universal Design, PRINCIPLE THREE: Simplicity
Requirements are easy to understand, with no additional requirements
based on gender or sexual orientation.

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Universal Design: “PRINCIPLE FOUR: Perceptible Information
The design communicates necessary information effectively to the
user, regardless of ambient conditions or the user’s sensory abilities.”

This principle is about obtaining information efficiently. We imagine the
relevance of this principle to queer lives to be about the communication
abilities of information providers. We envision news media communicating
about queer lives using accurate, appropriate, and current terminology.

We imagine a world where information about queer lives is accurately
communicated and prominent.

QUEER Universal Design, PRINCIPLE FOUR: Information
Information is clearly and accurately transmitted in a way that
demonstrates awareness and sensitivity to queer lives.

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Universal Design: “PRINCIPLE FIVE: Tolerance for Error
The design minimizes hazards and the adverse consequences of
accidental or unintended actions.”

We imagine a world where ambiguity and confusion about sexual
orientation is tolerated; where teenagers who are uncertain about their
sexual orientation are safe from harassment. In our queer vision, gender
and sexual confusion, ambiguity, and change are welcome and expected.
We imagine a world where individuals with fluid sexual orientations are
seen as normal.

QUEER Universal Design, PRINCIPLE FIVE: Tolerance for
Ambiguity
Ambiguous, conflicting, and changing sexual and gender orientations
are welcomed and seen as normal.

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Universal Design: “PRINCIPLE SIX: Low Physical Effort
The design can be used efficiently and comfortably and with a
minimum of fatigue.”

This principle is ultimately about physical freedom from discomfort and
pain. We interpret this principle to focus on freedom from physical violence

of all types. Many sexual minorities experience high rates of gender and sexual violence, both from strangers and intimate partners. We imagine a world free of physical violence against queers and non-queers, where a couple is free to kiss in public without being afraid of physical harm, and where domestic violence is non-existent. We imagine a world where sexual or romantic interest that is not reciprocated is not taken as a pretense to violence.

QUEER Universal Design, PRINCIPLE SIX: Freedom from Violence
People are free from physical and sexual violence, both in and out of intimate relationships.

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Universal Design: “PRINCIPLE SEVEN: Size and Space for Approach and Use
Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user’s body size, posture, or mobility.”

This principle focuses on having enough physical space to operate comfortably. We apply this principle to queer lives by focusing on having enough psychological space to operate comfortably. In reference to privacy, we believe that queers, like heterosexuals, should have privacy.

QUEER Universal Design, PRINCIPLE SEVEN: Privacy
People have the privacy to disclose or not disclose their gender and sexual orientation.

IV. Conclusions

We have attempted to present a queer vision based on the principles of universal design. Our definition of queer universal design, based on those principles, includes: equitable use, flexibility in use, simplicity, information, tolerance for ambiguity, freedom from violence, and privacy. There are certainly some limitations in our approach. We are moving far beyond the original intent of original design, both in theory and in scope. The Principles of Universal Design were not written as utopian ideals but instead as practical, universal standards. Our queer vision may be less immediately achievable than the original principles.

However, we believe that our queer universal design principles are a fruitful line of creative inquiry for future research on queer lives. We also believe that future theoretical connection between queer theory and disability theory has the potential to expand both disciplines.

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