**A transcript of content from *(Critical) Blindness Studies : Current Debates and Future Directions***

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**Feminist Approaches to Blindness: Discrimination and Resistance**

Chair: Corinne Doria

Moderator: Céline Roussel

Speakers: Gildas Brégain(CNRS, EHESP, France)

Anaïs Choulet-Vallet (Université Lyon 3)

Raquel Guerreiro(Universidade Federal do Rio de Janeiro, Brazil)

Virgínia Kastrup (Universidade Federal do Rio de Janeiro, Brazil)

**Corinne Doria** 0:00

Thank you, Céline, thank you for this introduction. So I present myself. I'm called Corinne Doria. I'm a white woman, I have short dark hair. I'm wearing glasses with a purple top. I'm 44, I'm Italian, and I'm wearing black tank top. It is very hot in Milan, where I live, and where I'm speaking to you from. And so I'm going to be chairing this session, this 11th Round Table in this conference, and as Celine said, we're going to be listening to three speakers who will be giving their papers: Gildas Brégain first of all, and then Raquel Guerreiroand Virginia Kastrup. And so, first of all, I'm going to present Gildas Brégain, who is a historian and researcher at the CNRS with the Arènes Laboratory, which is part of the EHESP in Rennes. His topic is transnational research in disabilities in the 20th century. He's particularly focused on the three countries in Latin America, Algeria, Tunisia, and Western Europe, including France and Spain. And so he's the first speaker in, in the round table, which is on feminist approaches to blindness, discrimination and resistance and on fighting for the rights of blind people in metropolitan France, 1900 to 1945.

**Gildas Brégain**09:55

Thank you Corinne. So I'm sure Gildas Brégain. I'm French, I have short brown hair, I'm 38, I'm wearing a black shirt and gray glasses. And so I am doing research on the history of blind people, in particularly blind women during the first half of the 20th century. And I'm particularly interested in the life experiences of white blind women and their different experiences in and what they did to improve their lot in life inn that period of history, I'm carrying on the work that was begun by Catherine Kudlick, and Zina Weygand. And so the research in social sciences was on the experience of blind women and that looks at how they suffer from the combined effects of two systems of oppression, which is ocularcentrism. And for several years, I've been looking at the archives of associations, to have a better understanding of the fight for the rights of blind women. And I have had a number of difficulties to transcribe the purpose of the research, for a major reason, which is that most of the action taken to improve the lot of blind women, it doesn't fall within the political fight for rights. Most of the actions that I can see, historically speaking, are more actions, which are within institutions: requests to the directors, or other actions, which can be considered to be minor, and they're not political striving or debates at national or international conferences. That aspect does exist, but it's very minor, very minor compared to all the other actions that women have undertaken to improve their lot in life. And so now I'm going to talk as I only have five minutes, I'm going to talk about one woman who I had a great affection for as I read about her. She's called Marie-Aimée Régnier who was a blind woman, French teacher; they issued for young blind people until 1906. She was born in 1852 in the French countryside in the Eure department, and from birth, she had two congenital cataracts. And she grew up in, a well-off family. And thanks to a nun, she received help, and according to her, she became a good Christian. And, like most female teachers at the time, blind teachers, she lived in an educational institution, and she remained single all her life. And she was an active member of the Association and as far as I can see, she was one of the first woman who took action to improve the lot of blind women. She doesn't define herself as a feminist, but a lot of her actions do have feminist goals. She wanted to foster the independence and autonomy of blind women and reduce inequalities that were suffered with respect to blind men, for example, education, access to employment. And one of the first actions she undertook was that she provided information to young girls who were leaving the Institute, about the difficulties they were going to encounter. She gave them advice to present themselves well, when they went to apply for a job, how to get into contact with sighted people. And there's a, an important aspect that we see in her personality, which is that she's a woman who was obliged by her, her circumstances to live in the boarding school, she was single, but she had the aspiration to be independent. She was the first teacher to ask to be allowed to live outside the school outside the Institute, for Blind Youth. And she asked the headmaster if she could and first of all, he refused that, because they had just wanted to keep the blind teachers in the boarding school so that they would be available for their pupils; they wouldn't get married, because marriage for blind women was a dangerous thing. And also, from the point of view of the Institute, keeping them in the boarding school allowed them to pay them less, because they deducted all the living costs from their salaries. And so the sources that I was been able to consult out saw that Marie-Aimée Régnier did everything she could for her pupils, and give them desire to frequent the ordinary world and give them more freedom. But in what she says, she's aware of reality and the fact that young blind girls would have huge difficulties to find a sighted husband, or to live outside the Institute. And so, for example, in a small book, called *The Small Bird of the Sisters* which she wrote for her pupils, she talks about the reaction of a blind heroine when she learns that one of her companions has become engaged. And the heroine says blindness is a burden. Our life is dark, obscure, and joyless but I'm 21 and I don't want to get old behind bars, I want to go out into the world, whatever it costs, I don't want to be in custody. I don't want, I don't want to be the only one to live in traditions. I'm fed up; I want to live something else. I want to feel that I’m alive, here and now. And so that is one of her first actions and from 1921, 1922 onwards, she developed new actions and spoke at a national conference to improve the conditions for blind people, where she defends the rights of blind women. And another important fact in 1922 is that she founded the first association of blind women, called mutual female help, with the goal of fighting against isolation and loneliness for blind women by providing care and solutions for their material and moral needs. And so this association provided help either monetary or material, for example, giving wool to blind women so they could knit, it also gave them grants for them to be able to go on, so that the teachers could go on holiday, because they lived in a boarding school to go and get some fresh air during the holidays, and Mari-Aimée Régnier defended an important right at the time, we was the right for blind girls to have teaching, because blind girls at the time, didn't have this teaching. Because at that time, the institution didn't want them to become housewives because they were afraid if they gave them this kind of teaching, they would want to get married. And the desire was that they wouldn't get married and Marie-Aimée Régnier also defended access to work and access to fair pay for blind musicians. And also defined the fact that blind women could, were allowed to be elegant. But like most blind intellectuals, at the time that looked at blind women, they all said the same thing that blind women needed to be elegant and attractive. There was this obligation to overplay their femininity in order to exist in their humanity. So she would also defend the creation of non-mixed living conditions for women. And she also defended the individualization of living areas in hospices and workshops. So that is a very succinct way of, by mentioning her in an article. She doesn't talk about this in her national conferences, but in articles that she publishes, she mentioned, she just mentioned this. And so what struck me was most feminists of the, in the first wave, Marie-Aimée Régnier doesn't talk about motherhood to win over new rights for blind women. And I think that this silence is explained by the desire to be more convincing, based on a common sense that blind women have to remain single. Like a lot of intellectuals at the time, she was convinced that the situation of blind women was deplorable, for most of them; there was a lot to be done. And that the things, that small steps should be taken in the claims made; other people might have different opinion to me. And so that is to say that Marie-Aimée Régnier combines in her actions, she doesn't fight for rights, but for social help, but that does have a tangible impact by fostering leisure activities for blind women, autonomy, professional authority, without fighting for rights, but which, which is not the major, which doesn’t have a major profile. And so this led me recently to putting forward the fact that insignificant actions can have a much bigger value. For example, copying music scores in braille for other blind women, or describing an article to advise the parents of blind children to buy certain things for Christmas presents. And all of this does play a role. But each time supports a feminist vision in my opinion, and that's to say that Marie-Aimée Régnier embodies a form of feminism that is influenced by Catholicism. And another error I made when I first read my sources was that I was looking to find a movement for the rights of blind women, so blind feminism, but the more I read the sources, the more I criticize them and the more I'm convinced that there are many, there were several blind feminists at the time: there was a Republican feminism that defended equal pay for blind men and blind women. Thank you.

**Corinne Doria** 14:59

Thank you, Gildas, for this presentation. And now I want to hand over to our other two participants: Virgínia Kastrup, who is a professor at the University of Rio de Janeiro. And she did a doctoral thesis on subjectivity in clinical psychology also research in cognitive psychology; she holds a doctorate in clinical psychology that she got at the University of Sao Paulo and a Master's in psychology that she got 1993 from Rio de Janeiro, Federal University. In 2001-2002, she was in a postdoctoral program in Paris, and between 2009 and 2010 a postdoctoral research position at another institution. She is presenting with Raquel Guerreiro who is a clinical psychologist holding a Master's in psychology and a doctorate in social institutional psychology at the Federal University of Rio de Janeiro, Brazil and she is a member of NUCC which is a research center at the Federal University of Rio de Janeiro. The title of this paper is ‘Narratives of Handicaps: the embodied words from non-hegemonic bodies’. Well, it's over to you.

**Virgínia Kastrup**

Thank you, Corinne. I'm going to start. Greetings to you all. My name is Virgínia Kastrup. I'm Brazilian, and I'm talking to you from Rio de Janeiro. I'm a white sighted woman, 66 years old, curly hair with blonde curls. I've got a red dress on, I'm also wearing glasses. I'm in my office in front of my bookshelves. I'm a research lecturer in cognitive psychology and my work is at the boundary between art and blindness. I look at the creative process in a ceramics workshop in a major institution for the rehabilitation and education of visually impaired people. I also research into accessibility on the blind to arts museums, the concept of aesthetic accessibility, emphasizing the importance of the tactile aesthetic experience, and multisensory experience. And I've headed up a project for the Rio Museum of Modern Art, a multisensory event where we staged diffuse group visits with sighted or non-sighted people to experience, to share experience. We have other avenues of research, such as tactile, mental, mental images, dreams of the congenitally blind, and verbalism, all of which relates to the importance of the embodied words of non-sighted people in blindness studies. In terms of methods, I with Marcia Mooraes look at the concept of researching with, so a site of participatory research and to do that, I use a distinctive type of interview to have the first-person experience of non-sighted people and how they speak and their narratives. And there is a big challenge for researchers who are sighted to have access to and express experience or experiences of blindness, which is why I use this co-research method and participatory interviews. But I think this results in an approximation, but where there's still a gap between the experience of the non-sighted individual and academic outputs on the subject, but that is the challenge that we need to address in order to communicate about this experience. Francisco Varela has been a major influence on my work in cognitive psychology trying, looking at what are the cognitive systems at work in sighted and non-sighted individuals and these emerge from a process of production of practical cognitive experiences. An action has an ontological dimension. And I think that this approach helps to deconstruct the idea that there is a natural, spontaneous way of apprehending our environment, which is the visual method, and a ‘strange, bizarre’ approach adopted by non-sighted individuals who would allegedly perceive through other senses in secondary, less efficient, less noble ways than vision. So I look at all those types of issues. But the paper that I've written with Raquel, who will also be speaking a little more about the paper, looks at the significance of embodied narratives in the context of academic output based on experience of blindness and other disabilities. And this is both an individual and collective experience; irrespective of whether we experienced disability, there is a challenge when it comes to obtaining embodied narratives in research output, research literature. So that's where I'm at. We're looking at these, what is a new issue for you, and I think it's quite interesting, this question. What Gildas has said has opened up the fields in quite an interesting way, and there'll be lots to talk about as a result. Thank you.

**Corinne Doria**

Thank you for this presentation. It will be very interesting to begin a conversation after the other presentation. We are also hearing from Anaïs Choulet-Vallet who is a doctoral student in philosophy.

**Virgínia Kastrup**

Sorry, you've already introduced me. It is Raquel who will be ...

**Corinne Doria**

Whoops. My mistake. So my apologies. I'll hand over to Raquel first so that she can take up from there.

**Raquel Guerreiro** 24:50

Thank you. Greetings to you all. My name is Raquel Guerreiro. I'm a sighted woman white woman with dark brown eyes, long brown hair, and a white wall behind me. And I'm speaking to you from Rio de Janeiro and I'm very happy to be part of this event. And I’m going to tie in with what other participants in the roundtable have been saying: we're looking at how we can have a positive image of blindness and other disabled experiences can be constructed. We are talking about research papers and how they are written and how we can write about disabled experience, be it in the first-person when the researcher themselves is disabled or in the third-person when the researcher is not disabled. So, I've Master's in Psychology and PhD in Social Psychology, and I work with visually impaired people and have done for the past 10 years and on an aesthetic sensitivity of blind people in art museums and cultural centers. On a project of accessibility, accessibility, aesthetic accessibility in various cultural centers. I've done a criticism of the mimetism of others’ visual abilities because often this is a way that people approach alternative sensory experiences. I've also been in touch with, looked at how disabled women have interacted with feminist movements. I have a neurological disease which affects my movements so, I could identify with that. This is called ‘Inclusivas’, a feminist movement for disabled women. For example, there is major local political engagement on the part of this movement to fight for the rights of disabled women locally. As this is not a very largescale movement, it is attempting to reach out to other feminist groups of more with a broader scope of action. Because there are, of course, common concerns with broader feminist actions. And in this group, Inclusivas, which I was part of for two years, they found in this group, they found it was difficult to reach out to the groups because Inclusivas said that other feminist groups excluded them and also said that it was very important to raise their own profile because there were questions that related solely to disabled women; so this was clearly a political issue. In addition, this group was quite diverse. There were different types of disabilities, which was good in terms of discussing our approaches to a given issue. And from there, my research broadened out to extend to other aspects of disability, including a feminist critique and crip theory, which began to affect sociology research in Brazil, when I came across life writing, for example, in feminism. First-person narratives, own-voice narratives of these disabled women became my subject of research. And I went back to this when I wrote my PhD thesis. And in terms of becoming as it were a disabled woman, my diagnosis was quite late. I realized the importance of confronting this idea of a normal or normative body, which is that of a an able-bodied individual, and in academic research, there's not much said about nono-normative body experiences, including those on the parts of the research themselves. So Vanessa Warne raised a question at one panel debate, how can we do more? Or do things differently? Blindness cannot be restricted to the, a specific lack of a specific faculty. I think we need to broaden out this discussion of visual disabilities, other types of disability, even if they have various particularities. We have questions that are similar, such as the deconstruction of what a normative body is and the diversity of bodies and different ways of living our lives.

**Corinne Doria** 31:53

Thank you, Raquel for this fascinating contribution, which we will come back to and though I'm sure there'll be a lot of questions about this. So now I'm going to hand the floor to Anaïs Choulet-Vallet, who is a doctoral student in Philosophy at the University of Lyon 3. She also has a therapeutic approach. Her paper is about, is a letter from a blind person to those who are carers, so Anaïs the floor is yours.

**Anaïs Choulet-Vallet** 32:32

So good afternoon, everybody. I'm Anaïs Vallet, I'm a white woman. I'm 29. I have fair hair. And I have them up in bun, a tight bun, because it's very hot here in Lyon. I have dark brown eyes, almond shaped eyes. I'm dressed in a black dress, but you can only see the top of it. I have a lot of tattoos on my chest, on my arms and neck. And they're mainly plants and insects, in the tattoos. I have some also on my face, my ears, but that's all about me to describe me. I'm a PhD student in philosophy at the CNRS and the University of Lyon 3. At the same time, I also practice shiatsu therapy, therapeutic massage from Japan, which uses acupressure and practices taken from osteopathy, dealing with joints. I work in my research on touch in treatments and female epistemologies. I have gradually in my research included disability studies. I finished by discovering the association between Disability Studies and Feminist epistemologies, through what we call in French, handi-feminism, disabled feminism, or feminist disability studies in English or feminist disabilities, which is one branch of critical disability studies. In order to be able to look at the way in which knowledge or different forms of knowledge on the body are constructed based on a hegemonic approach, which is ocularcentric. So, an ocularcentric approach, I'll say more about that later, and to show to the extent to which this hegemonic construction of medical knowledge and scientific knowledge of the body also involves a sexist and patriarchal domination, and uses a very restrictive definition of what the body is, what sensitivity is, sensations are, and also a very minimalist definition of vulnerability. Based on disability studies, and critical feminist studies on disability, I intend to criticize this notion of vulnerability at the heart of the treatment relationship and the touch relationship in treatment, showing that the classical conception of vulnerability is itself, suffers or affected by prejudices, or ableist prejudice, as well as its very sexist prejudices. I'm sorry, I just need to open up document; I forgot to say that I'm blind and it appears to me that people will say to me that people can't see that I’m blind. And so able bodied people, sighted people are surprised, that they can't see that I’m blind, which raises the question with the visibility of disabilities. And so this round table allows me to say that my researches in disability studies with feminist disability, on studies based on the theories, and everything relating to positioning theories, the standpoint theory, the fact that you can look at where people are speaking from, who's speaking, and what the social position, the cultural position of the person that is the one who is producing the scientific knowledge. And depending on the social position that you occupy, you won't produce knowledge in the same way, depending on your gender, or your whether or not you're able bodied or not, you have a perspective of knowledge that will be different, and which will result in a different methodology to deal with knowledge. And so this raises question about objectiveness. Well, what is objectiveness? Can we keep the same definition of that? And so I'm in a feminist stream, that tends to say, yes: objectivity can exist, but we need to add to what that objectivity is, is that of cis-gendered white males and are usually able-bodied men, sighted men, because objectiveness, as it is traditionally used, relies on visual factors of distance. Being distanced from an object in order to observe it. So there's separation between the subjects and the object of knowledge, and you also need to be neutral, so not involved with your object. And so starting off with physical contact between bodies in treatment, the notion of distance can't be maintained very well. And that's why I would like to develop a perspective on the treatment and caring that criticizes ocularcentrism whilst including a model based on touch but which doesn't aim to replace the, the sense of touch for that of sight, but to open the door to a form of, a concept that I use, that I mobilize, which is that of the feeling body. I refer a lot to the work of Marion Ink, that we listened to earlier and in particular her concept of practico-sensitive body, not just a sensory body it is also a body that hears discourses, injunctions, social relationships, and the notion of sensitivity. And feeling will take into account the diversity of definitions that we can give to the body, and the diversity of the definitions that we can use to talk about the body and the vulnerable body. Ocularcentrism as I see it is, or visiocentrism, it is not necessarily the eye that is at fault here, but it is the question of the sense that is favored over and above the others. Sight becomes really dominant and hearing too but I’m looking at a sight in particular, it's not, it's not the sense of sight as such but it's a very restrictive definition of what sight is. Sight is a sense that is de-sensorized, and you need to remove the sensory notion to make it into a model of scientific value. And so it's a certain definition of sight that we use in the way we construct sciences and medical knowledge, which then directs the way we do research and provide or reveal knowledge about the body. And so my aim is based on this knowledge, or intimate knowledge of the body, experiences in the body, how we can rethink vulnerability, which doesn't take for granted the distance required by visual centrism. And so this - we often hear about in care theory is that the sort of people that we need to take care of, the people being cared for, rather than the people who are giving the care. And this definition of vulnerability is very able-centric, because it's able-bodied people who are taking care of non able-bodied people. And so, to be able to think of non-able people as carers becomes very complicated, and now I'm referring to work by Marion Doé, who should have been in the next round table, but isn't here today unfortunately and has done a lot of work on parenthood and blind people and the motherhood of blind women. And to get round to this suspicion of - just blind mothers have to conform to gender norms and extra normative standards, as they are constructed traditionally, in a heterosexual couple where it is the mother who is the main caregiver, and looking after the body and bringing up the children. And these blind mothers are suspected of not being able to take care of others because they receive care themselves. And so this enables us to look at the question of being able; if you're not able, does that mean that you can't be in charge or, or looking after another person who's not able. And so that makes me think of what Corinne Doria has said in the opening speech of this conference. In general, being partially sighted depends on a certain model, whereas in fact thinking about blindness, in the light of a social model, with social relationships between people, that allows us to get away from naturalizing definitions of what blindness is. And here, I think it's possible to cultivate this blind culture in a perspective of empowerment. And getting away from the traditional approaches, ableist approaches, which are found in lots of associations, or a lot of discourse on visual disabilities. So we need to get away from being visiocentric, which focuses people's attention on their scientific view. I’ve just used my hands in talking about scientific ways of seeing, and the question of touching things and physical contact as I've studied it, and as I use it, in my research. It enables us to get a different idea of the interaction between bodies and the incarnation of caring, which is present in social and institutional frameworks that needs to be taken down when we study the body. And that's why use an epistemological approach, which calls all this into question in order not to idealize the question of touch in the care relationship, when it's not removed from this visual centric model and which – and there can be a lot of violence in this, the medical violence for gynecological violence, which comes through touch. But it's because they are done in a certain setting where the aim is to create a distance with the feelings of the body, and so they're not thought of as being violent because the aim is to get knowledge about the body.

**Céline Roussel**

And so maybe Anaïs, you're saying a lot of very interesting things. I'm very grateful to have included Marion Doé’s story. So we've had to de-structure the roundtable. And I think you're raising all the issues that we could have talked about, but I'm sorry to have to stop you. Maybe I could now ask you to conclude, and then hand over to Corinnewho will continue presiding this session. And we invite the audience to stay with us until a quarter to seven because the round table will be prolonged because we've reorganized things. So, maybe you could finish what you were saying in one sentence. And then Corinne...

**Anaïs Choulet-Vallet**

So thank you. I don't know if I can summarize what I was going to say, what I want to talk about in my presentation, but what I suggest in my research is to look at epistemology from the counterpoint, rather than from a point of view and to think about interactions in the place of the body in the way we construct knowledge and that's why I suggest in an article that I published last year, a letter of a blind person to carers, in order to parody the famous text by Diderot who wrote the letter about blind people to carers. And so, to look at things from a changed point of view, in the care, in the treatment relationship.

**Céline Roussel** 49:36

So Corinne, over to you.

**Corinne Doria** 50:00

Thank you, thank you, Céline; thank you to Anaïs for this very interesting presentation. In fact, it will be quite a difficult exercise for me to comment. We want to be able to try and cover the major issues that have emerged without overgeneralizing. I think that what has been highlighted in all three instances, is that when you approach the issue of disability and blindness studies from a feminist perspective, we have to address the issue of different areas of oppression, where the subjects of research have historically been confronted in particular living in a ocularcentric, visuaocentric society, which takes masculinity as the norm in biological, social, cultural terms, and therefore, the deconstruction and reconstruction needs to take place. I think that what was particularly interesting in this panel discussion, or is interesting in this panel discussion is that the speakers have all highlighted various methodological approaches, which might allow us to study these issues. Gildas, in your research, we see the benefit and the significance of studying these issues from a historical perspective; the issue you've been looking at in French history is one of the richest and most important in terms of the general compression in terms of activism of disabled, in particular, the blind. We were talking about the veterans of the Great War in a previous session and here are activities, that disabled individuals were involved in at this watershed moment in French history still deserves further research in greater detail, to really dig up everything which is of interest in this period. What I found particularly interesting in your paper is the fact that you look at a particular individual without making her a heroine and from a perspective of a professional historian that is a very complex feat to pull off. But looking at an individual can avoid thinking of activism solely in terms of collective actions and to consider it also in terms of individual contributions. This individual-based approach also highlights a whole series of issues which perhaps would not have come out so clearly looking, looked at from a collective point of view. For example, the issue of how blind women's identity, particularly teachers’, was constructed or is constructed. The history of Marie Régnier is a way of apprehending the framework in which these women's identity had to emerge, had to emerge. Feeling all sorts of pressure from, from a society which had a specific sets of expectations, not only of women but also of blind women, and that she did not simply lie down and accept these expectations. Her and others did not simply accept these but took them as challenges. And this approach enabled Régnier and those influenced by her engagements to embark on establishing personal identity, which hitherto had not been there to take hold of. When it comes to what Virginia and Raquel told us, what I found fascinating in their research is that not only they, there's the methodological approach that they have adopted in their work, but also the significance of case studies on which they've focused. Their research resonates not only with disability studies, but also makes a major contribution to medical humanities with a research archive which could considerably inform disability studies and create subjects for dialogue with our current field of research. When it comes to identity and visual handicap, that emerged from your contributions, from my perspective as an historian, raises interesting research issues. Those who are interested in clinical psychology will find them perhaps self-evident, but for someone from my discipline, they do not immediately spring to mind. So I found it very stimulating to hear about this research and your comments on it because multidisciplinary, interdisciplinary cooperation between historians and clinical psychologists would be something of great value in terms of providing a contribution to these fields of research. And finally, a few words about what Anaïs told us about and her research. I think her contribution is also very significant with regard to medical humanities, and the fact Anaïs that you also have a shiatsu massage activity gives a whole other series of insights and experiences, which are important for this research field. And your paper also brought to mind, once again, the issue of identity frameworks and categories that we use or that we refer to, that we wouldn't normally think of and, another thing which came to mind, is that we live in a world which sees able-bodiedness as a default position and sighted bodies as default, and also the male body as the default value, all of which raises the issue of how to educate people in the fact that female bodies, non-sighted bodies, disabled bodies may be legitimately constructed in a way that is different to the perceived default value or default norm. And I think this is one of the biggest shortcomings that needs to be addressed when we look at the field of disability studies and particularly from a feminist perspective. So with that in mind, I'd like to ask our traditional three questions which underpin our conference and so perhaps you would like to respond in the order in which you originally took the floor to give your brief responses to these questions. So the first of these is how do you position your research within disability studies and more generally, within the field of disability?

**Gildas Brégain** 1:02:06

Well, I look at French research into disability studies, not all of it, but some of it. I appreciate Cathy Kudlick’s, Rosemarie Garland-Thomson’s, David Bolt’s talking about variations on ocularcentrism, that the blind was a variation on this, and that prevented me from making over hasty generalizations. And as a historian, I don't attempt to read all the literature on a topic. But I first look at sources and attempt to consult a great many sources so that I am not affected by current research, which is often quite far removed from historical realities and their local particularities. So I try not to dig around or read around but look at the sources and then connect those with reading as we go along. So I'm also looking at disability history, if you look like, well, within critical disability studies, but I haven't adopted a particular theory. I do try to be reflective and take into account work from political science and sociology to interpret the past. But that said, I always take the view that sources are much more eloquent than the sociological interpretation that current affairs might lend to them.

**Corinne Doria**

Thank you, Gildas. Virginia, would you like to add your insight? You're muted at the moment.

**Virgínia Kastrup** 1:04:18

So disability studies, feminist studies, second generation feminist studies, or second generation Disability Studies... My specialty is perhaps more cognitive psychology because that's a very open discipline in Brazil, very intersectional. And so I'm not for the biomedical model, but some cognitive psychology tends to be, working with neuroscientists and so on. In Brazil, I’m not restricted to that. We are also influenced by Michel Foucault's work; we studied Michel Foucault and Gilles Deleuze and Felix Guattari and other non-professional psychologists, shall we say. So, we, that will clearly put us on the disability studies side of things.

**Corinne Doria**

Thank you, Virgínia. Raquel, anything to add to that?

**Raquel Guerreiro**

Yes, I would say disability studies with feminist criticism and I would also be in line with Crip theory. This is a US theory. Here Disability Studies literature is quite recent. There is an anthropologist, and she translated all of this at the end of the, in around 2007. Which, we then had the literature in Portuguese. But just anthropology. But, very recently, five years ago, even less, we started to broaden out the dissemination of this literature. So it's actually quite recent, and feminism, this feminism as regards to disability, is very much a work in progress in Brazil. And we're trying to put this together with the, as I mentioned, the disability women's movements, disabled women's movement, and also in academia, we take up issues for discussion at the academic level. And I am still really, at that point in that way of thinking. And I would like to, be interested to, learn about other authors, French speaking authors, which we don't really have access to here as yet.

**Corinne Doria**

Thank you. Thank you, Raquel.

**Anaïs Choulet-Vallet** 1:08:00

As I said quickly, earlier, I'm in critical Disability Studies, which show that disability studies as they appeared in the 70s tended to minimize the bodily experience of the first person, given that disability, it is socially constructed, but the inability of society to accept physical diversity. And that's what critical disability studies and feminist disability studies have showed, and so in, in French, the French speaking world, we call, it's called handi-feminism. And here, there are several people at the conference in the network that is, in this network of studies, working at looking at the gender issues in disability. And this is an international French-speaking network that deals with the different issues relating to disability and research into gender and disability, and to take a more materialistic approach to these questions. And I am looking at, looking at the effects of domination on the body. And that's why I prefer to talk about the intertwining of power struggles. Some people talk about intersectionality; I don't use this word, because I'm not talking about racial issues. And that's the political tool that talks about the effects of racism, classism, and sexism, but I don't want to take the political aspect of this away by using it to talk about disability. But I want to talk about the interplay of critical, of power struggles in disability, critical disability studies.

**Corinne Doria**

So thank you for this answer to the first question. Now to ask the second question. How do you describe blindness studies? Who would like to speak first?

**Gildas Brégain**

I’ll switch on my mic. For me, it's all the interdisciplinary studies on the specific experiences of the social life with visual impairment. And it's for me, it's also studies that call into question unilateral interpretations that are pejorative with respect to blindness. And so we need to pay attention to the diversity of life experience of blind people, or visually impaired people and the role of blind people in constructing their story. I think we really do need to talk about autonomy and take into account that aspect. And so I would tend to remove from this field studies on blindness or critical blindness studies, studies that don't take into account or don't seem to take into account the hopes and aspirations and claims or otherwise don't listen to the people concerned.

**Corinne Doria**

Thank you, Gildas. Virginia now?

**Virgínia Kastrup**

I think that blindness studies are a study network. And it's interdisciplinary, or even transdisciplinary that will be able to present or will seek to develop a positive conception of blindness, and talking about diversity of the ways in which you can be blind and to live with blindness. So positivity, diversity, are two elements which I believe are specific to the field of blindness studies. And another thing is the role of protagonists, of blind people in the construction of this field. Protagonism is the positioning of problems: what are the most important problems? And to be that is present? it also needs to be guaranteed in methodology. But that's what I think are the issues to construct this idea.

**Corinne Doria**

Thank you, Virgínia. What about you, Raquel?

**Raquel Guerreiro**1:13:57

Sorry. I, I agree with Virgínia. I also think about protagonism in the construction of this field of study, and blind people need to deconstruct the negative image of blindness and work on positive aspects, but I also think that we need to underscore the political reasons for this. For example, with Virgínia, I've already worked with her previously and we worked on the notion of a cognitive psychology. But there's also blindness and we worked on art, on music etc. But there's, there's a very political dimension to this type of study. So we need all to be attentive to the political dimension of what we're putting forward, and to see how we do this, the methodology that we use. We need to pay attention to that.

**Corinne Doria**

Thank you. Raquel. Anaïs?

**Anaïs Choulet-Vallet** 1:15:30

I think the definition that I would give to blindness studies is the ability to create an interdisciplinary social model of blindness, in the same way as this was done for disability in general, which implies and I here, agree with Raquel and Virgínia on the positive definition of blindness, which implies empowerment. And as Gildas just said, too, making blind people agents, and we also need to look at how knowledge about blind people and their experience, we need to take blindness as a subject. In the same way that we used to remove from the history of ideas, the scientific production of women, we can also be an invitation to look again at the scientific prediction made by blind or non-sighted people. But the positive definition of blindness is - I would also add a negative definition, which is that that allows us to pool the experiences of expression, and ableist domination and ocularcentric domination, to be a condition, to be able to create empowerment, in also to become aware of the structural mechanisms, that mean that society is adapted for blindness rather than the other way round.

**Corinne Doria**

Thank you. So now, I'm going to ask the third and final question, what definition of blindness does your research or your experience lead you to adopt? Gildas?

**Gildas Brégain**

As an historian, I don't use a single definition of blindness, because the definition of blindness varies depending on territories and times in history. But I admit that I made the mistake quite often of not having given a prior definition to the study that I was doing. I take the definition that I find in my sources and in documents but I've always tried in my research, to find that a plurality of definitions of blindness and experiences blindness, and what's at stake in this category. So I've looked, for example, at the ways in which blind people identify themselves collectively and individually. Do blind people identify themselves in the category of the infirm, or do they refuse that category? So I try to pay attention to the fluidity of these identifications.

**Corinne Doria**

Yes. Thank you. Okay, so the same question for you, Virgínia.

**Virgínia Kastrup**

Yeah, so a positive definition of blindness, perceiving and seeing with other senses that aren't sight - That's what blindness is. That's the most positive definition, I, I believe. I agree with Bertrand Verine, who talked about it in that way. And I believe that's a good definition. It’s getting away from the idea of there being something lacking and saying things in a positive way. I see how we can live and perceive with other senses.

**Corinne Doria**

Thank you. Raquel?

**Raquel Guerreiro**

For me, blindness, it's not something that I can define. I agree with Gildas. But I think that I see, I see blindness as an experience [unclear audio] It’s a form of existing in the world [unclear audio] and I think that when you see normality as being, having a body, we reduce plurality. So I think that we have to get away from this idea of normality as having a normal body or being a body that sees. Sorry, because I don't have all the vocabulary to express things or to see things in a different way.

**Corinne Doria**

Thank you. Anaïs?

**Anaïs Choulet-Vallet** 1:20:57

Like Raquel, I identify with the understanding of blindness as a sensory experience, intimate, it's also a social experience with power structures. And so that means that blindness for me is a label that we might want to use to have access to rights, to have access to things that can make society to adapt to blind or visually impaired people. But it's also a risk to find yourself assigned to that particular category. And so this comes back to, what we said about the paradox the Wollstonecraft paradox which means that we can claim a minority identity to get rights, but we also run the risk of being relegated to that status. And so then what's at stake is to look at the reversal of stigma, to see how you can make that into something that's strong, and something that can give you a form of power. And that's why I find that the feminist epistemologies can be very useful to see blindness as what Nancy Hardstock calls ‘epistemic privilege’ so blindness gives a kind of privilege, or social privileges, scientific privilege, epistemological privilege to know, to see in a different way, which is different from the usual perception that we, people want to reduce is to approach the world differently and open up different perspectives for everyone.

**Corinne Doria** 1:22:54

Thank you. Thank you everybody for having shared their research and having answered our key questions in the conference. Now I'm going to hand it over to Céline, who's going to moderate the question and answer session. Céline, over to you.

**Céline Roussel**

Thank you very much. I'd like to congratulate you on your performance in this roundtable, Corinne, and also that of the participants for their answers, a concise but very precise answers to the three questions. All the answers are locked in very well together. So thanks for this great work. I can see that we already have a hand raised. It’s Hannah. Don't hesitate, the other persons, either to raise your hand to ask your question or you can do it virtually, or in front of your screen, if you prefer. Hannah, over to you to ask the first question.

**Hannah Thompson**

Thank you very much, Céline. And thank you to the speakers and thank you for having accepted this reorganization at the last minute. You've understood that two of the speakers in the 12th Round Table can't be with us, are not able to be with us, and so we've taken the decision to put Anaïs into this session. And then we're going to explain to you what will happen later. My question is, first of all for Anaïs, but it relates to the work of each of you, and it's a methodological question: in your article, because I've read it attentively, you talked about the located criticism and my question is, in your article, you talk about the work of Marion Doé who should have been a speaker with you in the next session and she, too, is a blind woman who works on blind women. And so I wanted to ask you: how do you navigate the complicated situation that occurs when you're a researcher and also the subject of the research. And I'm also in this category myself, because I'm also a blind woman working on blindness. But I’m asking the same question to Raquel too: how do you navigate this complicated positioning?

**Céline Roussel**

Anaïs, it's up to you to answer and then Raquel.

**Anaïs Choulet-Vallet**

As far as I'm concerned, I think that it's a struggle and particularly in philosophy, which is a subject in France, which is very general, very detached from material issues. Often philosophy is hard to define as a human science. But my approach is to integrate myself into fields of philosophy and to say, even though I am a philosopher, I don’t have to work in a library. And so I go out into the field, I've done observation of participants in groups of feminists, but I also practice autoethnography. And so methodologically, I have to justify that and explain what it is because it's not always a well-known approach in philosophy. And then conceptually, what's at stake for me is to criticize, in both senses of the word, to call into question and to define objectivity and to say that it isn't contradictory to subjectivity. And that we very often hear that a person who is concerned by this sort of research is blinded, I'm sorry for the pun, whatever. So I was literally blinded by my blindness so I take these tools to say say that subjectivity and objectivity are not mutually exclusive. Subjectivity feeds into objectivity. And as being objective is seen as being neutral, but it doesn't really exist. A person or somebody who's in a social position thinks, at any rate, [unclear audio] and that’s the notion of strong objective which

means that we can get hold of these diverse perceptions of reality, you know, in order to have a varied discourse, which is as faithful as possible to what the situation is for a person.

**Céline Roussel**

Thanks, thank you very much, Anaïs. It’s really very interesting. That goes back to what you were saying earlier when I had to interrupt you, unfortunately. So thank you for that and Raquel, I think you also have a very interesting...

**Raquel Guerreiro**1:29:16

Thank you. Yes, I agree with Anaïs; it’s a challenge because there is a Brazilian feminist who said, you have to do research on yourself. That's a challenge. And I use a method that we use a lot here in Brazil, which is a cartographical method which is a mapping approach, to be developed by Brazilian authors and this is an intervention method. So the body of the researcher is always at issue, is always in the field. And so it affects the field and the field affects it. And so we can't do research without taking into account the body of the researcher. And so for me, doing research means that there's this aspect of being in the field. And as we say, we do research with the body, with our bodies. Our research is in inverted commas ‘dirtied’ by our work because it is also a risk because as we have these impressions in the first person, we need to be attentive and make sure that it doesn't become a diary, a personal diary. We need to do our research from the body but not on our own body. Using our body. It’s a challenge for me, for example. So I had to do this because all the research was done in this way, I stumbled. But when you stumbling is when you meet people, because when you stumble is when you meet other possibilities. So this is a way of taking research, as a way of telling a particular standpoint. It is a challenge.

**Céline Roussel** 1:32:12

Thank you both for having explained where your research fits. And this idea of tripping up, of course, is significant for research in general. And we understand by what you mean by embodied perspectives using the body and not simply talking about the body. So thank you to both of you for answering this question. And Marion has raised her hand, and I'll let you ask your question straight away. Marion Chottin. There are quite a few Marions here actually.

**Marion Chottin**

And I wanted to thank all of you because I think all of the contributions here are decisive and crucial and should occupy a central position in blindness studies. My question is about the question, sorry, about the text the paper which Anaïs brought, coming back to a question that has been raised previously, which is that of touch and at the very start of your paper you talk about Anne Vincent-Buffault (I think, sorry, didn’t catch all that). I think so the rehabilitation, where there's ambivalence of touch in Western society, contemporary Western societies, because touch accessories are developing after somewhat of a veil of silence. And you said that the 20th century suggests that illusory liberation for sensory norms articulated around the interiorization of these same norms is, do you think that this internalization has neoliberal ideology components? And I had this instinct, but I don't really know much more about it. And I was wondering if you could tell us a bit more about ambivalence of rehabilitation because of neoliberal undercurrents?

**Anaïs Choulet-Vallet**

Thank you for having read my paper so closely. In terms of an ambivalent rehabilitation of such, this will resonate with Virginia and Raquel, I believe, there's this idea of disciplining bodies as Foucault would say, where actions are internalized and presented as norms and ambivalent rehabilitation of touch is about how some touch, gestures, actions, can be internalized. They may be seen as relegated to the private sphere or the medical sphere. And the ambivalence resides in the fact that there's a whole aspect of non-verbal communication which is applied in company management that draws on experimental psychology research to demonstrate the degree to which physical contact, touch, encourages a sense of trust and efficiency when somebody is touched and management techniques in companies sometimes exploit these research studies into touch to apply them in a line management context under the guise of nonverbal communication to establish what is, comes across as a non-hierarchical relationship. But this is always implemented in one direction, not the other. So, for example, in public state hospitals in France, public hospitals are increasingly being managed. In other words, managers, companies, superiors of doctors have the power to touch their inferiors and female nurses, often its female nurses being touched by male doctors. And as Marion was saying, I'm sorry, Erving Goffmann already identified this in the 50s, this is still the case today and in fact, it is a way of establishing power structures in companies. Touch is exploited by nonverbal communication strategies, which is why I talked about neoliberal exploitation to, in other words, to make the company work better which echoes Emilie Hache’s work on neoliberal government practices. I talked about governmentality and bodily internalization with power plays, which refer to Monica Greco, a US author I believe, who has worked on the definition and care for psychosomatic, so-called psychosomatic diseases, which resonate with this issue of neoliberal governmentality of bodies. And touch in the care relationship also relates a lot to the definition of psychosomatic diseases and effective conventional traditional medicine. The lack of traditional medical responses mean that people think it's all in the mind and that the person therefore needs support, which often takes the form of touch, such as shiatsu practitioner. I believe that touch can, of course, help. But it can also be used by hegemonic medical discourse to, in fact, compensate for a failure on the part of conventional medicine. And I hope that my response is clear.

**Céline Roussel**

Absolutely. Thank you very much Anais, which leads me to think of the various forms of practice of yoga that is now being imposed by companies to exploit the workforce in the sense of increasing their performance and I've always detested that practice. So thank you for that insight. Thank you very much for this very specific question and answer which opens up interesting avenues. Thank you again, all of you, for pointing out how your, how you situate your research and you answered the audience's questions. I think we've probably extended this panel discussion about as much as we can. Thank you, again, to our interpreters, and also the contributions spontaneously and beforehand and on part of Corinne, to bring this all together. Thank you for having engaged in the discussion with a Q and A session with a large number of panelists. So my thanks and what I will do is hand the floor to Hannah so that she can help us to know what is going to happen next.