

This conversation will have speech-to-text transcription by STAGETEXT. There is reserved seating if you need it, but please sit where you can see the screen clearly. ...

SAM ALBERTI: Welcome, everybody, to the Hunterian Museum.

My name is Sam Alberti, I work here at the museum and today I'm looking forward to being in conversation with Ju Gosling, artist, who has been working with us here.

I'll run through some housekeeping, and then invite suggestions as to how our various technologies are working, and then move on from there, this is a very informal event, so we welcome your input now, during and after.

On some housekeeping, I'm delighted to welcome speech-to-text here, and thank Deepa and Claire for their help. Does everyone who needs clear sight of that have clear sight of that?

Now our loop isn't working as effectively as we'd hoped, in that it doesn't seem to be working effectively at all. Are there any loop users who will be able to access this, is that going to be okay?

There's a water fountain in the corner, it's a relatively airless room, but there's a water fountain in the corner and I understand those of you who may be new to the museum, it does take a little bit of getting used to. We figure if we don't get a couple of fainters a month, we're not doing our job correctly! And events like this are wonderful, because we welcome new visitors to the museum but perhaps we might have warned you about the content of what you need to walk through on the way.

Julie is documenting this, on Ju's behalf. Julie was hoping to take some flash photography, unless anybody is - has a problem with that?

So some flash photography at the end, to warn you at this stage. You should have found on your chairs a small card, relating to speech-to-text, if everyone, front and back, would care to pop this at the end either in the green useful box, or in the red not useful box, we'd appreciate that.

Was there anything else I needed to do, in terms of housekeeping?

I should introduce you to this room, the Hunterian Museum is based on the collection of John Hunter, who was a 18th century surgeon anatomist. In this room, what you can see is a later collection, the odontological collection, which is collected by dentists for comparative study of skulls and teeth and we're still using this today in research, and this is just the tip of the iceberg. There are around 11,000 specimens in this collection, and - specimens in this collection, we use them a great deal, in handling events as well. So if you're interested, do come back and have a look in some more detail.

Overlooking us as well is Henry, who isn't real, I'm pointing at the skeleton over there, Henry is a very accurate representation of a skeleton. So he'll be looking over our conversation today.

However, what we're here to talk about is an exhibition called Abnormal, towards a Scientific Model of Disability, which is the work of Ju Gosling, I'm very pleased to be in conversation with her today.

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This work was based on a residency at the National Institute of Medical Research, which we'll come back to, and has travelled through - we are its ninth venue, I believe?

JU GOSLING: Yes, I still haven't actually worked out whether it's ninth or tenth. But the climax of the tour anyway.

SAM ALBERTI: Ju reassures me that we are her favourite site, but I bet she says that to all the venues!

And today what I'd like to do with Ju is to explore this work, in conversation, principally between Ju and myself, with the pieces shown on the screen behind us, and these are the pieces that are mostly up in the gallery just the next level up, but some are elsewhere in the museum and we'll come back to that.

It will principally be a discussion, as I say, between Ju and myself, but we'd welcome any questions towards the end, but during as well, if you have anything, just wave your arm and I'll seek to include you.

Is that the event that everyone turned up to attend? Well, that's great. In which case, I'd like to kick off our conversation, Ju -

JU GOSLING: Shall we just check, is the PA loud enough for everybody?

SAM ALBERTI: Excellent. Ju, the project Abnormal, how did it come about?

JU GOSLING: Well, I think we were talking about this last week, and I can actually date it back to receiving an invitation from an organisation called the Arts Catalyst, to do a week course for artists at Guy's Medical School.

It was a very unusual course, because it was a bioscience course, very sort of hands on, how to extract DNA from saliva, how to do all sorts of things that I've probably forgotten about now, and it was a course that was developed by again a very unusual laboratory in Australia, run by the university of Western Australia, called Symbiotica, which brings together artists and scientists but particularly works with artists to develop work around science.

I think I said, when the Arts Catalyst invited me, well, I'm not really - I'm interested in the way that we as a society view science, the cultural reception of science, I'm not really interested in science per se, but they said oh no, that's marvellous, and I said, I think I probably will be quite critical, because I'm coming from a disability arts perspective, and they said, that's great, we used to have a disabled person, but they died, so that's marvellous.

So that was a very interesting week, and on the very last day, we went for a visit to the National Institute of Medical Research and the then curator was also part of the group, Simon Gould. So I think by the end of that week, Simon and I had talked about the possibility of my applying to become an artist in residence - are we okay there?

SAM ALBERTI: Yes.

JU GOSLING: So then we had a whole series of meetings, and at that point, rather than - the Wellcome Trust operated something called the sky art fund, the science art fund, and the point of the Sci-Art fund was to bring together artists with named scientists. Simon, I think, was invaluable to the whole project, because he had a very, very good knowledge of what all 700 scientists at the national institute were doing, and who would be interested in having a dialogue with me.

He introduced me to Dr Malcolm Logan, whose lab - Logan whose lab appears in the piece 147, and Evelyn, who was very unusual as a medical research scientist, because she was also qualified as a doctor. So that was a particularly interesting conversation. And eventually, we put in an application which was successful to the Wellcome Trust, for me to spend 18 months at the Institute part-time, looking at how - how we define normal. And how we as a society use these concepts of normal to look at disabled people and to construct a world around disability, but the other thing that I wanted to look at was whether there was a scientific model of disability that was distinct from the medical model of disability, because I think - is it worth talking about Helping the Handicapped at this point?

Now this is actually a print version of a website that I was commissioned to make in 2003. And 2003 was European year of disabled people, but the city of Graz in Austria, who commissioned this, were also European Capital of Culture, and there was a discourse, I think, in Britain around, oh, European, Europe, disabled people, the Europeans don't understand what we as disabled people mean by the Social Model of Disability, and I thought, well, why should they? It's an American kind of theory, it's been developed for the UK, but it's never really been developed in Europe.

What I wanted to do was come up with something very, very simple that could be easily translated into different languages, so this started off in English and German, but has been translated into other languages since.

That just looked at the theory behind the disability arts movement, but when I look back at that, several years later, having done the Arts Catalyst course, I thought, well, I'm not really talking here - I mean, it's too small, but if I just read, and describe it, it says at the top "I want to help the handicapped, according to the Medical Model of Disability", and you've got somebody who at the time I thought was - was what I thought a doctor did, because I didn't realise at that point that doctors don't do medical research, and with exceptions like Evelyn, medical researchers aren't doctors, so it says:

"I invent and administer tests to classify disabled people according to what I think are their impairments. Then I carry out experiments to try to make them more like me. If I fail, I try to identify and kill them before they are born."

Now there's a lot of stuff going on there, but it's actually more about science than it is about medicine, and I think that's when it occurred to me that perhaps some of the confusion we as disabled people have around the medical model is there was actually all this science - you know, science was in there too and we hadn't been able to separate it.

So Wellcome very generously agreed that I could spend time thinking about whether this was true, and if I came to the conclusion that there wasn't a separate scientific model, that was fine, and I

didn't actually have to produce any work at the end of it, but I think it was always inevitable for me that I would do, and thus the exhibition came about.

FLOOR: Can I interject here, can I ask a question? Who wrote it? Who wrote all this?

JU GOSLING: I wrote this.

FLOOR: Oh right.

SAM ALBERTI: That's one thing I'd like to come back to, the difference between the scientific and the Medical Model of Disability. Can you just unpick that in very clear terms?

JU GOSLING: That's a challenge, isn't it!

Well, the Medical Model of Disability is, I think, the sort of overarching theory that disabled people have come up with over the last 30 years, to sort of look at the way in which disability is seen as an individual's medical problem and therefore only a doctor can cure it. So the very simple example we often give as a disabled people's movement is that if I arrive at a building and there's a big flight of stairs and there's no lift, under the Medical Model of Disability, it would be my problem that I can't get in, it would be my defective body, and therefore the only people who could deal with that are doctors, who could cure my defective body and then I would be able to climb the stairs.

Whereas with the Social Model of Disability, we would say, well, as soon as you put a lift or ramp in or you have level access, then I can get into the building, so the problem is not about me and my body, the problem is with society, and the person who is going to be able to sort that out is all of us, it's not about doctors.

Now with a scientific Model of Disability, I think I've looked at the way that particularly within the media, we're so encouraged and absolutely have been encouraged particularly since the Second World War to think that science is going to have this ability to cure, and it's going to happen very, very soon, and indeed, you know, there's been numerous programmes and newspaper reports and magazine articles over the last few years that very soon we're going to understand the secret of life, we're all going to be able to be immortal. And therefore, you don't really have to bother about disability, because science is going to cure us. And it's really a temporary problem, so why would you spend the money on a ramp, why would you bother to put a lift into an old building, if we're all soon going to be immortal, you simply don't need it.

SAM ALBERTI: How has it been - as I understand it, we've been your most overtly biomedical museum that you've worked with. How has it been working with us, as the Royal College of Surgeons, how has that worked?

JU GOSLING: Well, it's been very interesting. I really ought to ask you that actually, because I think it's probably kind of more of a culture shock for the museum than it is for me.

I mean, I've very much enjoyed it. I hadn't - I think I hadn't myself realised until I first visited the museum, which was after the exhibition had been agreed, just what a focus there is on body parts. And I think that's certainly been challenging for some of the people working with me, because when

I first came in, I hadn't warned my PA because I didn't know, and the PA looked at all of these beautiful sparkling jars and then realises what's in them, and almost passed out, which was unfortunate.

I'm just wondering, can everybody who's just come in see, because there's another seat at the front.

FLOOR: Thank you. We were in the museum and they announced that the lecture was starting.

JU GOSLING: Can everybody else see?

SAM ALBERTI: How's that for everyone?

JU GOSLING: So where were we?

FLOOR: Can I ask a question? You talk about scientific model and social model but which society are you referring to? Particularly different societies have different interpretation of different disabilities.

JU GOSLING: Do you want to repeat that so people can hear the question?

SAM ALBERTI: An excellent question, referring to the kind of cultural specificity of the Social Model of Disability, expertly unpicking that this is referring to a very particular society.

Ju, you've already made reference to the difference between perhaps Anglophone critical understanding of disability and other European understandings in your experience in Austria, so the question I take it to be: which society are you speaking about with the Social Model of Disability?

JU GOSLING: Well, I think the first thing to say is as with any theory, and I certainly didn't invent the social model, the medical model or any of these other theories, I've - and I call this towards a scientific model, because I don't think one person can make theory anyway.

I would say - in my experience working across the world, I would say that what we're referring to as Western society, as it's termed, which of course includes places like Australia and New Zealand, which have got very similar cultures, I don't think that any of this very kind of Western centric theory and indeed just the way we experience life applies to developing countries, and I don't know enough about cultures, you know, in other parts of the world, to be able to comment.

So where I'm able to actually write about the theory, then I'm quite specific that it's a Western - but like I say, it's also wildly generalised, like any theory has to be. Does that help?

FLOOR: Yes, but what you're doing, you're putting the general aspect to a specific aspect, you're talking about disability like ... can be entirely different from Western Europe, so a different mindset altogether.

I think you have to be careful what you're talking about, the social aspect of disability.

SAM ALBERTI: I missed one part in the middle there. At the end of your first sentence. Sorry.

FLOOR: I think you have to be careful, when you're talking about the social disability.

You're referring to Western Europe, for example, which is much more humane, and to other countries in the world, which could have a different view of disability altogether, like in India, for example, or in Africa, the view would be entirely different.

JU GOSLING: Yes, that's why, like I say, this is very much about Western society.

SAM ALBERTI: And we're looking specifically at the role of the biomedical establishment is very particular to different cultures, there's a great many similarities across Anglophone cultures, I think. A question behind you?

FLOOR: And yet I was very taken when I came back from Latin America how in England, the United Nations directive is not yet quite digested or applied.

Which is that in Latin America now, you would never call someone a disabled person, you would call someone a person with a disability, and then the name of the dysfunction, because they are persons first, disability second, and the dysfunction just as the name of what is the dysfunctionality of the person.

JU GOSLING: Just to sort of recap on that - I think it's interesting how different people - different societies obviously move at different rates.

I mean, we had a period, say in the 80s and early 90s, in the UK, where the language was very much talking about the person with a disability. But then that was felt to be still about locating the problem, if you like, with the individual, whereas a Social Model of Disability just says, well, everybody's going to be disabled at some point, you know, it's just a natural part of life, it's a kind of integral part of the human condition. You can't separate out individuals, and say, well these people have a dysfunction and these people don't, you know, and I think the whole theory behind the disability arts movement and the disability rights movement, certainly in the West, is that we're all normal, you know, all of these things are completely normal, and it's the way society attempts to distinguish between these normal individuals and these abnormal individuals that's the problem.

And I think that's why we moved back to talking about disabled people, because it's about saying the barriers are external, it's not about us having a dysfunction, it's about society being quite dysfunctional in believing that because we're all about to be cured and we're all about to be immortal, you know, you can have these kind of - in the meantime, you can say, well, these individuals are absolutely fine and these individuals are defective, and I think that's - that was very much the kind of starting point for the research and the residency, is why we have these ideas that you can separate out, and one group of people is normal and another group isn't.

SAM ALBERTI: I think the question brings to attention the use of handicapped as a term here, in this particular artwork, which is aimed at an American audience -

JU GOSLING: Well, it's aimed at an international audience.

I think again, when you look at language, you know, on an international basis, the language is handicapped. In this country, we would see that as being very old-fashioned, quite demeaning, and I think a lot - depending on which school of linguistics you belong to, if you believe that handicapped

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means cap in hand, then people see that very much as the old stereotype, the disabled person as a beggar, but in Central Europe, if you were speaking English, you think about handicapped and it doesn't have those connotations at all.

SAM ALBERTI: This piece is now eight years old, I believe?

JU GOSLING: Yes, at least.

SAM ALBERTI: How has your thinking along these lines developed in that quite a long period in intellectual development?

JU GOSLING: Well, I think for me what's developed has been this idea that there is - that the medical model is not this kind of simple straightforward thing, that there are all these beliefs about science, and it's helpful to separate them.

SAM ALBERTI: And thinking about these beliefs about science, one of the works that has been really interesting in this context is your piece Men in White Coats.

This, if I may explain, as you can see from the slide here, are a series of lab coats, which has a certain iconographic status in representing modern Western biomedicine, and what's interesting about this piece is that you'll have seen that it's distributed not only in the gallery with the other work upstairs, there's also one of the coat stands at the front of the museum, there's one of the racks upstairs in the training suites where all the surgeons go to develop their skills, we have a very hi-tech training facility up there, where we do dissection, we do practice surgery and so on.

There was a rack up there; now two interesting things happened in relation to this piece.

Firstly, the stand that was downstairs in the main hall had - remind me of the wording that was on that jacket.

JU GOSLING: Was it jailer or executioner?

SAM ALBERTI: It was executioner, it had executioner on it.

This was there for about three days, until a senior colleague pointed out that this didn't enhance the reputation of the Royal College of Surgeons.

So I swapped it for one that said: specimen collector, but actually, by this point, I think the point had been made, so we moved it upstairs, because that piece, out of context, that piece was a little blatant, I think.

Interestingly, the rack that was upstairs in this training suite was broken. Now it wasn't that any of the pieces, any of the lab coats were stolen, it wasn't that they were torn, but the rack at the bottom was fractured.

This, I think, needed some force to do. Now on the one hand, this might have been a very literate informed piece of iconoclasm on behalf of a very angry surgeon or scientist. As it happens, it was probably a catering trolley. But I'm interested in how people have responded to this work here. How

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do you think Men in White Coats has been from your perspective, how do you think it has been received in this context?

JU GOSLING: Well, I think the third interesting thing that happened for me is within about two days, the first surgeon had made a bid to buy one of the coats.

So I suspect there's a kind of split between the administrative response, if you like, and the surgical response, which has just been, oh, I'd love to have a coat which says God, and the executioner is quite fun too.

But I think the background to the piece for me, we were talking earlier, is quite interesting as well. It's another piece that was commissioned in Graz, so they had a festival every October which the German translates as just autumn festival, but I'm not very good at the German accent. And there was a particular theme of the festival that year that this fitted into. These were originally produced as a performance, if you like, although it wasn't much of a performance, it was very much a performative lecture, I projected one of the other pieces from upstairs, which is the cage of bars on the wall, and essentially the artist came and took them out of the laundry basket and hung them up, and took my apron off, and then gave the lecture.

But it was a very interesting piece to research, because I hadn't realised the extent to which white coats are purely symbolic, they started off as being practical coats for scientists, but within the medical profession, they were adopted purely to say, "We are scientific people, we are not like all of these other healers, and all of these other healing traditions, we're based on science". Then they spent the next 100 years merrily spreading germs around hospitals, until it was realised that the reason for MRSA, the levels weren't going down, despite introduction of handwash, is people were spreading germs around the hospital on coat sleeves, so now in fact it's illegal to wear these in hospitals, do you have wear a coat that finishes at the elbow, anything else is seen as simply spreading infection.

But despite that, they've developed this ceremony in American medical schools where they literally have a white coat ceremony, so before you start as a medical student, you go along and have this ceremonial white coat, you walk across the stage and put your coat on, so it was a fascinating piece to research.

Some people have said to me, does the German recall the number of disabled and deaf people who were put to data in the Nazi death camps? - put to Death. And I said, no, it was there because it was made for a German audience, but, of course, there is that element as well and when I've been working elsewhere in Austria, I've been really uncomfortably aware of the history of some of the sites, very, very close to where I have been working, and it's been interesting to me the kind of, if you like, the very positive response I've had every time I've worked in Austria and Switzerland, even though they do have a very different culture and a very different attitude to disabled people, I've always had, you know, like I say, a very, very positive response to my work, and if you like, a much more mainstream response.

FLOOR: A lot of things have gone through my mind, one thing about Germany in that era, I once used to visit East Germany a lot, a place called Besenfeld, and at the beginning of the last century,

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they had a hospital, where they had these metal contraptions, and they put them into the mouths of people who couldn't speak because they were deaf, to make them speak, and if they didn't do it correctly, it made their mouths bleed, and that sort of thing.

But at the time, those German scientists thought they were doing the best thing, to make deaf people who cannot speak, speak, with the help of heavy metal, so to speak. Obviously that thing passed, you know. But everything seemed to be evolution. You know, everything seemed to evolve on to the next stage, whatever it is. This lady talked about make sure you put the word person first, before disability, it's come into this country, the RNID, royal national institute for the deaf, because national institute for deaf people, now it's something else.

But I find that attitudes are evolving all the time, sometimes it's forced, but what about the normal person who has all this shopping and cannot pick it up? They become disabled at that point, because they need help, they need a second person to help them. Some people think they have got everything, but they come unstuck, if you steal somebody's mobile phone, they're no longer normal, are they?

JU GOSLING: Yes, I have talked a lot in my written work about that kind of distinction, if you like, between - if we look at perhaps Wheels on Fire, which also feeds back into the sort of discussion about medicine?

This idea that all sorts of technology is seen as perfectly normal and very desirable, and very natural, you know, a sort of natural extension of the body. And yet you have things like wheelchairs, and indeed hearing aids, which are seen as undesirable and unnatural, even though they facilitate our lives in exactly the same way, and the chances are at some point in our lives, most of us will need to use them.

And there is absolutely this very artificial distinction, and this really kind of stigmatisation of certain technologies and yet sole acceptance of others.

It's almost as if the ones that we don't need are seen as being very natural and desirable, and the ones we do need are seen as being unnatural and undesirable. Did you want to take somebody at the back?

SAM ALBERTI: Can I take a question at the back first?

FLOOR: I think the thing, I would just like to play devil's advocate, I'm - I can see why we've got these models, but I'm just looking at normal society, do normal society have these models? I think that perhaps it's these models that is kind of separating us from them. And I'm wondering what would happen if we just did away with the models completely.

SAM ALBERTI: The question, as I take it, is about whether the models are actually perpetuating a chasm between different sectors of society.

FLOOR: Are they a help or a hindrance to social cohesion?

JU GOSLING: Well, I think the only way you can change society is to understand what's going on, and I think if you look back over the centuries, you know, indeed, if you look at the enlightenment, which is when Hunter was beginning to collect his body parts, and you'd had a period of over a millennium where the church banned anybody from doing autopsies and nobody understood the body at all, you know, the Enlightenment was very much a period where everybody started questioning all of the things they took for granted.

If you don't look at - I think models of disability were developed to help us understand what we had taken for granted, and I think it had become taken for granted that if you were deaf or disabled, there was something wrong with you, there was something abnormal, and that it was a medical matter, and a personal matter, and something that only doctors could do something about, it was nothing to do with the rest of society.

So I think it's - I don't know, if you look at feminism and the suffragettes, people took it absolutely for granted that women were inferior, and through the process of evolution had become more and more inferior to men, and it was only when people started looking at why that was, and why people believed it, that attitudes changed.

So no, I think you can harp on far too much about theory, but I think it's a useful way of saying, you know, why do we take all these things for granted? Why do we think all these things are normal when they're not normal at all and why do we still have this idea that all sorts of things, probably the majority of us are not normal, when actually we all are.

SAM ALBERTI: Certainly I find the models are a useful way, not of prescribing how we should behave, but describing a set of attitudes.

If we understand that more, then we can perhaps use this to make change. A question in the middle here?

FLOOR: Yes, many of my friends have, in Latin America, have approached the architects, because they have a physical impediment to enjoying the inside of a building, or the access to something, or the telephone, that it's at the height of the wheelchair, or the WC, you know?

So they've approached the architects, and even in airports and public places, the disability needs are being hammered into the architects' agenda. I wondered if you and your colleagues have already had some experience of knocking at the door of the royal architects' institute here in London?

JU GOSLING: Yes, I think that was one of the most practical things that came out of a movement that if you like was able to articulate a social Model of Disability, because it's only when you believe that things like architectural barriers are the real problem that you can start tackling them.

That was very much instrumental in - the first Disability Discrimination Act came in in 1995. And from then until 2000, the rules became increasingly complex in how you build new buildings.

Having said that, disability discrimination law is the only law in this country that actually enshrines discrimination, that says it's okay to discriminate, if you think it's too expensive, or otherwise unreasonable.

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I mean, the Royal College finds it completely impossible to be able to just put a canvass cover over the chair lift outside, which is otherwise breaking down because of the rain, because Westminster are able to turn round and say, well, for reasons of heritage, you shouldn't have this canvass cover.

In a lot of other countries, that would actually now be illegal, and it was interesting that you mentioned the UN convention on the rights of disabled people, because the UK did not exactly rush to ratify it, and it still has - I mean, I actually take the lead in monitoring the UK's implementation of clause 30, which is how the UN convention relates to art and culture, but it was very interesting to me that countries like Paraguay happily signed up to the whole thing, and yet the UK still won't commit to equality in education, to the - is it the prison and justice system? And I think around advocacy.

So, for example, there are a huge number of disabled people, it has turned out, whose benefits are being claimed by somebody else, and we have no review process, so we have things where people have been - somebody else has claimed benefits for somebody for 15 years and there's no review, and rather than sign up to the UN convention and say something should happen, again, they opted out, which seems to me to be quite major when you are claiming that disabled people are responsible for all this benefit fraud, and yet the most likely area for fraud, which is other people claiming their benefits, wasn't being investigated at all.

Sorry, that's slightly going off the subject.

SAM ALBERTI: No, it's very germane. The issue of the canvas cover over the lift outside points to an uncomfortable irony that as a heritage organisation, it's the heritage legislation that is being used to hinder access to the building.

JU GOSLING: I find it really interesting that the government has now brought in this kind of assumption - what do they call it?

An assumption that you should develop in the green belt, so that from now on, when you put in a planning application in the green belt, the assumption has to be that it is going to be granted, rather than the other way round, and yet there's no assumption that you should be able to fit a ramp or a stairlift or widen a doorway. The assumption is, unless you can absolutely prove ...

So we have this sort of double bind, where we as disabled people have to persuade an institution that it's reasonable under the law for them to fit something, and then they have to persuade the council that it's reasonable.

And again, I think there is this unconscious belief, why spoil the architecture, when science is going to solve the problem? You know, either by detecting fetuses before they're born or by curing, you know, we're not going to need - these don't need to be permanent changes. And I find that a kind of extraordinary and what I would describe as an abnormal mindset, that we can just continue through life with completely inaccessible buildings on the grounds that the human race is going to change, as opposed to just sticking the cover on.

SAM ALBERTI: If we turn from access to museums perhaps to representation in museums, one thing that's been of great interest to curators in the last three or four years certainly has been the representation of people with disabilities in museums, art galleries and other areas for display.

I'm very interested in your reflections on how people are represented in museums.

JU GOSLING: I think again it's something elsewhere - for me to play devil's advocate back, models of disability have been very handy.

Because it allowed people to sort of see themselves as a group, who otherwise have nothing in common. I mean, I think that's again, under a medical model, you have lots in common simply because you share an impairment or an access need, whereas I think what we call a disabled community would be saying, well, we may not have anything else in common, but what we experience are these unnecessary barriers, and this kind of very prejudicial view of our lives, and that's what we share, that's what brings us together.

I think in turn, people are then able to say, well, hang on, why are people like us not represented, in the same way that you look at media images, and if you were kind of a Martian, looking down on the earth, you would believe that the majority of the population are under 40, which of course isn't true at all, that very few of them are black, that almost none of them are disabled, that very, very few people are over the age of 60.

At the same point as looking at contemporary images, which I think in the last few years, images of disabled people in the 20th century were charity images, or they were medical images, and that was - or in latter time, triumph over tragedy images, where somebody has triumphed over the tragedy of their life to achieve things, and therefore why can't everybody else just get up off their backsides and do the same?

SAME NEW SPEAKER: I take Abnormal 1, shown here, to be a riff on the medicalised representation of disability. Am I right?

JU GOSLING: Yes, this was one of the pieces that was very directly inspired by my very first visit to the National Institute of Medical Research on the last day of the Symbiotica course, and I think because we were considered to be, for whatever reason, a VIP audience, we had very senior people come down from different parts of the institute, over the day, to lecture us about their section of the institute.

And two of them relied very, very heavily on these medical photographs of - vast majority of teenagers, children and teenagers, either in their underwear or stripped completely naked, revealed for the camera, and I've spoken about this to quite a lot of other disabled people since, and - because what I saw when I looked at these photographs was young people who had very much had their privacy invaded, who felt actually abused, and if you looked at their face, because most of the eyes were uncovered, although there is also a convention in medical photography to cover the eyes, you saw young people who at best were embarrassed and at worst were completely dissociating themselves from their bodies in that situation.

And everybody else in the room was asking, what's wrong with them? And I was thinking, well, what's wrong with us, that we're looking at these very personal photographs, that people have only given permission to have taken in the belief that it was helping to monitor their personal situation, and might at best be shared with other doctors, and it was being shown to a bunch of artists who had no reason to look at it, and everybody was just going, let's categorise them, very medical model, let's categorise them by their impairments, what's wrong with you, this is this impairment, this is that, this is the other.

And it started me on a journey which ended up producing this piece, which has also got other things going on, some of which I probably don't know myself, I mean, I know - we were talking the other week that somebody had said, oh yes, that's very like renaissance, pictures of people with animal masks. Well, I'm not aware of having seen them, but I do recall that I studied the renaissance at A level, so probably I have.

So there's other things going on, but that's what it started me, and when I looked on the internet for research materials, I found literally thousands and thousands of these images, again mostly of young people, that anybody can download without even having to pay for them. So it comes back to that idea of - I think the very first piece I did that has been described as disability art is a piece called: my not so secret life as a cyborg.

It was around the idea of the disabled body being the public body, people have the impression that they can come up to a complete stranger and say: what's wrong with you? At the time I was doing my PhD and I was saying to people, I don't have a grant. No, what's wrong with you? I don't have a grant! And you'd have this complete conversation at total cross-purposes, because that was my problem. My problem was not that I was disabled, my problem was that I didn't have a grant. And if a complete stranger is asking me to identify my problem, that's my problem.

But I think this whole idea that the most personal medical photograph is still there for public consumption and public performance, I think really strikes at the heart of saying, well actually, not only do we define people as being abnormal, but as soon as we define them as being abnormal, we don't believe they have the same rights as the rest of us, which is why we're able to have a discrimination law which allows you to discriminate, and we don't believe they have the same human rights as the rest of us, which is why the ordinary UN Convention on Human Rights was not enough to cover disabled people, and why you can still have a 21st century society like Britain that can say, well we're not even going to sign up to the convention as a whole.

SAM ALBERTI: Abnormal 1 is perhaps the most overtly autobiographical work in the show.

I wonder if you could talk us through Memory Jar Collection which was the site specific element, as I said, in each venue, you've generated a piece that reflected specifically on that gallery or site.

JU GOSLING: Not quite to this extent.

I do try, if I'm touring a show, to put something new in each time, so that, for example, the white coats were made after the exhibition started touring, but they went in from the third venue on, and I think the normal mirrors were something that I think I put in at Bournemouth, and some venues I

put in an extra white coat. So yes, everything had at least one new piece, but it wasn't a major piece in the way that the Memory Jar Collection is.

I think when I came into the museum, one of the things that really struck me about the collection was that you can see it, and it's only one perspective, as the medical model writ large, you know, that the body has been completely fragmented down to individual parts of the body and at the same point we have no idea with the vast majority of the collection who the individuals were that those body parts belonged to.

So there is that real sense of the body being fragmented and all identity being lost. And I wanted to meditate on that, so with the Memory Jar Collection, it's mostly memories taken over the last year, where I've taken photographs, mostly on the mobile phone, and I've printed them out on a little pogo printer, which is a Polaroid printer that prints mini photographs, that's a technique I use in the workshops that I run at each venue, so we've got a workshop coming up in November, and one of the things I believe that everybody can do is pair up, set up self-portraits, your pair takes them on a phone, and then we just Bluetooth them to the printer.

In this case, there's 90 jars and all of the jars are labelled and then by the way website that accompanies - within the website that accompanies the exhibition, there is a catalogue, so you can look at a number, for example, I can see there number 16 is my friend, the late David Morris, and there's a story about who David was in the sense of what he meant to me. They are quite short stories.

But within the catalogue again where I'm able to write, I'm able to go into more depth, I also point out that you could see this as something in complete opposition, that I've usually photographed just a part of somebody's body, but you know who they are and you can see that it's part of a whole.

But if we really think about it, all of us have seen, in junk shops or in relatives' attics, as we've cleared houses after somebody has died, hundreds of photographs, nobody knows who they are, what they're of, where they were taken, when they were taken, and of course now we very seldom even print our photographs out, most of them are just stuck on a CD somewhere, possibly sort of rotting away.

So although we can criticise Hunter's collection, and say, oh we wouldn't have done it like that, I think in reality, there's not much difference.

So I really wanted to highlight both of those things, but in terms of the autobiographical element, people have said to me that disabled artists seem to forefront self-portraiture, and the reason for that is, as I was saying to you before, we don't see pictures of ourselves, we don't see ourselves represented in history and we don't see ourselves represented in the media.

So if you like, physically putting your body and your experience into the work is a way of creating those images, and I think there's also an element that if you're on a lower income than other artists and you're perhaps leading a more restricted life, then it's obviously easier to model for yourself than it is to go and find a model.

SAM ALBERTI: It's cheaper.

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JU GOSLING: Yes, and it's cheap. But I think the key reason, like I said, is very much about saying, my experience is missing.

You know, the world that purports to be normal does not include me, and people like me, and older people, and people in my family, and actually the so-called normal world doesn't actually represent many people at all, so I'm going to do this portrait of myself to put myself back in there.

SAM ALBERTI: I mean, Memory Jar Collection for me resonates on a number of levels with the displays that we have.

It's surrounded by John Hunter's collection, which no longer functions as a scientific resource, it's no longer really a medical museum, it's a post-medical museum, as my predecessor dubbed it, a post-medical museum, in that it's become medically and pathologically obsolete, but is now an important piece of cultural history. So the specimens in the jars now are interesting scientifically but they're more interesting for me as objects of cultural history, as objects of memory. And as you know, this is one of my favourite topics, but I won't go on about that just now, because we have five or ten minutes left, and though Ju and I can and do carry on like this for hours, perhaps I should open up for more questions from the floor. One at the front, at the back first?

FLOOR: I was just interested to hear you use the term disabled art or disability art, I think it was.

I wondered if you would actually choose to apply that to what you do, or whether you find that, just a label, like other labels, because I was at a talk the other week by James Brett, the founder of the museum of everything, he was arguing against the term outsider art, saying it is applied by art historians as a way of trying to be inclusive, but actually be exclusive, saying okay we'll let it be art but outsider art.

JU GOSLING: I've written a lot about this. If you look at my website, within the blog, I've got some essays on how would you define disability art and what's the relationship between disability art and all of the people who, under law, would be defined as disabled but don't think of themselves as disabled, and how does that apply to the future?

But I would say very - beyond that, I think we as artists who identify as part of the disability arts movement would say that it's an international art movement like any other, and I think particularly from the 20th century onwards, there's always been art movements, and art movements tend to be groups of artists who know each other, or whose practice has got something in common, and who have some messages they want to get across, but critically in particular of the world view and some particular theories.

And I think that - say from the 70s onwards, you saw that with the feminist art movement, which, if you like, almost stopped being relevant to those artists, but over the last 5 years, has suddenly become incredibly relevant at all, and what you're seeing is shows being restaged from the 70s and people revisiting the theory, but people also making new work.

So I think if it's seen as - as we see it, as an international art movement that is only unusual, if you like, in that it crosses art forms. We have a lot more performing artists in the disability arts

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movement than you have in most art movements, and indeed a lot of art movements are just about visual art and sculpture, whereas we very much cover poetry, literature, spoken word and performing arts.

But in that sense, then I think it's very helpful, and what I think is interesting is that if you look at the use of colour within artists who identify as disabled, and are proud to see themselves as disabled, then I think the use of colour is very different to a classical Western colour palette, because what you get in a classical Western colour palette is an explicit theory which talks about the separation of the mind and body, and the importance of the rational mind, and the importance of the restrained body.

Because we're cross-impairment, there's a very lively section within disability arts from people who describe themselves as users and survivors of the mental health system, who are absolutely in there celebrating the irrational mind, and people who are very happily celebrating the unrestrained body, and I don't think any of us believe that there's a separation between the mind and the body.

Therefore, you can look at work that might be landscape or panoramic drawing or a whole range of other things that have nothing to do with disability, but you can notice - but I do think very often, and almost always, in fact, the colour palette is different, and the colour palette tends to be much brighter, because, of course, we also reject these ideas that bright colour is seen as exotic and naive and feminine, and therefore, not worthy of kind of proper art, which is always done by white non-disabled men.

Because I think that is the other thing, to say, how do you feel about being described as a disabled artist, but I think, otherwise I would be described as a woman artist and you've only got to look at the statistics on how few women show work, and indeed really quite surprising things, like Tracey Emin's work and Cornelia Parker's sell for about 10% of what the men so-called YBAs sell for. There's still a massive disparity.

So I think, you know, whether you label yourself or not, you're certainly going to be labelled anyway.

SAM ALBERTI: There are two questions. One here and one here. Please?

FLOOR: My experience as a carer, because my mum was run over by a bus in Euston station two years ago, and it changed both our lives.

Now I have met the best of people in the carers' world, and the people they care for, and each time that you think you're in the worst situation, or you are the most desperate one, you hear somebody else's story, and that in itself is that learning curve, you know, how amazing the experience of survival is for all of us, and how much, you know, both the cared person and the carer interact and I'm very glad and I have to be fair that in the Camden borough, there has been a lot of courses and workshops, they do the best they can within very limited resource at the moment to keep on training us and motivating us, to motivate the person we're caring for, when we had no experience at all of being a carer.

JU GOSLING: Do you want to take some of the other points? There's somebody right at the back.

SAM ALBERTI: Question here, here and here.

FLOOR: I've been trying to hold on to what I actually wanted to say, but I'll do it short.

The Social Model of Disability comes from the disabled people's movement in the USA, I'm not adopting it with any confidence in my belief, having sat on the British museum as a consultant, there was a big argument between disabled people and the board of governors in the British Museum not recognising the disabled people's movement, wanting a museum on disability.

And I'm a bit puzzled as to why we're not able to see, and having a museum of this status, and just demonstrating disability, but getting away from the politics of disability, which I think has been very harmful, because when we have this new DDA that has come into place, we thought it would enhance our quality of life, and actually it has taken us back to the 70s now, partly because of the lack of involvement of disabled people themselves to actually challenge our government, working with the grass roots people, I'm getting a bit lost here now, because what I was trying to hold on to is art is a platform to educate people, has that failed us because we're not getting the message across? When I looked at that screen, with your art, the first word that hit me was handicapped, and I reacted to that, because it's sending the wrong message, because I communicate to people who call themselves handicapped, excuse me, why do you call yourself handicapped? Because that's a very negative stereotype of being passive recipient to the non-disabled peer, because they're the one that created that word, not the disabled people's movement, but they seem to accept that that is a good word to use, to get the attention of non-disabled people. So when I'm listening to your conversation, it's quite complex, but it's causing a conflict for me in trying to understand where the failing is in this country, with regard to the treatment and the attitude towards disabled people, in having the same degree of equality. I'm sorry I'm waffling.

JU GOSLING: No, shall we just take one last point at the back?

FLOOR: As you were talking about earlier you were talking about the people categorising, you're going to be categorised anyway, you were talking about social model.

What was going through my mind is that the world we live in today, with advertisers doing what they do, you're going to be - we are all categorised, whether we like it or not. If you want some say in what you're going to be categorised as, maybe the social model is part of it, and if you can make the social model actually your own, rather than maybe coming from the US or whatever, or some sort of social model, whatever you wish to call it, it's probably better that you have some say in that yourself, rather than leaving it to Tesco's or whoever.

JU GOSLING: I should say that we - it has been developed for the UK, but I think one of the interesting things for me is that in theory, all government policy and all local government policy and all medical policy now recognises the social model.

In practice, they behave in a completely different way, and I mean, just a very simple example, within my local authority of Newham, we have what they call a partnership board, it's supposed to bring together the public services, but in terms of which disabled people can go to it, they've got physical impairment here, long-term health condition here, people with mental health problems

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over here, people with learning difficulties over here. Those of us who might have more than one label, they can't cope with at all. And yet that's supposed to be a social model approach, because they're involving it, but they're doing it within a medical classification.

I think there's - I mean, there's been very little money put into training to accompany all of these new laws. I do agree that in some ways, things have become worse over the last few years, but certainly when I've sat on, if you like, equality groups, everybody has come - you know, come along saying the same, where I have thought, is this simply a backlash, to anti-discrimination legislation coming in for the first time, you know, I've sat on groups with other people who have said, no, the levels of racism I'm experiencing now are much higher than they were ten years ago, so I do think there has been something going on since we passed into the 21st century.

And certainly in the last two or three years, and particularly with this new government, but I think they were just carrying on that whole idea that - you know, going back to all of the oldest stereotypes, disabled people are defective, they're lazy, they're fraudulent, most of them aren't disabled at all, they're just a burden on other people, they're stealing benefits. Now if you really look at it, for example, statistically, less than 1% of disability claims are fraudulent. You know, that's the government's own statistics. But you'd never know that from what the government are saying.

And I think that really hasn't helped. Whereas within the art world, disability art became increasingly recognised since the 80s and I think in particular, when the DDA came in, the Arts Council was forced to recognise that even today, less than half of disabled and deaf people go to even one art event each year, compared to 70% of the rest of the population. Less than 3% of Arts Council funded staff are disabled. And so on and so forth. It's a tiny, tiny number. So within the cultural spend, if you like, the taxpayer's cultural spend, a huge amount of that money is not going anywhere near disabled and deaf people. Or their families and friends. And I think the carers point is really important, because, of course, people that are with us as disabled people are very much disabled by society as well.

If you need to go somewhere with your disabled partner and they're going to be discriminated again or they can't get in, exactly the same applies to you. Most of us have families, most of us have friendship groups. Once you start looking at the huge numbers affected ...

But what's happened, again, in the last three years, is the Arts Council decided they would no longer fund anything for the community, they would only fund excellence, and because disabled people can't produce excellent work, something like 95% of the disability arts sector has been disinvested in in the last three years.

So I think it's very hard for us as artists to continue when all of that support is being taken away, and in the process, the Arts Council has told everybody that the reason the money has been taken away is we can't be any good unless we are pretending not to be disabled.

SAM ALBERTI: Drawing to the end of the time, two final questions, if you could keep them brief?

FLOOR: About disabled art, perception of it, I am going back to a famous composer, Beethoven, who went deaf, but do people see his music as the work of a disabled artist? Please remember, he once

composed a piece of music when he was completely deaf. And he had the complete orchestra coming back to him and saying it was too difficult to play, but he said it wasn't.

JU GOSLING: There was a film made in America a few years ago that showed how many of the great artists and musicians of the past had been disabled and how that wasn't seen as an issue.

I think again what we're looking at now is a world where with the growth of science and medicine over the 20th century, in Beethoven's time, a lot of things were taken for granted. There was much more acceptance until the recent past, as there is today in the developing world, that impairment is a normal part of human experience. So artists who I think were seen as perfectly normal, and I mean Frida Kahlo, it always used to strike me that when I was briefly teaching at fall mouth, everybody loved her but they wouldn't make the slightest adjustment to allow me to continue to work at the college, but they were happy to teach about a woman for woman the students went to her house when it wasn't possible for her to get her wheelchair into the art school.

So I think these things are historically specific.

SAM ALBERTI: A final point from the floor?

FLOOR: Just to relate that man's point, about where fundamental failure lies, it's actually in the DDA.

Because the law in Britain is the medical model, some recent research I've been doing with equality and human rights and the courts and tribunals, the British courts and tribunals are under no obligation to make disability access for disabled people coming through the courts, because the tribunals don't have to abide by the law.

JU GOSLING: That's absolutely true.

FLOOR: That's what we're dealing with.

So if something goes on wrong here, where can we take it? And disabled people get fined in the courts for taking their own cases forward.

SAM ALBERTI: To finish up, these conversations, I know, can run and run, and I'm sure Ju -

JU GOSLING: I'm not rushing off.

SAM ALBERTI: She's not rushing off if you'd like to continue the conversations.

Just as a postscript, I'd like to reflect very briefly that we as the Hunterian Museum have learned a great deal from our work with Ju. Ju, I wonder, what will you take away from your experience here? What's your take-home message from the Royal College of Surgeons?

JU GOSLING: That's a really hard one, because I'm here until the middle of January, so I'm not - I'm really not sure.

I think one of the things - what has been nice for me is the exhibition started at an institute full of medical research scientists and it's finished somewhere also very much connected to medicine but

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the other side, the practice of medicine, and you were saying earlier that this is a building about the history of medicine, and I think if you look at the history of surgery, as opposed to surgery today, that was very tied up with the medical model, and particularly the development of modern orthopaedic surgery. Surgeons spent a very, very long time trying to make the body normal via surgery, and in the process they discovered an awful lot of very helpful things. But we still do hark back to, for example, the 60s, where it was very common just to - if a child didn't look normal, you amputated the bits that didn't look normal in the belief that you were going to come up with some wonderful medical solution or engineering solution, and then it turned out that actually, you couldn't. You know, so I think the - it's nice to be surrounded by that history, but where I look, I suppose, at an intersection of surgery and the scientific model is that you can have surgeons do the most wonderful work today, in either improving somebody's physical function, or restoring function after accident or illness, but because they don't look normal, instead of looking at this surgical work and thinking how wonderful, we just see it as a failure, because somebody hasn't - somebody doesn't look the way that we expect that science is able to deliver for us, so I don't actually think - you know, I say in the website that the scientific model of disability is very unhelpful for scientists and I think it's equally unhelpful to doctors, and particularly to surgeons.

So it's been interesting for me to meditate on the surgery, and also again to say well actually kind of doctors and surgeons come from completely different histories and traditions, and again, when we're looking at the medical model and the way we view medicine, should we not be making more of an effort to once more separate what we mean by medicine from what we mean by surgery?

So yes, it's an ongoing process.

SAM ALBERTI: And this ongoing process will continue over the course of the show here, the next occasion of particular interest perhaps is the evening of 18th October.

We'll broaden out our discussion to include medical historians and surgeons and museum studies experts and that will be at 7.00 on 18th October, again free, but please do book in advance.

JU GOSLING: That's downstairs, isn't it?

SAM ALBERTI: Yes, that will be downstairs.

So I look forward to seeing as many of you there who are inclined and able to make it, but in the meantime, thank you to everyone, for joining us. Is it an urgent point?

FLOOR: I just wondered if my mum would like to ask something to the artist.

SAM ALBERTI: Maybe we could continue the discussions informally, because we've run over already.

But thank you, Ju, thank you, Julie and Claire for helping. And thank you all for coming. (Applause)