What is Normalcy?

Normalcy is the socially enforced current and local ways of being and doing. Those who are considered 'normal' are accepted into social contexts so that their presence and contributions are accepted and valued. This acceptance also grants access to disproportionate amounts of power and resources which have accumulated along the axes of social hegemony – white supremacy, patriarchy, colonization, heteronormativity, cisnormativity, and ableism. Behaviors and practices which are not valued by (or do not uphold) these structures of oppression are invalidated or excluded from normalcy. In the context of disability, functional diversity is framed as abnormal; it is supposedly deviant from and lesser than ablebodiedness and neurotypicality. It is perceived as broken or flawed. Inequities are often justified by saying these devaluations reflect nature; disability and neurodivergence is said to be naturally less competent, less valuable, less acceptable, and less appealing than ablebodiedness and neurotypicality. According to this perspective, the best that can be done is treating or curing disability to restore 'normal' function.

This restoration is largely driven by medical, health, and rehabilitation professions. Textbooks and anatomy charts venerate a species-typical norm. Disability, neurodivergence, and chronic health conditions are seen as abnormal, deviations from optimal functioning. Practices and interventions attempt to mold and shape individuals' form and function to match. This often fails to account for what Hansen and Philo (2007) call "the normality of doing things differently." Non-normative function is often effective and sustainable. In these cases, intervention and rehabilitation toward normativity work against the person's nature, sometimes at risk of causing harm. Making disability a site of intervention commodifies disability, creates pockets of specialized 'experts,' and ignores the lived expertise and knowledge disabled individuals have of their own body. Disabled people, neurodivergent people, and people with chronic health conditions will sometimes find themselves pressured and coerced to accept treatment that either does not help them or puts them in danger. This misalignment and coercion is intensified when Indigenous, Black, Latinx, and cultural beliefs, practices, and knowledge interface with White-European medical and health perspectives.

Normalcy is encoded within society through policy, the built environment, and communication media. When these implicit acts of structural exclusion are present almost everywhere, they are not recognized by those who benefit from them. The consequent make-up of the fully engaged population is then seen as natural; it is not recognized as constructed or curated, it is 'just the way things are.' Framing an unequal distribution of power and resources as 'natural' side-steps responsibility for conscious decisions that create, sustain, and widen inequities.

When normalcy is engrained in society or organizational culture – from expectations to policy to even the physical environment – there is a tremendous amount of resistance to change. Just as normal is said to be natural, the way things are is said to be the way things should be. This often means that the ways work is done gets prioritized over what is produced, common in both school and work environments. For example, remote learning, teaching, and working can meet resistance when it does not conform to a stated and normalized organizational ethos. Yet, for some, these options can allow for higher quality work and accessible active engagement. The barriers imposed by standardized education do not elevate the quality of education, nor are the promoted learning styles 'superior.' These barriers to education are arbitrary. It is noteworthy that disabled people have been asking for remote options for work and school for decades. The overwhelming response was that this could not be done. The rise of COVID-19, however, proved remote work to be viable and beneficial, and challenged the idea that in-person was always best. In this case, disabled persons have noted that the norm only changed when it benefitted those already included. We need to consider how normalcy shapes work and education. We need to challenge ourselves to do things differently and to recognize the diverse ways of working effectively amongst disabled persons.

COVID-19 demonstrated that universities can deliver remote education. Once the technologies have been put in place for remote and hybrid learning, they should remain options to widen academic accessibility. However, this should not overshadow the importance of accessible in-person learning. Although remote learning has been widely considered to increase accessibility for both disabled and nondisabled people, in-person learning is still valued by many disabled students. Furthermore, remote work and learning should afford people the same opportunities for advancement and engagement as in-person options.

Normalcy disenfranchises large groups of people, accumulating more resources and power for those who uphold structural injustices including white supremacy, racism patriarchy, colonialism, heteronormativity, and capitalism. Normalcy is falsely naturalized as it tries to frame structural inequities as a 'natural' state or 'just the way things are' and therefore outside of collective responsibility.

*This work reflects our current knowledge and will be updated as needed. We also welcome your feedback at Equity@umanitoba.ca

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