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On disability, humour and rabbit holes: a personal reflection

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ABSTRACT

This Current Issues piece offers a very personal reflection on the issue of disability and humour. It is about the author's relationship with humour in the context of an acquired neurological disability. This Current Issues piece explores the topic of disability and humour. While humour is not a novel theme within disability research, the author approaches it from the perspective of her own personal experience of living with an acquired neurological disability. The article highlights some of the complexities of humour in the context of disability, noting that the line between humour and offensiveness can be extremely thin. The article discusses two particular disability 'storylines' identified by Bertilsdotter Rosquist (2012) – the 'socially critical storyline' and 'the storyline of "disability humour"'. It adds a third storyline, in which disability and humour can happily co-exist, but without disability necessarily being the direct object of that humour. The neurologist Dr Allan Ropper has described neurology patients as disappearing 'down a rabbit hole'. For the author, humour is way of adapting to the 'rabbit hole' – but without disappearing down it.

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Looking for the 'person inside'

Boxing Day 2021. I spent most of the day, and the next couple of days, reading the eminent neurologist Dr Allan Ropper's book *Reaching Down the Rabbit Hole*. Once I started it, I struggled to put it down. The book is a collection of fascinating stories about some of the many patients with complex neurological conditions that Dr Ropper has met and diagnosed during his career. I found the title intriguing. As Valle notes, "down the rabbit hole" has come to signify a bizarre or difficult state or situation where things do not make sense' (2011, 185). This is sometimes how I think about my disability. Ropper specifically

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links the idea to neurology. Relatively early in the book, he reflects: 'That's neurology in a nutshell. Your patient disappears down a rabbit hole [...]. You can't just sit there, so you go down the hole after the patient' (Ropper and Burrell 2014, 29). My neurologists have come down the hole after me to a certain extent, to help me understand – and perhaps, more importantly, to accept – what is happening with my brain and why it no longer works the way it used to. However, they cannot dig me out of the hole, because over time it will lose some of its strangeness and become something more familiar.

When I read Ropper's book, what resonated with me the most – even more than the rabbit hole analogy – was the part where he poses the important question: 'How do you begin to understand a sick brain?' I like the response that he gives. According to him, 'The only viable answer [...] is that you do so by engaging the person inside, and you do it on a case-by-case basis' (Ropper and Burrell 2014, 7). More than just like his answer, I deeply appreciate it because since becoming physically disabled two-and-a-half years ago, due to a neurological condition, I sometimes feel – a view that others with disabilities may empathize with – that the 'person inside' has got somewhat lost. By this, I do not mean that I have lost a sense of who I am. Far from it. But I worry that perhaps other people do not see the person inside, particularly those who did not meet me or know me 'previously'. When those whom I have never met ask me if I am ok and need some help, if I have had an accident, if my condition is long-term – questions that complete strangers have asked me – it reinforces my sense that the disability is the first thing that people see now.

Who, then, *is* the person inside? When I think about this, something that immediately springs to mind is that I am someone with a keen sense of humour. I have never had a problem with people jesting with me or pulling my leg. But how do you pull someone's leg when their legs are the obvious manifestation of their disability? The bigger point is that since I became disabled, what I particularly miss is other people's humour and being the object of that humour. I worry that I am now seen as somehow 'off limits' in this regard.

The value of humour

Humour is not a novel topic within disability studies (see, e.g. Anesi 2018; Coogan and Mallett 2013; Macpherson 2008; Vorhaus 2015). However, what I offer in this Current Issues piece is a very personal reflection on it – consistent with the fact that humour itself is highly individual. I am particularly struck by Albrecht's comment that 'Discovering humor in disability is difficult because we have to be able to laugh at ourselves' (1999, 67). I completely agree with him on this point. What he goes on to say next is even more significant, namely that 'disability humor can also be liberating. In some instances, laughing at oneself or with others redefines the experience' (Albrecht 1999, 67).

Two personal examples illustrate this point. The first is that I was recently speaking on the telephone to someone whom I have known in a professional capacity for more than a decade. I will call him Jim. He asked me how I was and suggested that perhaps there would be some new treatment options. 'Maybe', I reflected, 'but the fundamental problem is that my brain no longer communicates properly with my legs.' After a brief pause, Jim responded that he has the same problem whenever he has had too much to drink. This amused me, particularly as I often think I look like a drunken spider unable to properly coordinate its legs. But it was more than that. Through his effort to make me laugh, what Jim also did was to effectively challenge – even if he did so unwittingly – my sense of being 'different.'

Turning to the second example, several months ago I was walking with my crutches in a local shopping area when I heard a voice behind me say 'Slowly.' I turned round to see a middle-aged man in his 50s. He said it again with a twinkle in his eye. He made me smile, largely because 'slow' is my default (and only) speed now. A short while afterwards, I saw the man again. He was sitting outside a coffee shop and as I approached, he declared: 'I think you are milking it. Yes, definitely milking it.' Some people with disabilities have regularly had to deal with claims that they are 'milking the system' or 'faking it' (see, e.g. Ryan, 2020; Walker, 2012) – an idea encouraged by popular comedy sketches such as *Little Britain*, in which one of the characters was a 'malinger-ing, not-disabled disabled person' (Williams, 2020). Had I frequently faced abuse, I might have reacted differently to the man's comments. Certainly, if I had always been disabled and had experienced many years of insensitive remarks, insults or hostility from certain members of the public, as some people with disabilities regrettably have (including when they seek to make their voices heard [see, e.g. BBC, 2021]), I might have been less inclined to see the funny side. It was clear to me, however, that this man was not being malicious. We chatted briefly and I thanked him for making me laugh. It was as if he recognized that behind the disability, there was a person with a sense of humour that he could playfully rib without causing offence.

Disability storylines

Bertilsdotter Rosqvist observes that there are two main humour-related 'storylines' within disability studies (2012, 236). One of these is a 'socially critical storyline [...] which covers humour that is disabling or denigrating' (Bertilsdotter Rosqvist 2012, 237). I am opposed to any humour that is disempowering and offensive; and as Anesi points out, 'For the disability community, a longstanding relationship to humour often has been at their expense' (2017, 727). It is, however, important to stress that sometimes the line between humour and offence can be a very fine one. Indeed, I fully recognize that some people with disabilities might regard the comments that I discussed above (from Jim and the other man) as offensive.

The key point is that whether humour is construed as offensive will often depend on many different factors, including an individual's particular circumstances, the context in which comments are made and the intent behind them. It is for this reason that Graefer and Das call for 'a more nuanced and contextualised understanding of offensive humour' (2020, 151). Significantly, this is an agentic approach because it focuses attention on some of the strategies that individuals actively use to 'avoid the "ugly" feeling of offence' (Graefer and Das 2020, 158).

This accent on agency, in turn, links to the other 'storyline' that Bertilsdotter Rosqvist identifies, namely 'the storyline of "disability humour"' (2012, 236). Disability humour refers to 'any humor that centers disability or is offered by disabled persons' (Reid et al. 2006, 631). It thus brings to the forefront some of the reasons why people with disabilities – or indeed anyone that is dealing with challenges, adversity or difficult life situations – may use humour. Fundamentally, humour can be an important adaptive response, but, again, context is hugely significant here. Different types of humour (including black humour) can foster wellbeing in different contexts (see, e.g. Samson and Gross 2012, 382).

I would, though, also like to complexify a storyline that 'centers disability'. My disability is one part of who I am – and a part that I am still getting to know and learning to live with – but it does not define who I am. To the two storylines that Bertilsdotter Rosqvist highlights, therefore, I would add a third. This is a storyline in which disability and humour can happily co-exist, but without disability necessarily being the direct object of that humour (although it can be).

According to Valle's brief synopsis of Lewis Carroll's *Alice's Adventures in Wonderland*,

While sitting idly on a riverbank with her sister, Alice sees a White Rabbit, clad in a topcoat and clutching a pocket watch, scurry past and down a rabbit hole. Curious girl that she is, Alice follows the rabbit down the hole and falls a very long way down into a hallway with locked doors of all sizes. She finds a key to a door, but the door is too small for her to go through. She drinks the contents of a bottle labeled DRINK ME, which causes her to shrink to a size too small to reach the key. Then, she eats a cake labeled EAT ME and grows so tall that she hits her head on the ceiling and begins to cry – her tears flooding the hallway (Valle 2011, 185).

My own experiences in the 'rabbit hole' are dissimilar from Alice's. Things are not too small for me, and I am not too big for them. Yet, they are different; and things that were once easy for me (and that I used to do without much thought) are now everyday challenges. I will learn to live in this new world and to adapt to it. But I am more than just a person in a rabbit hole. The 'person inside' – the person that I have always been – is still there, and humour, for me, is one way in which to both demonstrate and reaffirm this.

Disclosure statement

No potential conflict of interest was reported by the authors.

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