

Locked Closets and Fishbowls: Self-disclosing Disabilities

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### Abstract

The dominant assumption about self-disclosure asserts that sharing information about oneself is solely a matter of individual choice. However in the context of identity disclosures, the aspect of self that is being disclosed is attached to the backdrop of the socio-political environment of which the act and agent are situated in. In this regard, it becomes questionable whether people disclosing socially stigmatized and devalued identities such as disability are truly matters of individual freedoms around choice making. This paper aims to highlight how opportunities for discussing experiences and issues involving one's disability identity are limited to formalized institutional spaces or silenced in informal spaces due to the authority of medical cognition around disability within western societies. This lessens the control and authority of disabled people over the way in which disability is understood within the society as a homogenized identity defined through third-party authorities and cannot reflect the complex and nuanced identities formed through lived experiences. By examining the parameters of self-disclosure surrounding opportunities to claim and discuss one's identity with the inclusion of disability(ies), discourses of self-disclosure can be pushed towards informal interpersonal spaces rather than limited formal spaces so as to weaken the attitudinal barriers which form the basis for disabling social structures and creates unequal citizenship.

*Keywords:* Self-Disclosure, Disability, Identity-Politics, Freedom of Choice, Citizenship.

Placards fermés et bocaux à poissons : le processus de la révélation publique d'un handicap

### Résumé

L'hypothèse dominante à propos de la divulgation de soi, affirme que partager des informations personnelles est un choix purement individuel. Toutefois, dans le contexte de la révélation publique d'une identité, l'aspect de soi qui est divulgué existe dans un contexte socio-politique

où l'agent et son acte sont tous deux situés. À cet égard, il devient très suspect de considérer que, lorsque l'on divulgue des identités qui sont socialement stigmatisées et dévaluées, comme le handicap, cela demeure simplement une question de liberté individuelle et de choix personnel. Dans cet essai, je veux montrer comment les opportunités que l'on a de discuter d'expériences et de problèmes se reliant à nos identités en tant que personnes handicapées se limitent à des espaces institutionnels officiels, ou bien, qui sont réduites au silence dans les espaces plus informels due à l'autorité qu'as la connaissance médicale à propos du handicap dans notre société occidentale. Cette tendance réduit l'autorité et le contrôle que peuvent avoir les personnes handicapées sur la façon dont le handicap est conçu dans notre société. Le handicap, en tant qu'identité homogène qui ne peut être définie que par le biais d'une autorité de tierce partie, ne peuvent refléter la complexité et les nuances d'une identité formée à travers les expériences-vécues d'une personne handicapée. L'examen des paramètres que peuvent avoir la divulgation de soi, ayant trait aux opportunités d'affirmer et de discuter de son identité, incluant de ses handicaps, rends possible l'inclusion des discours d'auto-divulgation dans les espaces interpersonnels informels, au lieu d'être limité aux espaces formels seulement. Le résultat est un affaiblissement des barrières attitudinales qui forment la base des structures sociales qui nous handicape, et qui créent une citoyenneté inégale pour les personnes handicapées.

*Mots Clefs:* Auto-divulgation; Handicap; Politiques identitaires; Liberté de choix

### Locked Closets and Fishbowls: Self-disclosing Disabilities

The image of a closet seems innocent enough when taken in a literal context as a convenient storage space, but against its' social backdrop the closet becomes a political space associated with tropes about secrecy, hiding, fear, shame, immorality, and deviancy. In other words, it becomes a metaphysical space where a person stores away anything about herself that is considered too inappropriate and bizarre to fit into the limiting boundaries set by the dominant society. To "come out" of the closet then, in terms of identity labels, is considered to be an act of epistemic revelation in which the person's hidden aspects of herself crosses over from unknown to known in public contemplation (Sedgwick 1990)<sup>1</sup>, an act of political liberation in its' challenge to social norms by refusing to be hidden and unfitting (Anspach 1979 pp.765, Mensah & Haig 2011 pp. 6), to live an authentic life in terms of one's moral duty to be truthful (MacLachlan 2012), and as an act of inclusion and empowerment on a personal identity level (Britt & Heise 2000 pp 2).

To consider the departure from the closet solely as such is troubling though, as it suggests that one's reasons for not leaving the closet must always be due to shame and other negative emotions, and this reinforces the notion that closeted identities are ones which a person ought to be ashamed of. Surely, there are other reasons for concealing an identity which have nothing to do with the personal desires of the closeted individual to keep this significant part of herself out of spheres of social interaction but are instead responses to hostile social attitudes and political

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1. On pg 76-77 of *The Epistemology of the Closet* 1990, Eve Sedgwick analyzed the biblical story of Queen Esther from *The Book of Esther* as retold by Jean Racine through his work in 1949. In this tale, Esther is a Jewish woman who concealed this aspect of her identity from her husband King Assuerus who has categorized her people as unclean and unnatural. Upon hearing of the King's intention to commit genocide against her people, Esther revealed her identity to him. Although Sedgwick used this example to primarily explore the tropes of "the closet" in regards to the queer community, I believe that the shift from private to public discourse that one's identity undergoes in the process of self-disclosing is important to account for when considering the disclosing of any stigmatized identities.

dismissals of the closeted identity rather than the identity being one which is worthy of its shaming. The idea that alternatives to shame must be included when theorizing non-disclosure is supported by Olney and Brockleman's findings through their interviews of students with which they asserted that, "reasons for concealing a disability vary from situation to situation and are not always due to fear and shame" (pp.35, 2003).

The association of closeted disability identities with such negative sentiments as shame are problematic as they tend to reinforce the myth that disability is inherently negative; thus reifying the concept of disability as a personal tragedy and contributing to the stigmatization of disability identities and people with disabilities. Furthermore, this focus on the individualistic aspects of self-disclosure detaches the social from the individual and in doing so renders factors that construct disability as a devalued identity to be invisible for criticism in the context of closeting and outing. The individual's agency cannot be separated from the influence of the socio-political environment and the historical background in which both the agent and the identity being disclosed is situated. Yet, the belief that self-disclosure as a matter of individual choice not only persists, but is dominant within Western industrialized societies and is apparent in both formal institutional and social interactive discourses around disclosing disabilities<sup>2</sup>. Therefore self-disclosing a socially stigmatized identity is conceptualized as similar to disclosing impersonal and apolitical facts about the self rather than being understood as a complex act of identity negotiation that has both personal and social consequences. Social influence cannot be ignored since self-disclosing involves the exposure of one's status as a member of stigmatized social group and renders the relation between the individual and that status to be politically

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<sup>2</sup> In the 2005 article titled *Self-Disclosure as a Situated Interactional Practice*, Antaki et al argued that self disclosure is a social performance, however the way in which the act was discussed still relies on the premise of the individual choosing to disclose and lacked considerations about factors that condition opportunities for disclosing.

visible. When self-disclosure is categorized into areas of personal responsibility, contextual factors such as social responses to disability and their influence on one's decision around disclosing are rendered invisible and untouchable to critique, thus allowing these socio-political factors to continue contributing to the social stigmatization and devaluation of disability and disabled people. The so-called "choice" does not begin nor does it end at individual agency, as one's identity is not an automaton that forms without the influence of social evaluation and dominant norms. Therefore questions around the moral imperative to self-disclose cannot begin to be made without first considering the role of the social interpretations and responses to disability in relation to the individual's.

In the following paper, I will deconstruct the disability closet through an exploration of the social factors which frame and maintain it in order to show that the presumed autonomy behind one's choice of self-disclosure is illusory at best, and that such an understanding of self-disclosure disguises a systematic exclusion of disability identities from being a part of one's participatory activities as a citizen. This will be done first, by demonstrating that identity disclosures are different from other types of personal revelations. Secondly, that social relationships and attitudes with the other party change upon self-disclosing stigmatized identities because both the other party's understanding of the discloser and their epistemology about the disclosed identity has changed. Finally, I will argue that the work of negotiating an identity as a person with disabilities is a continuous process which does not end with the identity leaving the closet. These issues will be addressed by exploring the process of self-disclosure and its' implications towards the moral status of persons with disabilities within the mores of our society; by which I mean beliefs about how one believes she ought to behave towards another based on her relationship and understanding of the other. However before I begin, it is necessary to clarify

my position in relation to this research, the type of self-disclosing as well as the theoretical approach to disclosing disabilities.

### **Framing Approaches to Self-Disclosure**

To being with, the act of self-disclosing has assumed many different forms for various purposes within human history; ranging from crime-related or religious confessions to witness testimonials (Foucault, 1975-1976, p.42-43, Mensah & Haig, 2010, p.3), disclosure of personal problems in psychotherapy, to the admission of socially stigmatized identities such as disabled, queer, racial, and others that do not “fit” into ideas of normal (MacLachlan 2012, Sedgwick 1996, Olney and Brockelman. 2003). The latter is the type which will be addressed in this paper and will be based on the premise that identity labels, particularly stigmatized ones, hold influence and consequences over an individual’s participation (Anspach, 1979, p.769). The scope of influence can extend over one’s inclusion in social activities, equal opportunities for moral growth, development of spirit and of interpersonal relationships, access to material resources, and to being considered eligible for the respect due to one’s status as a human person. Hence this paper examines the social in relation to the individual factors of identity politics as they take place around disclosing disabilities.<sup>3</sup>

Secondly, although much of the work done on self-disclosure has been occupied with the ethical debate around a moral *duty* to fully disclose our identities (Sedgwick 1990, MacLachlan 2012), or in the field of psychology where questions about the emotional and psychological impact of passing or disclosing are asked (Antaki & al 2005), I will not be addressing such

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<sup>3</sup> Identity politics are acts of negotiating social understanding and political recognition of a socially stigmatized group identity by its members. Lennard Davis wrote in *Bending Over Backwards, Disability, Dismodernism and Other Difficult Positions* that under post-modernist approaches to identity it is no longer relevant for scholars to examine issues pertaining to identity politics, as identity itself is realized as fluid and unstable social constructions- (2002). However, I believe that there is room to examine the notion of identity politics under a post-modernist understanding of identity when individual interpretations and negotiations of a social group identity are explored in relation to the socio-political climate of which the person is situated in.

questions about self-disclosing. I would like to divert the focus from the role of an individual's moral duties to the social factors that surround or impede one's agency of self-identifying as a person with disabilities.

Thirdly, although the "closeted" members of the disability community are not only those with invisible disabilities, as I consider being out of the closet to mean living openly and accepting of oneself as having a disability, self-disclosure in this form would likely take a different form and encounter different issues. Also, the focus is on the supposed "choice" in disclosing that those with invisible disabilities presumably have; and in terms of highly visible disabilities, even that illusory "choice" is not present. Hence, self-disclosing within this paper will not address those differences out of respect that such an account deserves a far deeper and fuller exploration than the length of this paper can allow for.

Furthermore, being a woman with an invisible disability from an ethnic minority background I am conscious of the fact that an individual's experiences around self-disclosure are unique on account of their ethno-racial, gender, class, and sexual identities. However, by the same reasoning as above, I will not be examining the topic in regards to these differences and instead examine how the systematized norms around disability within westernized society creates barriers towards including oneself with a disability identity when carrying out day-to-day activities as a full citizen.

Lastly, the idea of "citizenship" is crucial to this paper as it provides the conceptual framework for areas in which self-disclosing allows for the disclosed identity to participate in, as well as the spaces where factors impacting decisions to disclose and claim a stigmatized identity takes place. In the context of disclosures, I recognize citizenship by the formal *status* inferred from documented proof of citizenship that allows one to access legislative protections and



regulations that are specific to citizens belonging within a nation; as well as substantive citizenship which refer to *practices* that individuals engage in within their everyday lives as members of a community. In this regard, questions regarding access to full citizenship, which self-disclosing a disability involves, is based on the premise that persons with disabled identities encounter barriers to both formal and substantive forms of citizenship. Using Devlin and Pothier's concept of "dis-citizenship" which they hold as an unequal type of citizenship imposed upon persons with disabilities (2005 p.17), I will suggest that claiming a disabled identity is connected to an unequal distribution of power between disabled and non-disabled social identities, and the factors which maintain such a relationship needs to be considered in discussions on self-disclosing disabilities.

### **Exploring Identity Disclosures**

To begin with one may question what it means to self-disclose one's identity with disability. Answering such a question requires an understanding of the differences between disclosing an identity and disclosing a purely informative statement in order to establish the former as part of an interactive process of relationship building between one or more persons. When an individual makes an identity disclosure, she is not only sharing an observation about her life experiences thus far, she is speaking of her ontological self. In disclosing membership to a social identity the person is sharing a part *of* herself that plays a significant and more permanent role in her public interactions; whereas disclosing a fact *about* herself, such as her likes and dislikes or her present embodied state, is a declaration about her life that is not always present in her social interactions. For example it would make sense to say that, "my ankle is hurting me," in which the self identity is detached from the body part that has been injured, but not to say that, "part of me has a disability," unless one is speaking specifically about the scope

of a physical and functional impairment<sup>4</sup> rather than of her identity as a person with a disability. The latter includes the experiences of having being socially recognized with that identity within her public interactions alongside her private understandings of that identity within herself. The “I” that the communicator is referring to in the latter case does not refer *only* to her physical embodied self, but to her “self” on a personal level in relation to the audience. What is being disclosed in such situations is her social identity, and to be precise, I am referring to the personal identity of the individual as related to her identity as *situated* within her social sphere. This “self” being revealed is important because it is recognized not only by the individual who is disclosing, but also by others who interact with her within society, thus definitions of that self can be imposed upon the agent by others. However, knowledge gained from experiencing life with that identity would be available only to the disclosing agent’s self, and this may reflect a different understanding of disability that does not fit into social constructions of that identity. Therefore, the knowledge that the disclosing agent shares about her own self would be different from that of the audience, and each revelation would be an act involving shifting the social perceptions of her own self along with the roles and assumptions associated with it.

Although my main argument is that the opportunities around freedoms of choice to disclose such an identity are questionable, it is important that I provide a base sketch of which disability identity I am thinking of in terms of disclosure. By a disability identity, I am referring to the part of the individual’s identity which is recognized and labeled as disabled for bodily or

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<sup>4</sup> Many disability scholars have argued that using only the term disability leads to the exclusion of individual bodily experiences and thus the term “impairment” should be included into theorizing disability (Shakespeare 2006). I agree with Shelly Tremain (2002), as quoted by Devlin and Pothier in *Introduction: Towards a Critical Theory of Disability* (2005) that this term should not be understood as an apolitical one which can be used interchangeably with the term “disability”, as it is a term rooted in medical diagnoses used to describe a human body and functions in relation to socially established normative body and functions. Although I do use the term “impairment”, it will be used to describe biological differences as recognizable against the backdrop of socially established norms about human bodies.

mental deviations from socially accepted and medically informed norms. This recognition leads to specific attitudes and behaviours that are perceived as appropriate towards persons with that label rather than to the person herself. However, I am not claiming that a disability identity is merely a label forced upon part of the population by their socio-political system. By disability identity, I refer also to a person's own definition of what it means to be a person with a disability as per her experiences of bodily impairments and disabling barriers towards active participation as a citizen with her social environment.

The differences between identity disclosure and simply disclosing general information involving the self must be clarified from the beginning because it is far too easy in the context of dominant social thought to consider all types of disclosures as identical and individualized. The act is different especially in the case of disability because the content of the information disclosed involves one's mental or bodily impairments; yet the semantics of the disclosure of disability identities also applies to one's identity in a social context. In neglecting this important difference, disability disclosures are not taken seriously for their work of including or excluding the person's stigmatized identity into socially and politically interactive spaces, thus denying and devaluing the membership of that part of the person's identity within civil society. When we understand self-disclosing as a relationship changing process, the risks that are involved in disclosing a socially stigmatized identity can be acknowledged, and thus we can begin to consider reasons other than shame and rejection of said identity for closeting certain identities such as disability.

### **Negotiating Personal and Public Identity within Ableist<sup>5</sup> Social Norms**

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<sup>5</sup> Ableism is a term that describes discrimination or social prejudice against persons with disabilities and is often used to advocate for disability rights.

Shifting the center of self-disclosure from an individual basis to a social one illuminates the parallel process of transforming personal identity into public identity. By this, I am not saying that the individual's identity itself changes, but only that the relationship between the person and the ones who are now privy to the information has changed. This is because the audience's reality must account for the "new" identity (Olney & Brockelman, 2010, p. 45-46). Thus, personal identity and public identity are not the same. A person treats people differently in their lives, and this is not just based on the fact that each person is worthy of an individualized respect, but this is also due to social roles that are taught and internalized due to their entrenchment within social opinion. One's system of knowledge and beliefs, which constructs their world view and affects their conduct towards objects within it, is formed through interactions carried out by the individual *within* the society. Therefore, the construction of this worldview is, partially constructed by encounters with social norms and expectations. For example, it is conceivable that a person treats each family member differently than each other even though they are all family; and this is because expectations towards each role and the person holding it are not identical.

In this context, the way in which a person is treated as one with a disability in comparison to one without is different in a manner that cannot be explained by the audiences' response to the person's physical impairment as that response requires a recognition of disability that is socially situated and is thus influenced by negative perceptions of disability. For example, Barbara Goode noted in her experiences in telling someone about her disability, one of the reactions is skepticism and doubt of one's identity as a person with a disability because she does not fit into the audience's image of a person with a disability (1996, p. 43-44). Linton wrote about the well-meaning but damaging encouragement to "overcome" one's disabilities as though they were an

unsavory identity to be masked, healed, or rejected rather than embraced and acknowledged as a mere difference between persons (2010, p.228). The fact that, upon revelation to the “other”, the self-interpreted and personally accounted “I” generates *response* from that party implies that something has indeed changed. I do not mean that changes have occurred on a physical ontological sense; however, there is a change in social interactive norms as the listener’s interpretation of the new information affects how she *believes* she should behave towards the disclosing agent now. This belief is based on her interpretation of the socially normative attitude and assumptions she has about people who possess that identity which has just been revealed.

The dialectical nature of self-disclosure here is important in relationships because it contributes to social epistemologies about disability identities made by persons who reside within a socio-political system constructed on ableist values, who often have a drastically different understanding of disability than those whose daily experiences and knowledge is informed by living with this identity. Such ideologies are often consequential in the lived realities of persons with disabilities and are observable in the existence of disability welfare programmes to address poverty among disabled people<sup>6</sup> such as the Ontario Disability Support Program; continually high levels of unemployment rates among people with impairments; and the denial of citizenship to prospective immigrants with disabilities. Consider for example, the socially dominant presumption that having a disability precludes one from being a socially productive citizen, an idea which defines a person’s social value through their financial sufficiency and productivity (Taylor 2004). The means of achieving this citizenship status within

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<sup>6</sup> The Participation and Activity Limitation Survey (PALS) found that the overall poverty rate for Canadian adults with disabilities was 10.6 % in 2006, meaning that 2.6 million disabled people in Canada live below the poverty line. (Council of Canadians with Disabilities <http://www.ccdonline.ca/en/socialpolicy/poverty-citizenship/demographic-profile/poverty-disability-canada>)

western cultures often requires work which is organized around the functions of a specific type of body and minds.

Furthermore, discourses of work are based on an average body within the society and this standard body correlates to medical authority over human bodily norms from which impairment is recognized as a deviation. Unaccommodating work environments and employer expectations create working conditions and employment criteria that limit accessibility to persons who can meet the criteria of having bodily functions which are consistent with average citizens. Even if a disabled worker or applicant were to request accommodations and disclose that she has a disability, there is still the fact that she is potentially competing against applicants who do not require accommodations. This capitalist concept of work is also problematic in its reliance on individual and independent labour models which means that persons with disabilities who require personal support in order to fulfill employment requirements must either turn to individual funding or work without support. It also needs to be considered that employers without disabilities are also members of a society where dominant perceptions frame disabled people as financial liabilities or unemployable workers even before considerations about what the person holding a disability identity can enter a waged-work environment.

It seems then, that the issue is not with disability or people who identify with disability but with social structures which do not account or accept for variations in bodily functions as a part of work norms. The influence of disability as a social label in the recognition of the individual by others cannot be ignored because persons with disabilities do not begin at an equal level from which to compete for employment against non-disabled persons, as is demanded by capitalist ideologies. This highlights an area where recognition of one's identity as a disabled or non-disabled person impacts her access to areas of substantive citizenship. In this regard, the

valuation of an individual based on her productivity value rather than her innate human value is problematic for publically identifying with disability in that the devaluation of disability identities impacts the perception of her moral worth when associated with a disability. As Davis states, "Capitalism conceptualizes equality [among citizens] as equality among workers rather than financial equality." (2002, p.110) This means that in order to be an equally valued citizen in western democratic societies one must be a working citizen.

As negative presumptions about disability are significant to the construction of disability as a social identity, the eligibility for its inclusion into the lives of disabled people as equal citizens becomes difficult due to the way social structures frames disabled identities as ones which do not belong within regular citizenship activities. For example, in Holmes and Silvestri's 2011 study on the employment experience of Ontario's postsecondary graduates with learning disabilities, 62% of respondents did not disclose their disabilities within their workplace even though 90% reported that their learning disabilities affected their performance. Seventy-five percent of the respondents stated that they did not disclose because they did not want to be judged for their disability (p.17). The results of this study are important to include when exploring self-disclosing disabilities in that this study has pinpointed one of the most crucial factors that must be considered, which cannot be attributed to exploring individual responsibility and agency; the "rule of normalcy."

Normalcy is a term L. Davis uses to denote the use of linguistic systems which are socially influential and used by governing authorities to enforce the standardization of bodies and their functions for democratic rule over a homogenized representation of citizens who can be subjected to a nation's legislative system (2002, p.108, 116). Society highly values those who can meet the imagined standards of normalcy to the point that those who are recognized as

deviant from those standards are excluded from active participation as citizens. This is demonstrated in the context of those who are represented as socially valuable citizens in relation to the types of productivity constructed as normative within that society. Embedded into the structures of various societies, these standards govern the categorization of appearances, actions, cognition, and conduct—into the socially normal or into the socially deviant (Foucault 1975, p. 50, Sedgwick 1990). The salient point is that all identities in which a person can name or label herself with is measured against these norms; thus judgments and responses that are made against others are also based on these norms. By disclosing a disability, there is a high probability that the other will be influenced by socially dominant beliefs about disability, rather than actually *listening* or *trusting* the disclosing agent's account of her own identity. Therefore, it is important that an individual with disabilities have the opportunity to self-disclose and provide an account of herself to others, because giving an account of one's self is not only empowering in the ability to politically legitimize that aspect of one's identity, but because it also challenges negative stereotypes that encourage that identity to remain closeted and silenced.

The act of disclosing also allows the agent to add her own account of disability to the public discourse so that it may be drawn away from the limited definitive scope of formal institutional regulations, thus disrupting the socially dominant account of disability with her personal account. In this respect, each time a person self-discloses, the act is a process of re-negotiating her personal identity against the presumptions those whom we are disclosing to have about that identity, as her own account of her identity is not the same as others' account (Butler 1990).

Still, there is the matter of influence that a society's normative belief about relationships and moral conduct has over interactions between the "other" and the discloser to consider. These



ideologies provide individuals with expectations about what is believed to be “appropriate” behaviour in regards to the other’s social identities. For example, for example, in most societies people are treated differently based on their gender roles, and these roles have been uniquely constructed in each culture and require examination to see how they have been situated. To clarify my position, I am not saying that it is hopeless to come out of the “closet,” only that the socio-political factors involved in framing and maintaining stigma around disability cannot be ignored, as they involve changing the act from being one about sharing personal information with another to one about her future treatment by the other. The shift that occurs in the revelation of stigmatized identities impacts the discloser’s experiences with the other, as those understandings about socially accepted attitudes towards her in relation to her newly revealed identity have changed. The discloser is also a member of the very society which stigmatizes her identity, and hence, her daily practices and thought processes are also embedded within these norms as well. It means that she is also directly or indirectly exposed to norms that devalue disability identities and, in most cases, will possess the insight that publically revealing a stigmatized identity could possibly lead responses of violence, dismissal, denial, broken relationships, and lack of opportunity for employment because of awareness that the identity has a stigmatized social status (Jung 2011, Mensah et al. 2011, Olney et al. 2003, Maclachlan 2012). Thus, social norms act as the framework of the closet, and it is built by multiple “helping” hands, including the closeted one. Hence the choice of leaving a closet does not often present itself as an option, given her relations to others around her who contribute to limiting and false assumptions about disability.

### **Mechanics of Shifting Identities in Self-Disclosure**

So far, I have argued that self-disclosing is a social interactional process rather than an individual one. Such an action then, requires at least two or more parties, the discloser and the audience, because it is a social act that declares that the individual shares common socially definitive traits with the group she identifies with and thus can claim membership. This act involves changes to the audience's perception of reality involving the disclosing party; *in relation* to their own notions attached to that particular identity, and to that particular person having disclosed. MacLachlan, for example, pointed out that in order for a disclosure to count as an outing, the act must also be a revelation of an aspect of the individual which is not only surprising to the audience, but that membership into this category is not within the scope of social norms (2012 p. 4-5).

Drawing on a personal example, when I disclosed to my martial arts club mates that I have a brain injury that requires them to avoid hitting my head during sparring sessions, their conduct towards me changed. Rather than being cautious only during the situation which I had specified that it was required, I was treated like fragile glass in all situations and many times excluded from sparring all together by being directed towards teaching techniques to the beginners where it was "safer." The other reaction was to reject my disability and ignore my request to not hit my head as though I did not have such impairment. Of course, other factors might be due to the paternalistic history of the sport, and the disproportionate male to female membership ratio; however, the other non-disabled women were more often pushed to accept the same type of harsh training and prove their selves to be on an "equal" level to their male counterparts. In this case, my status as a person with disabilities has changed the thinking of those that I disclosed to in rendering me incapable of achieving "equal" status with the able-bodied students,

and excluding me to a less participatory role than befitting a participant of my particular level. The fact that I required a different way of participating in the same activities due to my impairment, grew into not being able to participate due to the disability being socially created either from a rejection of my disability identity, or from a skewed acceptance based on other's perception of me as a person with impairment. In such experiences it is clear that disclosing an identity is more than just information sharing in general, but rather it is a way of positioning the person in a political and social context. The impact of the disclosure of identity filters down to the way in which we conduct our actions and conceive of each other in our interpersonal relationships.

The other factor to consider with publicly self-identifying as disabled is the transformation of the audience's attitudes. Oftentimes, self-disclosure is discussed only in terms of the disclosing agent's moral duties and choice while neglecting the duties and response of the audience. To begin examining the role of the audience, I would like reify my previous point that people tend to adopt different attitudes in their interpersonal relationships according to their conceptualization of the other. This is important for pinpointing exactly what the shift is and its implications for the identity of the person within their society. Strawson noted in *Freedom and Resentment* that in ordinary human interactions a shift often occurs from a participant attitude to an objective attitude that affects how we conduct ourselves in interpersonal relationship (1993)<sup>7</sup>. I feel that considering the transition between these two attitude types is appropriate for discussing their implications for disclosing disability(ies). Holding a participant attitude towards another allows for consideration of the person as equal to other human beings and thus eligible to

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<sup>7</sup> Peter Strawson specifically discusses this change in attitude in relation to the mechanics of resentment by showing that shifts between objective and participant attitudes allow for judgments about the type of interaction that the other is eligible to receive in their ordinary human interactions shifts in ways that impacts attributions of responsible agency and capacity. (*Freedom and Resentment 1993*)

experience a normative range of human interpersonal treatment; whereas the objective attitude allows for both the denial of the person's rights as a human being, such as autonomy, her right to association, and serious treatment of her thoughts, desires, and actions (Strawson 1993 p.7). For example, the students with invisible disabilities from Olney et al.'s article observed that "people can keep a distance from somebody with a disability" (2003 p.46). Such occurrences suggest that persons labeled with disabilities are perceived with an objective attitude and thereby ineligible to ordinary interpersonal interactions.

I would argue that the consequences and existence of these attitudes exist not only in ordinary interpersonal relationships, but are also systematized in institutional practices and responses to invisible disabilities. In Jung's study, female students with chronic illness mentioned experiences with educators and university administration doubting their need for accommodations as well as their ability to fulfill the requirements of a post-graduate degree when being interviewed for admissions (2011 p.276). The reality of different interpersonal attitudes towards disability are pervasive in Western social political thought and governmentality and observable in policies and practices encouraging the segregation of children with learning disabilities in public schools, the recently ended reign of institutionalization<sup>8</sup>, the numerous researches that are being funded to "cure" or prevent disabilities, Canadian immigration policies' health based determination for admission, and the prominent role of eugenics in Western European and North American history. These examples show that the social consequences of objective attitudes are familiar experiences for people who are publically and institutionally recognized with disabilities and have social repercussions as the person is left out of the system

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<sup>8</sup> Institutionalization for persons with cognitive and mental disabilities began in 1879 and recently ended in 2009 in Ontario with the final closures of three institutions including the Huronia Regional Center. It is the forced detainment of persons with mental, intellectual and physical disabilities. This closure was significant in that it marked a political shift in conceptualizing persons with disabilities as well as in considerations about the society's responsibilities for including disabled people. (Radford 2011, p. 1)

of legal protections accorded to non-disabled citizens<sup>9</sup>. These situations demonstrate the prevalence of systematized and individual presumptions that disabled individuals are incapable of interacting in the same social sphere as average citizens. Such are the ways in which socially dominant attitudes about disability creates systematic exclusions of those who fall outside of health norms from engagement in social citizenship formation. Conceptual shifts about moral conduct towards persons with stigmatized identities are not neutral, but are reliant on a system of normative presumptions established by a society's history and reinforced by institutional responses which conditions recognisability of a disclosed identity (Butler 2001 p. 25). Hence, any discourse about self-disclosure must involve not only the discloser, but the disclosee, as well as the socio-political environment where the act, agent, and recipient are situated within.

Although I have established that a shift in conceptualizing the person and attitudes towards the person is involved in the disclosing disabilities, further questions need to be asked pertaining to this shift in attitudes such as, "where does this shift come from?" After all, the person is factually the same as before her disclosure. Based on the notion of existing social hierarchies, I believe that there is indeed a change in the person's social role in terms of her interpersonal relations with the audience's personal identity. As I have previously mentioned, every role comes with its' own set of expectations from others which are grounded firmly in social norms, but I have yet to argue that the authoritative weight of each role is different as well. The power relations between the parties have also changed with the addition of the audiences' recognition of disability. A person's identity within society goes through chronological changes, in which different rights and notions of capacity are assigned to the publically emerging facets of identity which become available for others to interact with. Such as in the change from child to

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<sup>9</sup> Gerard Quinn and Theresia Degener forward a powerful argument in *the Moral Authority for Change: Human Rights Values and the Worldwide process of Disability Reform* that the core values underlying principles of human rights; dignity, autonomy, equality, and solidarity, are often not within the reach of disabled people (2002 p. 14).

adult legal status or more specifically to people who acquired disabilities is the change from being viewed as an autonomous agent to being viewed as a medical subject. This can be observed in the fact that the police have the right to intrude upon one's private establishment and search through one's personal belongings for evidence of madness when the person is reported as such. In this regard, the power shift allows for the person to be legally deprived of crucial rights as a human being such as the capacity to make her own decisions, to have her desires and needs to be taken seriously, and to have a non-restricted place among other citizens (Quinn & Degener 2002).

This brings us to the transformation of the audience's cognition and how this occurs in light of identity disclosures. As Butler discussed in *Giving an Account of Oneself*,

“...my narrative begins *in media res*, when many things have already taken place to make me and my story in language possible. I am always recuperating, reconstructing, even as I produce myself differently in the very act of telling. There is that in me and of me for which I can give no account” (2001 p.27).

This suggests that in making a self-disclosure about one's disability identity, the person must also negotiate with the other on how the person she is interacting with should think of her and behave towards her, as the identity which she recognize herself as. That *identity* which others recognize and interact with may refer to the same thing; however, the *accounts* of her identity are not the same, hence there is a process of reconciliation between these two accounts occurring during self-disclosure as the agent shares her account of herself with the other, whether this is done so consciously or not. This negotiation involves not only the acceptance of said identity for its' role in the individual's overall identity, but also the audience's reality about who

the individual is in relation to herself. After all, the identity that is now “out” did not previously factor into the audience’s concept of the disclosing agent’s identity thus the act of disclosure was a revelation to the audience in that something unknown has been revealed (MacLachlan 2012 p.4). The beliefs that the listener now has about the disclosing individual is still the discloser’s own interpretation of the person in relation to the disclosed content because the discloser lacks the embodied experiences of the disclosure and thus cannot possibly have the same exact understanding of the disclosed information. In that respect, it is a true belief in relation to the listener, but it is not necessarily a true belief on the part of the discloser. Therefore the identity that the audience recognizes is different from the one that the discloser has about herself. Thus self-disclosure does not necessarily mean that one’s identity is necessarily out of the closet, but rather that the other’s concept of what it means for a person to have a disability is imposed upon the disclosing agent (Anspach 1979 p.769). Therefore the work of self-disclosure does not end with exiting the closet of her disability identity, but it continues through the work of negotiating how the other should understand that identity and accord behaviour towards her<sup>10</sup>. This is quite apparent in the common reactions of doubt and skepticism towards those with invisible disabilities who self-disclose.

Although it might seem that in giving an account of one’s personal identity the discloser is always in a position of privileged knowledge over the listener since she is giving an account of her identity as she knows it. However, it is not the case that one fully knows every aspect of herself, as that would rely on the presumption that identities are stable and impervious to situational influence. This is further supported by the fact that denial of identity both happens to the individual in instances where others dismiss or superimpose their understanding of a stated

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<sup>10</sup> MacLachlan and Sreedhar observed a similar observation about self-disclosing for Queer Femmes. (2012 p.9)

identity on the discloser as well as in moments where an individual uses definitions provided by others to deny their own accounts of disability. Although it may be accepted that self-knowledge is different from other's knowledge due to different insights afforded by embodied experiences of disability within a network of socially constructed norms; the agent is often doubted or met with skeptical interrogation about the identity which has been revealed (Olney et Al 2010, p. 45, Jung 2011, p. 276). Rules of normalcy govern social identities such that expectations about how a person ought to be factors into the audiences' recognition and acceptance of the person as someone who deserves a place within that social category. This is true in the case of any stigmatized identities which do not fit the socially recognizable image of that identity. As MacLachlan and Sreedhar observed, coming out requires the audience uptake interpretations about the identity outside of the disclosing agent (2012 p.6), and in the case of a person disclosing invisible disabilities, her account is pitted against socially dominant narratives of disability.

For example, a student with an invisible disability might request that she requires the aid of a recorder during her professor's lectures, however the lecturer may object by citing reasons of unfairness to other students and in doing so, he is rejecting her need to use such accommodations in order to access the same educational opportunities as her classmates. Thus he is treating her as though she has no impairment and inadvertently doubts the authenticity of either her disability identity, or that persons with disabilities require accommodations to have access to fairness within an ableist society. Another example are cases where a person who has disclosed a disability is expected and encouraged to "overcome" her disability which implies that there is a norm which disability excludes her from and that overcoming it will allow her re-entry. In doing so, this demands that the individual be the one to change, rather than the inaccessible



environment and ableist social policies and attitudes, and also highlights the intolerance with which her disability identity is received (Linton 2010).

I believe that the underlying basis for such unreasonable demands is doubt that one's experiences with a disabled identity are different than those of her non-disabled counterparts. Such an attitude, that allows others to make demands on persons with disability identities to change themselves in order to fit in, is denying the reality that the society is based on a blueprint that excludes anyone outside of a very narrow set of norms. Facing such doubts and sceptical attitudes is a situation that persons with invisible stigmatized identities often find themselves in (Sedgwick 1990, Maclachlan 2012, Linton 2010, Wendell 1996, Jung 2011, Olney & al. 2003, Holmes et al. 2011). Responses towards disability that come from the cultural interpretations of disability rather than from the perspective of the disclosing party allow for doubt because there is an unequal dialogue of power involved in these contradicting narratives. An account of a social identity that is mainstreamed within a society has the advantage being believed as uncontested knowledge in that both social policies and attitudes reinforce those beliefs and hold them as the template for conduct towards persons holding that identity.

This doubt is institutionally embedded through the demand that the individual is responsible for the burden of proof regarding a disability. First of all, this proof is not about demonstrating that there are disabling barriers within the society that rejects our impairments, but it is about normalizing the individual's role as a person with disabilities so that it becomes recognizable within institutional policy and practices. For example, the Body Mass Index is a way in which medical authority officiate the types of bodies that are normalized and deemed worthy of access to full social citizenship based on height and age. Judgments based on this scale allow no room for those whose bodies "deviate" from the weight established as normal and

filters into the social concept of an “ideal” person. The judgements about ideal weight and the status of abnormality attached to those who fall outside of that weight allows for judgments about the person’s moral character and habits to be made because the person is labeled as “unwell.” Pervasive in the proclamation of “unwell” is the assumption that the person desires to be returned to the norm or to conform to it. Given the high social status and value of medical authority over a person’s body, combined with the abundance of information, some medically based standards have become a normalized part of interpersonal communication and interaction.

For example, descriptions of women as thin, fat, or “morbidly” obese are commonly found in regular social interactions, yet such descriptions are dependent on a comparison to a body-type which is recognized as the ideal or healthy female body. The mainstreaming of health norms within institutional policies and moral interactions allow for a society to believe itself as having a right to demand that the “unwell,” become well or at the very least spend exhaustive efforts to do so. This can be seen in the numerous weight advertisements, the derogatory comments and “jokes,” and in the way in which the person is perceived by the fat label, rather than by personal identity. This quest for identifying and controlling the “abnormal” bodies is also prevalent in terms of bodily and mental impairments in the form of psychological assessments used in North American judicial systems, IQ testing, Memory Testing, Rehabilitative services, genetic screening, “special” education practices and many more.

I am not saying that medical diagnoses are malicious instruments of social tyranny and that we should do without them, as often times medical descriptions allows for us to give words to talk about a disability. It can also empower by providing ways of controlling one’s own ways of living with disability in an ableist society through acknowledging diverse bodies and highlighting the differences in experiences that come with encountering environments suitable in

dealing with hegemonic person-types. However the fact that medical science is ultimately a social creation is not a point that can be ignored as its version of a disabled identity is created through discriminating the “abnormal” body from “normal” based on the social standards of a largely able-bodied culture. Much of this language that is used is rooted in historical implications of exclusion and deviancy; hence many such concepts are still connected by association to these words available for giving accounts of disability and describing experiences around this identity. When an institution, such as a university or welfare, demands *medical* proof of impairment, the individual’s self-identity, along with her *experiences* in having a disability, are removed from the medicalized account of herself a person with a disability.

This is troubling for many reasons; first of all, the person’s right to autonomy to self-disclose is compromised by the demand that she show detailed proof of her disability for the sake of receiving potentially equalizing services. This deprives her of controlling rights in that she cannot choose who to disclose her identity to, as well as when she wants to disclose it. These situations also place her in a double-bind situation where disclosing her identity subjects her to public and institutional scrutiny, while not disclosing may mean additional difficulties in academic achievements, or hinder her survival which would then be attributed to personal failure as social responsibilities are ignored. Secondly, this practice implies that the only socially acceptable version of disability which has legitimacy in formal institutions is not an account given by the person with disability who is seeking services, but one that is described by the authority of medicine (Wendell 1996). Therefore, distributions of such services are not grounded on needs but on medically informed assumptions about what people under that particular label need. This allows for the creation of a very narrow concept of a disability identity that must be legitimized by a third-party authority, and in doing so subjects those who do not fit into socially

defined notions of disability to skepticism and doubt, publically, socially, and even by the person herself.

### **Final Thoughts on Disclosing Disabled Identities**

In conclusion, self-disclosure of a disability involves more than just the individual; it is a socially relational act, an act to change power dynamics, and a process of negotiating another set of social norms as oneself and others have internalized the label associated with it. A declaration of one's closeted identity is a response to having that single facet of the individual's whole identity face systematic exclusion from social participation as an equal subject. Yet, the assumption that identity disclosure is a matter of individual choice, as well as the notion that changes to a stigmatized identity could easily be rectified by widespread disclosure still persists. This type of assumption is personally damaging because it places the burden of guilt on the individual by insinuating that she is to be blamed for her continual discrimination, which is made possible by the assumption that only the individual can influence choice making. Secondly, in failing to consider reasons for concealing a disability other than shame and self-rejection, the listener is assigning a role to disability identity that scripts it as something that people *ought* to be ashamed of, thus reinforcing myths of dependency, inability, and personal tragedy related to disability.

Refusing to disclose is not always a matter of comfort and acceptance of one's disability identity, but it can also be a keeping control over one's body and mind, or to avoid having another's faulty version of having a disability imposed upon her. For example, there are many people with learning disabilities who choose to pass and not seek accommodations not because they wish to conform, but because the process involved with declaring a disability and getting accommodations is a long process made painful by the hegemony of ableist bureaucracy which

demands proof of our identity, or proof that we cannot, without accommodations, access the same societal participation opportunities (Olney et al. 2003, Jung 2011). The burden of proof is a heavy one that is not without consequences, as it subjects the self-disclosure to verifying processes that are society's way of normalizing disability as the abnormal rather than include persons who identify as such within the society. In doing so, this alienates the individual from her status as a member of her community, whether she was to disclose or not, as long as her identity includes disability. In cases of passing and concealing, the individual is put into the conflicting position of being complacent in denying her disability identity a place in her life and in her community. Furthermore, as I have demonstrated, the proof demanded is often medically situated, which means that control over the account of one's personal identity as a person with a disability is undermined by medically influenced authority rather than by her own authority. As the discloser's identity is not detached from this structure, the constant skepticism and doubt about her experiences as a person with a disability makes way for internalizing doubt of her own identity. In doing so, she is invited to keep that identity closeted on the grounds that it seems to be non-existent to her peers and institutions around her as socially recognized imagery of, and expectations about persons with disabilities that are defined by non-disabled people do not appear to include her. Hence the "freedom" attributed to leaving the closet is an illusory one, due to the ableist social conditions and the prevalence of medical authority. The disability "closet" could more aptly be a fishbowl, because leaving the bowl means entering an environment that is currently as unsuited for the disabled body as land for fish out of the water.

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