Chapter 13
Eutopias and Dis-Topias: Re-Imagining the Citizen of Ideal Societies

Clint Jones and Jen Rinaldi

Introduction

In a pioneering work published in 1987 Raymond Lifchez challenged architects to re-think architecture. His inspiration for doing so is similar to the motivation we have for writing this chapter addressing the issue of disability and utopian architecture. Lifchez’s concerns were more pragmatically oriented toward the experience of disenfranchisement built into the architecture of society and our focus aims to build upon that concern by teasing out the problematic nature of utopian socio-architectural design for disabled bodies, especially in spaces shared by all, that is, a context of utopian inclusion. Lifchez argues,

Building forms reflect how a society feels about itself and the world it inhabits. A community’s ideas, hopes, and fears can be read in the structures that line its streets. Valuable resources are given over to what is cherished—education, religion, commerce, family life, recreation—and tolerable symbols mask what is intolerable—illness, deviance, poverty, disability, old age. Although architects do not create these social categories, they play a key role in providing the physical framework in which the socially acceptable is celebrated and the unacceptable is confined and contained. Thus when any group that has been physically segregated or excluded protests its second-class status, its members are in effect challenging how architects practice their profession.¹

Our research parallels Lifchez’s concerns because architects are often guilty of not designing to meet the needs of inhabitants but for satisfying managers and owners, and for privileging concerns that prioritize commerce, function, and aesthetics rather than comfortable, accessible, and affordable

accommodation. In many versions of utopian futures it is often the case that the individuals who will inhabit utopia are of, shall we say, a certain ability that is taken for granted in the design of a utopian city or space. There are relatively few accounts of how exactly a utopia might accommodate differently abled people into its conceptual framework. Yet, beyond the artifice of the assumption that everyone in a utopia would be, somehow, perfectly capable of functioning in the created space of the utopia are critical and wholly underdeveloped cross-sections of social utopian planning. Namely, other than the absurd notion that each utopian inhabitant would be ‘normal’ and that each individual would be able to meet and overcome the challenges presented by the built environment, utopian architecture fails to acknowledge the reality of other-abled bodies which will come into contact with the constructed environment.

The aim of this chapter is to question the architectural utopian assumptions that have led to the building of utopias that are, by their very design, exclusionary. Of course, utopias can be, and some are, exclusionary at a social level, but the idea of utopian architecture is to foster a sense of community within the utopia proper. Charles Fourier, for instance, was committed to such an idea when he conceptualized his phalanxes as ideal communal models. The driving idea behind these ideally constructed environments was to foster social harmony and personal fulfillment. However, while Fourier made allowances for senior and sick residents he made no mention of the possibility of disabled persons except to lump them into the categories of infirmity along with the ill and elderly. Fourier’s insistence on the mutual sharing of the workload of the phalanx is immediately exclusive of the otherwise healthy, but disabled resident. In Fourier’s vision of these model communities, individuals would voluntarily form ‘groups’ and then ‘series’ of groups oriented around one task, such as carpentry, education, household work, or gardening. Working in teams and alternating jobs about every two hours, community members would be stimulated to greater productivity and at the same time develop the various aptitudes of their personal
Cooperation would be ensured by guaranteeing everyone a minimum wage and maintenance in sickness and old age.²

Fourier is not alone in his quest to conceive of the ideally constructed social environment. He is also not alone in his complete lack of concern for individuals that are not able bodied in the same way as the typically conceived utopian resident. This is made clear, in Fourier’s case, by his rapidly shifting workload which encompasses all of the necessary functions of maintaining the phalanx. Working in groups would require a further level of accommodation within this structure that goes wholly unanalyzed. This, of course, means that individuals expected to use the spaces generated by the architects of utopia must meet some idealized notion of bodily functionality which may not be within the scope of the abilities of certain persons. In a revealing exchange, with a gifted but unnamed architect, Lifchez is able to expose a deeply held conviction of architectural design that infects not only the actual built environment, but also the utopian conceptual one as well. Discussing the design of a library for blind persons Lifchez queried the designer about her experience working with clients who were blind. However, “no blind people had been consulted during the design process … after all, she asked, what possible use could blind people have been to her, an architect, in the design of a building they would never see?”³ Yet, utopian theorizing, short of arguing that there would be no disability in utopia, must find ways to accommodate differently abled persons in social futures if they are to live up the ideal of utopia.

An easily accessible gateway into the problem of disability and utopian architecture may be found in the conclusion of Rainer Maria Rilke’s poem “Archaic Torso of Apollo” where he addresses the broken remnant of a once glorious statue of a Grecian god. Rilke, commenting on the broken state of the statue, does not despair at being unable to know the full work of art because the torso is enough to convey the greatness of the god. In fact, the torso is made more perfect by its deformity. Rilke’s concern is that, were


³ Lifchez, 11.
the statue whole, we would lose sight of the elegance and flawlessness of the torso which would otherwise be lost as a mere piece of the whole. Rilke says we cannot know the body in its unbroken state, but the torso is enough because,

Otherwise this stone would stand deformed and curt
under the shoulders’ transparent plunge
and not glisten just like wild beasts’ fur
and not burst forth from all its contours
like a star: for there is no place
that does not see you. You must change your life.⁴

“For there is no place that does not see you,” is the idea that best links the concepts of architecture, utopia, and disability. While we may “see” many places through many different sensuous mediums each place is able to “see” us as well. How well we are seen by a place depends on how well suited we are to interact with that place, that is, how our bodies function in a place. To be seen by a place is to be incorporated into the functions of a place; when we are unseen, or overlooked, by a place we are incapable of navigating, utilizing, or inhabiting that place. For most people with disabilities, many places not only fail to see them but are built to see past, see through, and see beyond them.

Our own society often fails to address the concerns of other-abled persons in communities and until very recently architectural accommodations were only grudgingly provided, though some might argue the grumbling has not subsided. Approaching an intersection today one is likely to encounter curb cuts, tactile sidewalk cues for the blind and visually impaired, and crosswalk signs that vocalize warnings which are all design features of public spaces. In utopian design, however, street layouts and ADA compliance are a minimal standard which rarely faces up to the problem of the myriad ways in which architecture ignores or exacerbates deviations from the norm around which design is developed. Architecture, to achieve the utopian ideal, must be responsive to the needs of disability because “when the

study of disability is reduced to rehabilitative and compensatory technologies—the planning of grab bars and wide doorways—it becomes a subject of little human interest, relegated to technicians … Yet physical disability is a social idea as much as it is an objective fact.”5 As such, disability must be afforded the same level of concern as other utopian ideals when considering the design of a city, building, or public space.

With alarming regularity, we argue, this has not been the case. Going back to Sir Thomas More, for instance, the possibility of blemishes in bodily perfection exist in Utopia but his account of this is brief and given only in conjunction with highlighting the undesirability of the imperfect body. Prior to marriage the potential spouses present themselves to one another naked so as to determine whether there are any disqualifying imperfections. Such a measure is aesthetic, to be sure, but it is also, perhaps, a function of the collective familial lives of the Utopians since a disabling physical feature might prove limiting to the further or future provision of the household. More himself makes no such claims, but neither does he explain why such a practice should exist outside the long-term desirability of one’s mate. In fact, the problem of the disabled body in More’s utopian context is actually further complicated by the requirement that families regularly switch households and alternate between urban and agricultural settings. This means that a disabled person, living in More’s Utopia, would have to re-accommodate themselves regularly at their own expense and fail to contribute to the functioning of society, at least at certain times. Our position is that if it is true that the relationship between utopia and architecture is under-theorized, then the relationship of disability to both as a subset of the general theme of utopia is even more so.

Design Flaws

Because disability is undervalued as a means for articulating the relationship between the utopian spaces constructed in and around communities, and because the very idea of utopia seems to preclude a fair account of a perfect society that accommodates the natural limitations of individuals, it is important to

5 Lifchez, 20. Emphasis in the original.
raise the issue in spite of a lack of such concern in the mainstream academic record. It is possible to say
that in a utopian future disability will have been rooted out through selective genetic modification as it is
in, say, *Gattaca*, or, perhaps, through more conventional eugenics programs. However, our position is that
such fanciful approaches to the relationship between utopia and disability fail to acknowledge both that
‘utopian architecture’ exists today and that for those with disabilities ‘rooting’ them out is tantamount to
the destruction of their particular individual existence. For these reasons we find that utopian architecture,
that is, the constructed world, if it is to be truly utopian, must account for the many types of *ability* that
are likely to exist in a utopian future. We reject the notion that eugenics is a viable path to achieving
utopia—in fact, any utopia that eschews variety among its inhabitants has already lost its claim to
utopianism.

A history of indirect concern for human frailty, rendered variously as handicaps ranging from
mild to severe, encompassing both bodily and mental abnormalities, pervades philosophical discourse,
and, given the infrequency with which it is considered, one easily imagines that being free of, or
overcoming, such disabling aspects of humanity is a prerequisite for admittance into utopia. Too often
people think of achieving utopia as a moment when society will throw off its chains—be they social or
commercial—and everyone will live happily-ever-after. But society is bound not only by chains but also
by crutches and we often, via our utopian dreaming, imagine throwing off the former entails the
abandonment of the latter. Only in some superficial way is this true, for a large majority of people
entering utopia would require special accommodations. Discussing the trials and tribulations of Carl
Unthan, an armless violinist, Peter Sloterdijk muses that the “philosophical anthropology of the twentieth
century ignored the contributions of special education—but nonetheless arrived at related observations
from similar conceptual points of departure.”6 Paralleling Sloterdijk, we argue that utopian architectural
theory ignores the needs of the differently abled only to draw conclusions about the viability of utopian
architecture by envisioning utopian citizens who are able bodied—or, perhaps, able to fully experience

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utopia through their embodiment without acknowledging how that is possible, without articulating, carefully, the design features that will accommodate the needs of the differently abled.

The incorporation of the body into the design of utopia has long been rendered necessary to the productivity of the utopian individual. The placement of housing, the layout of streets, the type, size, and location of factories, farms, and businesses have all been built with human use in mind—that is, how to get the most out of humans not how beneficial it was to humans. Thomas Markus argues,

> the human body was regarded, in the Renaissance and earlier, as possessing perfect and harmonious forms and proportions which could be discovered and then applied [to utopian design] … These neo-Platonic ideas caused artists to place the body in such perfect forms as the square and circle, and to seek proportional relationships between the body and its parts. Many town and building plans reproduced those ideal forms and proportions.\(^7\)

Le Corbusier’s *Le Modulor* is an example of the use of the ideal body for determining architectural design. Hence, it is no surprise that the ‘deformed’ body be written off or accounted for by marginalizing it under a specious category of illness requiring hospitalization. As Markus further argues,

> a characteristic feature of utopian town and building plans is the high degree of zoning, classification and functional definition. Each person, group and activity has its specifically defined and fixed location. These locations represent the classification system of the society and its activities which the designer assumes in his or her universal scheme. The most evident expressions of the drive to perfect order can be seen in organisations or institutions where there is the largest gap between controllers and the controlled.\(^8\)

Utopian architecture has long been focused on containment rather than accommodation. Considering the historical narrative of inequality that has plagued disabled members of societies it is imperative to know and understand for whom architecture, especially utopian architecture, is being


\(^8\) Markus, 15.
designed and constructed. Bearing in mind that the design of utopias is centered around the usefulness of the human body, it is necessary to examine the context of design as exclusionary. If inequalities exist prior to design, and designers are not focused on limiting or eradicating those inequalities, then the architecture that is constructed will, in various ways, exacerbate the inequalities that already exist. Orhan Esen, detailing the problems of the utopian design in the ‘Open City’ claims, “the cities of the core economies are no longer only the places where inequalities are sustained and accommodated; rather, the very production of these cities is what produces inequalities in the first place. Today, our regime of capital accumulation is based on the production of a built environment that is designed to produce sustainable inequality.”

To better articulate the inherent problem of sustainable inequality in utopian architecture it will be instructive to understand the role of the institution and the utopian response of the disabled community struggling to deal with their collective disenfranchisement in the aftermath of social recognition that their concerns need to be taken seriously by designers.

**The Impact of the Institution**

Our ideological lens for interpreting disability is modern in character, modernity representing a shift in attitudes toward and treatment of disabled bodies. With the development of scientific and technological expertise, disability became a medical priority, which, granted, was an improvement upon practices of infanticide, relegation to leprosy colonies, and accusations of demonic possession. Nevertheless, medicalization meant that the causes investigated and treatment regimens applied were grounded in the

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premise that the problematic of disability is located entirely in “individual pathology, and associated
deficits, abnormalities and functional limitations.” Physiological variation from the more valued, more
common versions of human functionality has since been largely framed as biological impediment in need
of correction. Medicine offers the promise that we might fix, cure, or at least manage those conditions that
deviate from standards of normalcy, from what we imagine to be the full range of human capacity.

This process of medicalization has paternalistic overtones: if the role of medical institutions is to
repair broken bodies, the beneficiaries of this benevolence are locked into a role of created dependence.
At the heart of this relationship is the expectation that disabled people cannot function or enjoy a full life
without the aid and good will of a professional. Modernity represents a perceptual shift inasmuch as the
physically disabled person, once feared as a threat to social order and treated with due hostility, has come
to be understood as inadequate and in need of management. Further, those who dole out charity to
vulnerable populations tend to set the mandate regarding what those populations require or deserve.
Paternalism has the effect of infantilizing those swept up in and subject to its provisions, such that the
paternalistic state or institution acts in their best interest, without consultation or consent.

A powerful example of the paternalistic treatment of disability are the institutions of management
designed to process, contain, or cure the disabled—facilities that have historically been used to house
people diagnosed with physical, intellectual, and psychiatric disabilities. A particularly prominent practice
during the modern age, these institutions were sometimes staffed with medical practitioners, while others
were originally residential schools that employed educators. The purpose was not always to provide
medical attention, but rather to engage in practices of attendant care, compounded with strategies of

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surveillance and discipline.\textsuperscript{14} Often disabled persons were left in institutional settings because families from lower income brackets lacked the funding, and adequate social welfare provisions, to provide support.\textsuperscript{15}

Within these various institutions, we might consider the more overt discriminatory treatment that took place—the physical, sexual, and mental abuse; the dehumanization and diminishment; the privacy violations and theft—but for the purposes of this research we have a more specific focus in mind. While disabled people were out of sight, out of mind, they were subjected to practices that reflect what were once utopian aims. Inmates were controlled through physical and chemical restraint, segregation from communities and one another, disciplinary measures and power imbalances, all for the purpose of reshaping and rendering docile their unruly embodiments. For, the idealized body is the docile one, the interchangeable one, the one that demands no special favors. Public spaces only lacked a disability presence at the expense of those persons who were pushed out of communities and into prison-like facilities, and who saw their bodies violently managed throughout the duration of their imprisonment.

In the case of lost causes, those disabilities that have yet to be cured, the solution has historically been to control for the possibility of reproduction. Germany, Sweden, and Switzerland enacted mass sterilization programs, and the practice certainly had a home in both Canada and the US.\textsuperscript{16} The procedures typically took place in institutionalized settings, at times offered as a pre-condition for release. The most recent instantiation of the practice has been dubbed the Ashley Treatment, finding its namesake in Ashley X from Seattle, whose parents opted for her to undergo a hysterectomy (to prevent menstrual discomfort and the possibility of pregnancy), bilateral breast bud removal (because breasts are a sexual feature that may invite abuse), and continued estrogen therapy (to attenuate her growth). In defense of the procedures,


her parents argued in 2007 that due to her cerebral palsy Ashley’s motor and intellectual capabilities will never exceed those of a three-month-old’s, and the Ashley Treatment forever renders her their “pillow angel.”

Anne McDonald writes in response, in an op-ed for SeattlePi: “my ongoing concern is the readiness with which Ashley’s parents, doctors and most commentators assumed they could make an accurate estimation of the understanding of a child without speech who has severely restricted movement.” McDonald self-identifies as a fellow pillow angel, with the same medical diagnosis and physical limitations as Ashley X; she spent her childhood confined to a bed in an Australian institution, saw her growth attenuated through starvation, and was not taught communication strategies until adolescence because it was assumed she would be incapable of learning them. Her contention is that invasive surgery and involuntary sterilization may not be in Ashley X’s best interests, not when McDonald’s experiences illustrate the trouble with making sweeping assumptions about a disabled person’s best interests.

Though best interests have long been invoked as the flagship rationale for the procedure, sterilization campaigns have underlying eugenic motivations—a term Eugene Galton coined when referring to the preservation and betterment of a gene pool. Eugenics as a socio-biological movement reflects a utopian mandate, albeit an unsettling one, for it imagines a world where defective bodies have been weeded out and the resulting social order is better off as a result. Lennard J. Davis critiques this utopian impulse: “if individual citizens are not fit, if they do not fit into the nation, then the national body

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will not be fit. Of course, such arguments are based on a false notion of the body politic.”¹⁹ That is, eugenic practices are rooted in a state interest to render its citizenry uniform. When understood to be solely a biological phenomenon, disability falls into the lower tiers of a biological hierarchy, and the devaluation justifies its elimination for the sake of a populace that needs not be bogged down by inferior stock. The paternalistic rhetoric used to frame especially invasive medical approaches to disabled bodies seems to belie troubling ideas around an exclusionary and regulatory social good.

When wide spread reports of abuse and neglect within institutional settings were unearthed in the 1960s and 1970s, a trend toward de-institutionalization began. The process of de-carcerating people has proven difficult, however, as no networks of support exist in communities to which once-institutionalized people return. The implications have been impoverishment, homelessness, and criminalization—conditions which continue the cycle of created dependency, for people who have been historically deemed incapable of taking care of themselves may well experience a material deprivation which renders them incapable of doing so in the absence of support networks designed to reverse the effects of institutionalization.²⁰ Communities have proven ill-equipped to welcome this new demographic because they were not built to anticipate physical disability, for disabled people were omitted from participating in the original building process on the assumption that they have nothing to offer as Lifchez argues.

According to Doris Zames Fleischer and Frieda Zames:

The trend in the late 1950s and early 1960s toward deinstitutionalization allowed people with severe physical disabilities to begin entering the mainstream, bringing a new population to the developing disability rights movement. Nearly all people with serious physical impairments had trouble coping with a physical environment so ill-adapted to

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their needs, and many were spurred into activism by the discrimination and lack of understanding they encountered.²¹

De-institutionalization has not been enough, then, to correct the problem of exclusion, not when utopian projects have been taking place in the absence and at the expense of disabled persons in rigorous, systemic, and sustained ways for centuries. But how should disabled people be included? Perhaps the question of what to do about disability is easier to resolve if it is framed as a response, that is, as a civic responsibility to citizens rather than a philanthropic gesture. Disability organizations, activists, and scholars have their own ideas on utopia, after all, that might just shift the conversation.

**A Dis-topian Response to Utopian Design**

Situated in the climate of the 1960s civil rights movements, disability politics developed as a response to the need for independent living support in the face of increased de-institutionalization;²² advocates and activists were thus engaged in projects of imagining utopian landscapes for variant bodies. A primary catalyst for activist confrontation was the architect of America’s Independent Living Movement, Ed Roberts. Roberts fought for admission rights at the University of California, then struggled with arranging for housing. These arrangements were difficult because his campus was ill-equipped and incapable of accommodating the machinery he required as a result of polio. He and other physically disabled people were relegated to a hospital on the fringes of campus—a functioning institution, in an age that declared the end of institutionalization. In his own words:

They [the university administrators] didn’t know where to put me. The dorms weren’t accessible, and we had to find a place that would accommodate my eight hundred-pound iron lung. They finally decided that I would live in a certain ward of Cowell Hospital, on the edge of the campus. Soon there were a bunch of us crips at Berkeley.²³

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²³ Jon Oda, “Highlights from Speeches by Ed Roberts,” unpublished manuscript, as cited in Fleischer and Zames, 38.
Roberts responded by developing a community that would facilitate independent living. This community was the disability rights movement’s first largely recognized disability utopia, and would serve as a model for independent living movements that were emerging throughout the US and Britain. Carr Massi, who organized the Center for the Independence of the Disabled in New York, visited Berkeley in 1977 and described her experiences:

Some people have the impression that CIL [Center of Independent Living] is a “village” of people with disabilities. It is not. It deals in services, counselling, and training … There is peer counselling, legal assistance, job development, training in independent living skills, and health maintenance. The CIL degree program is the only one in the United States that focuses on the psychology of disability, using the peer counselling approach practiced at the center. All this is funded by private foundations and by the government.24

What Massi was describing is not simply a geographical location but the human networks that constitute what was meant to be a more just society. The political mandate binding this community together—the mandate to provide the conditions that would enable agency—stands as a striking alternative to more paternalistic mandates to the extent that independent living supports begin with the presumption of personhood. When communities begin with the presumption that disabled people will never be capable of participation, can be nothing more than pillow angels, those communities construct the conditions that confine people to their pillows.

The movement developed a new understanding of disability as a social and political phenomenon. This means that disability is located outside the body, in exclusionary institutions and the discriminatory physical environment. Bodies are disabled, their range of function and capability limited, not by internal difference but by a world that has been built up around them without anticipating difference. The constructed environment instead envisions only one kind of body, and in so doing privileges a singular mode of living in the world. This singular mode of living is one that privileges a body capable of production at maximal potential within the contexts of commodification of the body as a performative

tool. That is, not only has the built environment been constructed without anticipating difference, but the utopian visionaries responsible for driving the design and construction of the built environs anticipated a rejection of difference at the level of bodily non-conformity.

Key to articulating this new social modelling of disability, Britain’s Union of the Physically Impaired Against Segregation (UPIAS) developed a manifesto entitled *Fundamental Principles of Disability* in 1976. In it was the call to change the “conditions of life [to overcome] the disabilities which are imposed on top of our physical impairments by the way this society is organised to exclude us.” UPIAS differentiated between impairment (a condition internal to the individual) and disability, reinterpreting the latter term to mean “the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments.”

UPIAS co-founder Vic Finkelstein explains the social model by describing a hypothetical utopia consisting of wheelchair users who have given up on ableist environments. He claims that social context is constructed for those bodies held to be benchmarks. A body that does not require a wheelchair would thus be rendered disabled due to difficulties navigating a context that does not suit it. For example, a person who stands in a community of sitters may sustain multiple head injuries from standard low ceilings. Finkelstein speculates, tongue in cheek, over how such a society might react: “special aids were designed by wheelchair-user doctors and associated professions for the able-bodied disabled members of the village. All the able-bodied were given special toughened helmets (provided free by the village) to wear at all times.” The purpose of his fable is to demonstrate that people are disabled, their functionality limited, by their surroundings, not by internal limitations, for social institutions are designed to

25 Priestley, 1.
26 Priestley, 14.
accommodate and extend specific functions: “the moral of the story is that when living in a community specifically structured to facilitate one mode of mobility, the well-adapted majority becomes complacent and resistant to alter an environment for the needs of an already stigmatized minority.”

An implication to Finkelstein’s hypothetical might be that utopia is impossible, because if we place disability at the center when designing an ideal society, we run the risk of creating new categories of disability for those who do not fit the new mold. A similar point—albeit without disability politics in mind—was made in H.G. Wells’s 1904 *Country of the Blind*. The story is told from the perspective of an outsider who initially assumes that his capacity to see is advantageous in a country built by and for a population that is entirely blind. But in a space that is not designed to accommodate eyesight, he finds he is clumsy, stumbling about in pitch black darkness. He cannot move about freely because he cannot see; his context renders eyesight a disadvantage. Nor can he put into words that he possesses a skill the citizenry lacks, for his vocabulary holds no meaning in their community, and so it is dismissed as the mingled words of a newly formed man. His eyes become such an impediment to him that village elders recommend their surgical removal. So human functions like vision and bipedal mobility only have utility in particular contexts, and could just as easily become disadvantages depending on the particular system of values that motivates social organization. Should blind people become the architects of their own libraries, non-blind people become the misfits in that space.

It is not necessarily the case that an ideal society conceived by and for disabled persons (or at least developed in collaboration with disabled persons) would stigmatize other embodiments. We might look to disability studies for critiques of utopian projects that ignore or seek to efface disability, but surely this is not all that disability studies has to offer, for at the heart of Roberts’s work at Berkeley was an impulse to create an ideal world that accounts for disability; but not the exclusion of able bodies or those

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unencumbered by the necessities of medical apparatus. The field may have not only critiques but also suggestions, strategies, and solutions, where disabled embodiments are taken to be our launching points for reconstructive efforts.

One approach within disability studies has been universal design (UD), a “worldwide movement that approaches the design of the environment … with the widest range of users in mind.” UD has been posited as a response to exclusionary physical spaces because the problem, so theorists claim, lies in the ableist values and assumptions that operate at the level of design: “the geography of towns and cities is often experienced as oppressive for many people not just because their needs for accessibility are neglected, but because ableist values are positively asserted in the socio-spatial patterns created by planners and designers.” Proponents consist of architects, engineers, and researchers who while planning how to re-structure physical space commit to the following principles:

- the design accommodates a wide range of individual preferences and abilities;
- the design communicates necessary information effectively, regardless of ambient conditions or the user’s sensory abilities;
- the design can be used efficiently and comfortably, and with a minimum of fatigue;
- and appropriate size and space is provided for approach, reach, manipulation and use regardless of user’s body size, posture or mobility.

For all the promise of UD, however, its implementation has proven difficult: “the ‘Design for All’/Universal Design’ movement has been very valuable in raising the profile of disabled users of products, and has laid down some important principles. In its full sense, however, except for a very

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limited range of products, ‘design for all’ is a very difficult, if often impossible task.” The difficulty lies in anticipating every possible accommodation, when the different kinds of disabilities that exist are vast, as are the needs within any particular disability category. And there is a touch of hubris built into those designs that suppose every possible variation in the human condition can be accounted for and collapsed into the national identity. Total theories can only truly claim to “work” if the minority that stands outside the totality is silenced, so universal design is doomed either to fall into paternalist patterns or to fail without a serious reconception of its purpose and goals.

If not through universal design, then, how might we construct a disability utopia? Which values might we use to supplant current conceptual and practical obstacles to inclusivity? And how might we avoid the tradition of naturalizing and normalizing certain ways of functioning? Since our current paradigms tend toward standards that inevitably result in marginalization, perhaps it would be best to begin at the margins. That is, we propose that utopian design begins with a presumption of difference rather than sameness, or an emphasis on the particular needs of a citizenry rather than their watered-down commonalities. We suggest beginning with a politics of difference, where difference is accepted as “basic to the world.” Jeff Noonan elaborates:

If universal definitions of human nature are always the products of the exercise of power, if every universal definition is made possible by the forcible exclusion and subordination of nonconforming differences, then it follows … that a radical politics must somehow do away with the idea of human nature. There is simply no underlying identity shared by all human beings. That identity … is an illusion whose real function is to justify the remaking of the world according to the definition of human nature that suits the ruling power. Only

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by breaking with the belief that all human beings share an essence can differences speak
in their own voice.\textsuperscript{35}

Such a shift in perspective might acknowledge that we cannot anticipate the entire range of human
functions, capabilities, and needs. Our utopias might instead be open and responsive to otherness rather
than built to service a privileged embodiment.

And in so doing, we may just open up our imaginative limits around what it means to be human,
and what sorts of interactions with our environments we might cultivate. In her exploration of deviant
embodiments, Donna J. Haraway claims, “by the late twentieth century, our time, a mythic time, we are
all chimeras, theorized and fabricated hybrids of machine and organism; in short, we are cyborgs. The
cyborg is our ontology; it gives us our politics.”\textsuperscript{36} If any body is to be understood as cybernetic, tied up in
technology and medicine and variation, it would be the disabled body. Haraway insists that we need a
new body politic to match this age of cyborgs, this reaction to the interchangeable, idealized bodies
imagined by the modern age. If we cannot build a community that anticipates every possible difference,
as UD promises but fails to deliver, we can at least build a community that is informed by its members.

Our cultural cyborgs and monsters may contain within them new human potentialities, and may
well force us to question traditional understandings of human limitations. Recall that Roberts demanded
we rethink what it takes—what sort of human and technological supports we might develop—for
physically disabled people to live independently. His utopian landscape provided the means by which its
inhabitants might be seen, and therefore, fully included, in the vision of utopian places, because that is the
very purpose of utopian design. If our utopias began with a body politic that embraces difference, we
would find we need not be so restrained by oppressive, and, dare we say, uninteresting, limitations to the
human condition.

\textsuperscript{35} Noonan, 4–5.

p. 127.
Conclusions

If we conceive of architecture as playing a vital role in framing not only the lived experience of those that are disabled, but also their philosophical self-understanding, what we might, following Peter Sloterdijk, term their “crippled existentialism,” then “the implications of these observations are as diverse as the diagnoses themselves. They have one thing in common, however: if humans are cripples, without exception and in different ways, then each one of them, in their own particular way, has good reason to understand their existence as an incentive for corrective exercises.”

We might, taking the critical project of utopian architecture seriously, interpret this to mean that utopian architecture is impossible. However, it is also possible to render this as meaning that the primary impediment to achieving something like utopia via architecture is only possible when places are built to “see” everyone as equally deserving of a place in utopia. As Raymond Lifchez aptly remarks, “To make a place accessible takes more than a ramp. Not only is a ramp not enough, at times one can be inappropriate, an indicator that sitting issues may not have been resolved in the best manner. But the ramp has become a symbol of access in a way, so let us conclude simply that where it is necessary, it may not be sufficient.”

We, as dreamers and designers of utopias, owe it to everyone to ensure that each inhabitant of utopia is supported by their surroundings, capable of functioning in their space—to include deriving benefits and producing contributions—and able to experience all that a utopian construction has to offer.

Given the dearth of resources, especially in more mainstream outlets for theory, our position is that engaging the disabling of utopian architecture is not only timely, but necessary, to achieve actually utopian architecture. While it is too limiting a space to fully address what is absent from the literature—utopian and architectural—our focus has been to bring to the fore the problematic nature of the types of bodies that utopian architecture envisions, the productive capabilities of the built environment and its

37 Sloterdijk, 59.

38 Lifchez, 33.
impacts on differently abled bodies, and the default assumption regarding the predictability of the utopian (or actual) body. It is our position, further, that utopian architecture—the intentional design of public or private spaces—has no claim to such a title so long as it excludes people from living a better life.

References


