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UNPICKING ABLEISM AND DISABLISM IN MUSEUMS

Why access should be for all

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The museum accessibility spectrum proposes that access needs to be considered not as a binary between abled and disabled, but rather as a multistrand spectrum, with each person sitting at different points on the multiple strands. Chapter 1 has given a brief explanation of the reasons why this way of thinking about access will support museums to move towards fully inclusive environments. This shift in approach requires a substantial unpicking of some of the implicit biases that influence current thinking and practice. Through an exploration of the historical origins of both the development of museums and the development of understanding around disability, this chapter highlights ways in which current understanding of both museums and disability are negatively prejudiced by some of the arguments and biases intertwined with colonialism.

This chapter will discuss the assumptions that underpin the 'normative' bias. As with the previous chapter, we consider ableism to refer to the assumption of a privileged nondisabled 'normative' 'in-group'. Linking the origins of this normative bias to Eugenics and an 'ideal', the implicit bias is that this group is white, abled, neurotypical, productive, heterosexual, and patriarchal. We use disablism to refer to the prejudice and biases which disabled communities face (see Withers, 2012). For organisations to become anti-disablist, we argue that it is crucial to at once understand the roots of the implicit and explicit biases that form the core of disablism and challenge the validity of the assumption of ableism. Central to ableism, and museum practice, is the role of sensory information, and in particular, the privileging of vision. In order to unpick the fallacy of the normative museum visitor, it is necessary to examine in detail this privileging of vision. This enables us to consider the roots of ableism and disablism, in the context of museums. Drawing on models of disability that have moved beyond the false binary logic of abled and disabled, we create an argument for why the museum accessibility spectrum can provide an alternative, equitable, and inclusive way of approaching museum access.

Colonialist origins of the sensory prioritisation of the modern museum

Museums around the world are diversifying practices and looking at ways to broaden participation and enhance audience engagement. Nevertheless, exhibitions, and the 'look and learn' paradigm, where visitors move around an exhibition, primarily looking at collections, learning about those collections through text panels, remain core to museum identity and audience experience (Eardley et al., 2022). Both the popularisation of museums and the prioritisation of vision as a mode of experiencing have been intimately related to colonialism (e.g. Edwards, Gosden and Phillips, 2006; Classen and Howes, 2006). In fact, both have classical origins. The word 'museum' is drawn from the ancient Greek concept of the Muses, as the source of inspiration for art, science, and literature. As far back as the Aristotle, it has been argued that the Western cultures value seeing and hearing as the primary senses for the production of rational knowledge (Edwards, Gosden and Phillips, 2006; Classen and Howes, 2006).

Although the origins are classical, the roots of modern museums are more recent. It was in the Renaissance when the activity of collecting is thought to have begun; in the 16th and 17th centuries, museums became more strongly associated with cataloguing and learning from those collections (Findlen, 1989). Then, the Enlightenment, in the 17th and 18th centuries, saw the rise of empiricism, which argued that all ideas come from experience. This saw the growth and veneration of scientific enquiry, which was underpinned by a prioritisation of vision (Hutmacher, 2019). Observation (which was driven by an assumption of neutrality) replaced witnessing (which was based on an individuals' first-hand perspective). At the same time, literacy and the power of the printed word, as a means of communication and learning, grew (see Garland-Thomson, 2009).

This is intimately entwined with colonialism, which, it has been argued, placed a huge emphasis on material things (e.g., Edwards, 2001). Objects became property or possession. Within the scientific paradigm, they also become evidence, to be documented, described, and explored. Collections had to be collected from somewhere. Sometimes with, sometimes without permission, wealthy explorers/colonisers acquired objects, raw materials, artefacts, foodstuffs, documents, bodies, and body parts (see Edwards, Gosden and Phillips, 2006). Classen and Howes (2006) argue that the rise in collection and preservation practices was used as an excuse or justification for taking. This practice was strongest with when imperialist and colonial practices were at their peak during the nineteenth and early 20th centuries. 'Subject' nations were viewed as 'inferior' to Western ones. Acquisition of artefacts and relics was seen as the rightful patrimony of the West, a view which gained false legitimacy through the prioritisation based on the focus on preservation and display in the Western countries to which it was taken (Said, 1994). The narratives and purpose surrounding an object became irrelevant, because these were devalued (along with the cultures they came from).

The shift from private collections to a more public visitation of collections occurred through the 18th century. Museums had been previously open to an elite public – wealthy explorers and collectors, whose experiences of collections were often through hands-on engagement (Candlin, 2006). It was in the 19th century when the modern museum really began to emerge, with the emphasis on visual experience. This period saw the growth of the national museum, with its cases of objects and artefacts available for visual inspection only, and now open to the general public. The exhibition of collections particularly enabled colonial powers to emphasise and advertise their power and authority, and indeed their ownership of the world through the materials that had been accumulated from the colonised countries (Macdonald, 2006).

This 'broadening participation' was also underpinned by a belief that museums as institutions, and the curated contents that they contained, could be used as a tool for social management, to civilise the masses (Bennett, 1995). These museums were intentionally established with a strict set of behavioural rules. This was intended to provide the populace with the resources to become self-educated, and the contexts that would support them to learn to self-regulate their behaviour (Bennett, 1995). Classen and Howes (2006: 208) argue that museum visitors 'were expected to become as close to pure spectators as possible: not to touch, not to eat, not to speak loudly, or in any way to assert an intrusive multisensorial presence'. The hierarchy of sensory experience was reinforced through museums: displaying these objects in glass cases, available for visual inspection and out of context of their cultural meaning, was intended to reinforce Western ideals and superiority. Researchers have problematised the colonial and modernist empowerment of visual inspection as an experience (Edwards, Gosden and Phillips, 2006). Drawing on the writings of travellers and explorers at the time, Classen and Howes (2006) argue that Europeans used the senses to reinforce Western superiority, by presenting non-Westerners as much more sensuous than themselves. However, the sensory experiences they were applying to non-Westerners were the so-called lower senses of touch, taste, and smell. The potency of Aristotle's thinking can be seen by the fact that his notion of humans having five senses is so powerful it is broadly considered a universal truth, despite the fact that it is incorrect (see Jarrett, 2014; Macpherson, 2011). Similarly, the existence of a sensory hierarchy has also been dismissed (Mesulam, 1998). Nevertheless, legacy of this sensory hierarchy continues to dominate museum practice.

Colonial ableism, Eugenics, and the medical model of disability

Bennett (1995) argues that to 'civilise' the masses, public museums were intended to be open to all. However, he goes on to highlight the limits to that conception of all: in order to create an environment to model behaviour on, only those who complied with the physical and behavioural ideals were permitted to attend. Anyone outside this idealised and civilised blueprint of the population was excluded

(Bennett, 1995). To understand the relationship of museums (and society more broadly) to disability, we need to consider some of the thinking and behaviours that are implicit in many societal attitudes towards disability around the world. Prejudice against disabled people is centuries old. In many cultures, for many years, disability was seen as an act of God, where disability represented a punishment or a curse for the wrongdoings of the individual or their family, in the present life, or in a past life (Retief and Letšosa, 2018). Although this still persists in some societies, the binary distinction between normative and nonnormative bodies was heightened with the trafficking of slaves, in which a stronger 'able' body became monetised and fetched a greater financial value. This created an 'ideal' colonised body (Grech, 2015). At the same time, disabled people were often confined and isolated from their communities through missionaries, which combined the model of disability as an act of God with the charity model of disability to reposition disability as pathology, disease, weakness, and vulnerability (Grech, 2015). The power of the concept of the 'optimal' human body was magnified by Eugenics theory (first published in 1865, but first named Eugenics in 1883 – see Withers, 2012). The 'deficiencies' of disabled people were seen as a threat to the 'pure race' that should not only be segregated from the essentially 'normal' and 'ideal' but also which should be eradicated. This led to the practice of genetic eradication and even the systematic murder of disabled people as part of the eugenics movement of the early 20th century (Smith, 2009).

Eugenics created a dichotomy between genetic superiority and inferiority, who was 'fit' and who was 'unfit'. Withers (2012: 3) argues that the theory of Eugenics proposed by Galton was the first modern classification of disability, where the concept 'unfit' was all groups of people who were considered to have genetically and socially undesirable traits. This included all those who today would identify as disabled, neurodivergent, deaf, a person of colour, LBGTQAI+, and poor or working class (Davis, 2002). In other words, Eugenics implied a scientific justification for the categorisation of an idealised subset of humans within the dominant 'in' group, with all other groups being 'othered' for being impaired, deviant, or deficient or underserving (Withers, 2012).

This binary relationship was reinforced by the medical model of disability, which also emerged towards the end of the 19th century. The medical model conceptualises disability as a functional limitation, a lack, an impairment, an abnormality, an 'absence' of ableness. It reinforces the othering of Eugenics, by seeking to fix or solve or eliminate the impairment or deficiency within an individual: to make people who are 'unfit', 'fit'. In the medical model, it is assumed that any inability or difficulty that is experienced in daily life is a result of this deficiency or disorder (Barnes, Mercer and Shakespeare, 1999; Gill, 1999; Reich et al., 2010; Reich, 2014). Disability is defined based on medical diagnosis, traditionally based on the opinion of a nondisabled medic. The development of the medical model of disability has been linked to developments in medical practice in the late 19th century, which saw medics start aiming to 'fix' disability (Clapton and Fitzgerald,

1997). Once identified or diagnosed, that disability is within you, as an individual, unless there are advances in medicine which are able to reverse that disability.

The validity of Eugenics as a scientific model was rejected after the horrors of the Nazi regime in Word War 2. However, the impact of the theory has arguably been more long-lasting, in particular, in relation to the notion of this assumed 'fit' (elite) group, and the othering of all groups. The medical model of disability has also persisted, in terms of both the impact of the medical model's positioning of disability being a factor of an individual and the assumption of a binary split between 'abled' and disabled.

Within museum practice, permanent and temporary exhibitions are generally created for an assumed 'abled' majority. Additional (often limited) special provision is then created for those who are not within that assumed normative majority. These will often be presented in specialist tours or upon request. This approach is based on the medical model: we don't look to fix the limitations of the broader provision, because it is assumed that that is not the problem. The problem that museum 'access' is seeking to fix, or address, concerns those groups of people who seemingly require something different to the assumed majority.

Disability as a product of society

In the 1970s, critical disability studies theorists and activists began to challenge the medical model. They argued that full participation within society is made impossible not by any impairment (lack/disorder/deficiency/illness), but by the structures and systems within society which exclude people. In other words, disability is created by societies and arises from discriminatory policies and practices (Reich et al., 2010). For example, a wheelchair user is not disabled because they cannot walk, they are disabled because society, through the use of things like stairs or steps, has imposed limits on the physical access that wheelchair users have to spaces and structures. Anything that a wheelchair user cannot do is therefore as a result of limitations within society. This has been labelled the social model of disability. Oliver (2009) explicitly distinguished between impairment, which was a medically defined reduction in ability in one area, and disability, which is the product of an unaccommodating society. He argues that the focus on impairment encouraged the ableist bias within society. Key to this is the belief that if disability is an individual tragedy (as it is within the medical model), then society is not able to or therefore responsible for rectifying this disability. However, if disability is a product of the failures of society (as it is within the social model), then there is a responsibility and a requirement to rectify those inequalities.

Subsequent critiques of the social model of disability have argued that the complete rejection of impairment risks negating the experiences of people with symptoms such as chronic pain, which are not reduced or mitigated by inclusive systems or structures within society (see Hogan, 2019). These critics call for a more holistic, embodied approach to disability that takes account of both individual lived

experience and the societal contexts in which they operate. It should also be noted that, although the social model of disability, which originated in the UK, has had a significant impact on re-framing disability worldwide, Withers (2012) suggests that the disability rights movements in Canada and the United States are more driven by a civil rights focus. Based on their experience, Withers argues that these North American organisations: 'do not work for a rebuilding of socio-economic systems, only for them to be re-written, editing in disabled people as the main characters' (2012: 88). Nevertheless, despite some of the issues with the social model, Withers (2012) argues it is more radical than the civil rights focus, because it moves responsibility for disability from the individual to society. Criticisms of the social model do not negate the role of societal structures and processes in creating disability, nor that these structures and practices in society can (and should) change, such that society is no longer disabling the ways in which its members can participate. Within the context of museums, the social model of disability argues that any lack of access is a failure on the part of the museum, which it is the museum's responsibility to resolve.

New museology and museums as agents of social change

The development of a mandate to create inclusive and accessible museums is part of a larger shift in the museum sector: 'The last century of self-examination – reinventing the museum – symbolises the general movement of dismantling the museum as an ivory tower of exclusivity and toward the construction of a more socially responsive cultural institution in service to the public' (Anderson, 2004: 1). These shifts in museum practice have been motivated by two related but separate movements. The first was the new museology (Lumley, 1988; Vergo, 1989). This conceptual framework transformed the core purpose from collecting and storing, to one centring on audiences, with a focus on entertaining and engaging in a way that was more inclusive, and would maintain relevance to contemporary society and would continue to shape our knowledge (Hooper-Greenhill, 2000). Developing out of this was a second, more radical call for museums to become agents of social change (Sandell, 1998). Sandell (1998, 2007) advocated for museums to own and embrace their political roles and social responsibilities in the face of the ongoing changes in society, in part by helping society to achieve social justice and human rights for marginalised communities. The pressures for museums to take a much stronger role as active agents in the betterment of society have been taken up by governments and funders, such that social responsibility, social inclusion, well-being, and social change have become embedded in funding priorities (Mendoza, 2017; DCMS, 2020).

However, while 'new museology' has sought to create more equitable access and representation, the success of the endeavour has been challenged (Janes, 2009). McCall and Gray (2014) argue that although 'new museology' has provided

a useful conceptual framework for museum practitioners to operate within, the application within museums has been sporadic, and it has not transformed museum practice in ways that are likely to achieve the many expectations of the museum as an agent of social change (DCMS, 2020). Research in the UK has suggested that there has also been little shift in the way the general public view museums as a result of the 'new museology' (Think Britain, 2013). Within the audience sample, it was shown that attachment to history had grown, but perception of the essential purpose of a museum has remained traditional: care and preservation of heritage; holding collections and mounting displays; creating knowledge for, and about, society (in the form of public education) (Think Britain, 2013). Furthermore, the research participants did not believe that the role of museums was to foster a sense of community, except potentially in small communities that are under threat of dissolution. They also did not think that museums should aim to provide a forum for debate, nor promote social justice and human rights (Think Britain, 2013). In other words, the public's views about the purpose of a museum not only remain traditional, it conflicts with the goals of many museum professionals and museum funders. This is the fundamental paradox of museums as agents of social change: museums can only become agents of social change if they are engaged with all communities within those societies. If communities, large numbers of individuals or governments/funders do not consider museums to be relevant to them, or if they do not consider them to be places that they wish to engage with, then the societal mission of museums cannot succeed.

Radical model of disability

The impasse between the goals of museums around access and inclusion and the reality of the ways in which audiences understand museums requires a radical re-thinking of how we are understanding the problem. There are binary splits between abled/disabled; those who go to museums/those who do not go to museums; core audiences/non-core audiences. These binary splits not only create an othering, but they also both deny the fluidity that can exist between groups and the ways in which our different identities intersect.

The radical model of disability (Withers, 2012) provides an important non-binary framework for understanding disability and has some important transferable implications or considerations for museum practice. It challenges what it describes as a 'false binary' in a number of key ways. Firstly, differently from the social model, the radical model does not accept that there is a biological reality that creates impairment. That isn't to say that there is no physical, cognitive, emotional, or other dimensional reality to disability. The challenge is to the term 'impairment', which implies a diminishment or loss of functional ability. The model argues that while the binary split between disability and impairment shifted the blame for disability from the individual to society, this split nevertheless perpetuates the biased belief that there is something wrong with disabled people: 'Radical disability politics is

grounded in the belief that the systems that oppress us, not us, are fundamentally flawed'. (Withers, 2012: 6).

The model also deconstructs the classification of both disabled and nondisabled in two key ways. Firstly, the model challenges who can and can't call themselves disabled. Withers (2012) questions the medically defined identification of biological impairment as the sole basis for defining membership of disabled or nondisabled categories. Withers (2012) argued that in reality, 'disabled is in constant flux' (p. 7). Withers (2012) makes the point that if people are not permitted to self-identify as disabled, it risks legitimising the medical model as the primary source of identifying 'fit' and 'unfit'. It also denies the importance and fluidity of lived experience, and the fact that some people might pass in or out of the disabled category through their lifetimes. One of the key concepts of the radical model is that determining who is and who isn't disabled has been a political act and not a biological one, which serves to marginalise and disempower certain groups.

Secondly, in questioning the validity of a binary split between disabled and nondisabled, the radical model challenges the arbitrary definition and assumption of normativity. When we think of a binary split, we are generally assuming that the two categories of difference include all members of a population – so, disabled, on the one hand, and everyone else, on the other. However, Withers (2012) argues that in Western cultures, although the definitions of disabled have changed over the past 150 years, the binary opposite to disability has remained the 'ideal': '…white, straight, productive, profitable and patriarchal' (Withers, 2012: 6). Withers uses 'ideal', the medical model uses 'fit'. We would argue that 'abled' or any other word which dichotomises the relationship between disabled people and nondisabled people can be substituted. This argument aligns with what Rosemary Garland-Thomson called 'Eugenics logic', where the systemic and societal biases in Western cultures continue to prioritise, privilege, and empower as 'normative'. If we explicitly reject the (false) binary between disabled and nondisabled, it enables us to both embrace the reality of intersectionality (Withers, 2012), and address the oppressions that can result from intersectionality. Withers (2012: 108) argues:

> …one cannot choose to fight only disablism, as most disabled people experience more than one form of marginalization and, therefore, more than one form of oppression. This is why poverty, sexism, heterosexism/homophobia, transphobia, racism and agism must be fought in tandem.

The importance of taking an intersectional approach underpins the final key principle of the radical model of disability, that: '…accessibility cannot be addressed universally, rather it must be approached holistically' (Withers, 2012: 99). A universal approach arguably implies there are single solutions that would work for all members of society. It also risks erasing the value of difference. This does raise the question, what does a holistic approach look like? In the context of museum practice, in our experience, museums are not assuming that universal design will

provide solutions that will solve all access issues. However, museums, and society more broadly, have been dominated by binary thinking of 'abled' and 'disabled'. In most cases, the museum sector designs for the assumed 'abled' majority, and then adds additional provisions for individual groups after the core design has been completed. This can include access provisions, but it can also include programmes or activities for groups who do not standardly attend museums. In addition to the problems outlined above, the reality is that this is costly and ineffective if the goal is access and inclusion for all. With the museum accessibility spectrum, we argue that the starting point in moving away from binary thinking towards intersectional thinking is an implementation of anti-exclusive design – design that takes into account at the inception the needs of multiple groups. In other words, anti-exclusive design focuses on multiplicities and embraces difference, rather than seeking any single perfect solution.

A holistic approach to museum access

Implicit in current dialogues around broadening participation and enhancing access and inclusion in the museum sector is an assumption of a core audience or visitor type who simply needs to attend the museum and engage with collections to access content. This sits within the binary logic, whether they are labelled abled and disabled, visitors and non-visitors, or core museum audience and everyone else. Drawing on research underpinned by psychology, the museum accessibility spectrum rejects this assumption.

We have already established that the core museum experience, the exhibition, has grown out of the privileging of vision as the optimum sense for observation and rational thinking. Implicit in this practice has been not only the ableist assumption that audiences are sighted, but also that the sighted visitor automatically knows what to do with that vision. Vision is standardly required to extract understanding from the museum experience. The rise of new museology has seen an expansion of multisensory museum experiences incorporating touch, sound, and sometimes smell (e.g. Levent and Pascual-Leone, 2014). However, even where there are interactives or interpretation that draw on other senses, vision is almost always required to make sense of the experience. A further assumption is that the sighted visitor is also literate.

In order to change museum practice, it is necessary to unpick and dissolve the biased belief that sight confers an automatic ability to interpret and appreciate a museum experience. We can do this by considering the behaviour of sighted people within a museum environment (see also Eardley et al., 2024). Seminal work by Serrell (1997) on the way in which typically sighted visitors pay attention in a museum (years) has shown that the majority of museum visitors are 'non-diligent': they don't visit the majority of an exhibition, and the amount of time spent on average is a mere 20 minutes. This assertion of non-diligence is supported by the fact that the median amount of time visitors spend paying attention to a single

collection item (when they do stop) is only 20 seconds (Smith, Smith and Tinio, 2017). Given what a small amount of time this is, it is it unsurprising that people's memories for museum visits include very little information about objects or artworks (Hutchinson, Loveday and Eardley, 2020).

We would argue that it is not that people do not want to take the time to have a potentially deeper and more memorable engagement with artworks, but rather that they simply do not know what to do with their (visual) attention. Research using eye tracking shows that the patterns of looking at artworks differ depending on the level of expertise of the viewer (Pihko et al., 2011; Koide et al., 2015). Novices are open to guidance about how to look: without being directed to, adult museum audiences will change their patterns of looking after listening to a traditional audio guide (Walker et al., 2017). Standard audio guides may refer to aspects of the physical nature of a collection item, but they are not designed as a tool for guiding attention. They will generally provide background information or additional interpretation to the collection item. However, when you ask sighted audiences to listen to an audio descriptive guide (verbal description), which can provide an opportunity for guiding visual attention around a collection item (guided looking), memory for the collection is enhanced (compared to a standard audio guide or no audio interpretation) (Hutchinson and Eardley, 2021). It is important to consider that the participants in these studies, who seemingly struggle to know how to engage with museum collections using vision alone, are mostly gathered from the members of the public who do actually make the effort to go to a museum. In the majority of countries around the world, the majority of the population do not attend museums at all (e.g. Mendoza, 2017), and the majority of those people are sighted. If museums were accessible with vision alone, we would expect different patterns of behaviour in museums, and stronger global participation. Taken together, this suggests the many museum visitors who are assumed to be able to access museums are struggling. If the implicit assumptions around the 'normative' museum experience are incorrect, it raises an important question about what we replace this with. If museums are no longer designing principally for this 'normative' audience, how do they communicate with audiences?

Disability gain

We have discussed the shift that is required to break the cycle of false binary thinking, but if the emphasis is on society, and therefore museums, to change in practice, the question becomes, how? Access provision is necessary when the ways of living, being or acting of the dominant culture prevent full participation for all. It is like a supplementary add-on to the core function of the system (in this case the museum), which provides a way to create alternative entry points for different groups. However, in so doing, it fails to question the effectiveness of the ways of living, being or acting of the dominant culture (or group). Traditionally, the 'dominant' group in museums has been a small majority of society. Crip Theory disrupts

and subverts the dominant implicit assumptions that position 'able' as normative and 'disabled' as other within a framework of impairment (Sandahl, 2003), and the theory seeks to highlight non-normativity as exposing alternative ways of living and being in the world (Thorneycroft and Asquith, 2021).

Deafness Gain is a term attributed to Aaron Williamson, a deaf performance artist, used within a presentation in which he wondered why his physician had informed him he had hearing loss, instead of telling him that he had deafness gain (Bauman and Murray, 2009). Deafness Gain represents a re-framing of deafness as a strength and a diversity which has the power to contribute to the greater human good (Bauman and Murray, 2014). It has strong links with the development of disability identity and counter-eugenic logic (Garland-Thomson, 2012). Laying out this counter-eugenic logic, Garland-Thomson (2012) identifies the core place of disability in human existence, and the ways in which disability enriches humanity.

Blindness Gain (Thompson, 2017) takes this further through the explicit recognition that the insights gained from different ways of experiencing can enhance the experience of all. Within the theory of Blindness Gain (a name which stands in direct contrast to the ableist conception of sight loss), Thompson (2017) states that it is based on three principles. The first is that blind and partially blind people benefit from access to multisensory ways of being that celebrate inventiveness, imagination, and creativity. The second is that non-visual living is an art, and the third is that workarounds and accessible approaches developed by and for blind people can benefit non-blind people. In other words, gaining blindness provides access to a richer sensory experience, and that provides opportunities for inventiveness and imagination that are not available when experience is dominated by vision. This is strongly linked to the assertion that the ways of living associated with disability should be considered an art. Intertwined with blind identity, it takes ownership and celebrates the ways of living associated with blindness, and in so doing, it denies the 'otherness' of access provision which is often a tack-on or an attempt to substitute or compensate for a lack of sight. Finally, and perhaps, most importantly for this book is Thompson's (2017) statement that work-around and accessible approaches developed by and for blind people can benefit non-blind people.

Within museum practice, work on audio description (AD – known as verbal or visual description in the US) has been applying the principles of the accessibility spectrum's anti-exclusive design approach to develop inclusive museum AD. AD practice was developed as a way in which sighted people could provide access to visual information for blind and partially blind audiences through verbal description. As with the majority of access provisions, AD has been presumed to benefit a niche blind audience. However, research has shown that it can benefit both blind and sighted museum audiences, and crucially, is enjoyed just as well by both groups (e.g. Hutchinson and Eardley, 2021, 2023; Chottin and Thompson, 2021). The key challenge to traditional AD practice has come from recent work, drawing on the principles of Blindness Gain, which has begun to challenge the

ableist assumption that vision should be necessary to produce AD (Chottin and Thompson, 2021; Eardley et al., 2022; Eardley et al., 2024).

This privileging of the visual experience in AD has been driven, in part, by the flawed assumption that vision can provide an 'objective' experience of museum collections, which can be described for the benefit of a blind or partially blind audience (see Eardley et al., 2024). Research from psychology and neuroscience suggests that while there are similarities in our perceptual experiences, there are significant differences in the way in which we experience sensory information (see Eardley et al., 2024). We already know there are differences in the way in which we focus our attention. If our experiences of artworks and museum collections are subjective, and influenced by our own particular lived experiences, then we should acknowledge and embrace those subjectivities. Drawing on the principles of Blindness Gain, we also need to acknowledge that blind and partially blind people will have their own experiences of museum collections, and that these experiences have the potential to be as interesting or more interesting than the experiences of fully sighted people.

Underpinned by this intersectional approach, the W-ICAD model (Workshop for Inclusive Co-created Audio Description, Eardley et al., 2024) has provided museums with a tool to co-create AD, developed by blind, partially blind, and sighted people, for blind, partially blind, and sighted audiences. This model provides one way in which museums can begin to re-imagine museum interpretation in an anti-exclusive way. It also provides an important example of a way of democratising museum interpretation by embracing different perspectives that offer an alternative interpretative experience to the one provided by the curatorial voice.

Conclusion

In this chapter, we have sought to highlight the problematic underpinning of the abled/disabled binary split in both societal thinking and more directly in museum practice. We have unpicked the prioritisation of vision within the museum sector and have used this to dismantle the concept of a normative/ideal/abled museum visitor. By designing for this assumed normative majority, in reality, museums have been designing for a fictional minority. We have argued that all people sit in different places on the different dimensions of the museum accessibility spectrum. This spectrum acknowledges that our identities are multiple and they intersect with each other.

We have considered Disability Gain as one starting point for re-thinking museum practice in an anti-exclusive way. We are imagining an approach to Disability Gain that expands out the three key points of Blindness Gain, described by Thompson (2017), across all disabilities, neurodiversity's and deafness. The subsequent chapters of this book begin by exploring Disability Gain, with the next section exploring social and cultural inclusion. This is followed by an exploration

of ways in which an inclusive approach can support the development of museums as agents of social change.

This introduction to the theoretical underpinning of the museum accessibility spectrum has predominantly focused on the way in which museum practice and models of disability have developed in Europe and North America. The museum sector is global, and the origins and development of thinking in relation to both museum practice and disability are different around the world. Although social and cultural contexts are different in different regions and countries, the reality is that in all countries there are groups of people who remain marginalised. There are also not yet any museums around the world that speak to or for all members of their communities. Nevertheless, there are also museum professionals around the world who are working to transform their practice, their museums, their communities, so that museums can become inclusive for all.

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