

Misfitting and social practice theory: incorporating disability into the performance and (re)enactment of social practices

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ABSTRACT

This paper applies social practice theories, which focus on the pattern of everyday activities, such as studying at university or playing music. Some theorists analyse practices by looking at the different elements from which they are formed, and that has helped us to gain insights into how disabled people can get included and excluded from ordinary activities. We focus firstly on common strategies for adjusting practices, namely providing another social actor and allowing more time. Secondly, we turn to ways in which social practices can be re-designed for everyone. Thirdly, we explore practices in a more restricted and ‘specialised’ setting, such as a centre for disabled people. We conclude that social practice theory has not given a full account of the effect of exclusions. Disabled people’s inclusion can change the shape of a practice, but it is important to recognise and embrace such changes in the mainstream of social life.

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Points of interest

- Social practices are things we all do, like shopping or cooking or playing music.
- Some social practices are hard for some disabled people to take part in. We call that ‘exclusion’.
- But things can change. Disabled people can be part of that change, by showing others how things can be done differently.
- The UK has a law called the ‘Equality Act’ (2010) which means public services like hospitals should include disabled people. They have to adjust the way they do things.
- Social practices should not just be tweaked for a disabled person. They should be changed so everyone is included.

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Introduction and background

This paper sets out to consider how and in what circumstances common social practices are adjusted or changed by or for disabled people, and the impact of these adjustments on disabled people themselves, building on Williams et al. (2018). In that paper we proposed a platform for our research, suggesting that the concerns of Disability Studies could successfully complement 'social practice theories', moving the gaze away from individual behaviours, strengths and shortcomings, and instead focussing on the things we do as entities in their own right (Hui, Schatzki, and Shove 2017, 1–7).

A social practice is anything which human beings do regularly, and includes mundane activities such as cooking, gardening, and in the context of this research, studying, playing an instrument or going for a health check. Social practice approaches (Reckwitz 2002; Schatzki 2001), focus on practices as entities in their own right, and seek ways to understand how they are shaped, offering a tool for Disability Studies to examine how the common fabric of social life can unwittingly exclude certain actors – for instance, disabled people. Shove, Pantzar, and Watson (2012) suggest that practices are formed from three types of basic 'elements', human competencies, material resources and meanings, a framework which was particularly useful to unpick and challenge the barriers and exclusions experienced by disabled people.

As Oliver and Barnes (2012, 50) have argued, useful research should re-direct our attention towards the social world, and the ways in which it is organised, and critical disability scholars have continued to seek out theoretical models which lead to practical change (Vehmas and Watson 2014; Hedge and MacKenzie 2012). That is precisely what social practice theories offer. Having set out our stall (Williams et al. 2018), we now return to reflect on how this approach helped us to understand practical action by and on behalf of disabled people. As we shall see in this paper, 'change' in this context extended well beyond the reasonable adjustments which are mandated by the UK Equality Act (2010) and in this paper we return to some of the deeper ways in which social practice theory can help to conceptualise what inclusion in society means at the level of everyday action, and how these examples help to re-shape the theory itself.

The research programme reported in this paper, 'Getting Things Changed', took place from 2015–18. At our final conference, disabled people reiterated a theme that had become common amongst disabled researchers and collaborators in our project, namely that they felt 'singled out' as different, precisely because some individual adjustment to a practice was being offered. Disabled students and staff in higher education, patients at hospitals, and even people living with dementia who attended day activity groups – all

felt that the UK Equality Act 2010 was not adequate. In particular, they felt the duty to make 'reasonable adjustments' often left them feeling (at best) embarrassed, and (at worst) guilty or furious about being excluded from practices set up for non-disabled people. For instance, a student with mobility differences had to enter the lecture theatre via a different entrance from others, thus missing the opportunity to 'hang out' and chat with classmates (Merchant et al. 2018), and a hospital patient who used a wheelchair was unable to press a door release button as it was too high for them to reach (Read, Heslop, et al. 2018).

Instead of focusing on human intentions or behaviour, social practice theorists consider how human beings are 'recruited to' practices, or become carriers of practices (Hargreaves 2011, 83; Alkemeyer and Buschmann 2017, 9). Booking a taxi ride, boarding a train or entering a supermarket might seem to be done in ways that we choose freely on each occasion. However, the ways we do things in society are governed by rules which might remain unseen and unquestioned most of the time, but which can bind groups of people together (Schatzki 1996) via their shared practical understanding (Schatzki 2001, 11). Conversely, at each moment of enactment of any practice, the elements are reconfigured 'in ways that subtly, but sometimes significantly, change all subsequent formulations' (Shove, Pantzar, and Watson 2012, 13). As argued in Williams et al. (2018) there are many everyday practices which routinely exclude certain social actors, such as people with various kinds of disabilities or impairments. This is not because of some inherent ability or lack of ability in the individual, but is a direct result of the way the practice is organised. While social practice theories offer a clear lens to focus on the practice, rather than the person, we nevertheless argue in this paper that the inclusion or exclusion of particular groups of social actors can and does change the shape of a practice. Thus, we build a case here for bringing back the social actor into social practice theory.

When disabled people engage in some of the social practices we have mentioned, their very participation may disturb and throw up questions about the familiar. A taxi ride cannot be taken for granted if the person booking this service uses a wheelchair. Moreover, a supermarket trip may have to be carefully thought through for someone with autism or a sensory impairment. This process of 'disturbing' has been described by Garland-Thomson (2011) as 'misfitting': a disabled person might be left out of common practices, because their body or their mind does not 'fit'. For instance, a person who uses a wheelchair for mobility may find that they are literally locked out of a building, or the use of a toilet (Titchkosky 2008). A person only becomes a 'misfit' because there is a common arrangement for doing something which has evolved to suit the 'majority' of human beings, but which often ignores those at the margins.

This paper will employ the idea of ‘misfitting’, as we also did in Read, Williams, et al. (2018) and Merchant et al. (2020) since it reminds us continually of the arbitrary nature of the rules and processes which govern social practices. Writing during the 2020 global Coronavirus pandemic, it is clear that everything we do can be changed, when needed. The goal for Disability Studies is to make changes that are inclusive of disabled people and universal for all members of society.

Getting Things Changed

This paper draws on our programme of disability-related research which set out to examine how changes can be made to social practices on the terms of disabled people themselves. The research was designed and co-produced with disabled people, with a partnership with Disability Rights UK, and benefited from having several people identifying as disabled within the research team (Merchant et al. 2020) and 18 in the various groups assisting the research. We described the research broadly as ‘co-productive’ and we built on our own and others’ experience of inclusive and participatory methodologies (Williams 2011; Barnes 2003; Nind and Vinha 2014).

Our first objective was to identify barriers facing disabled people, but we wanted to do this not just as a ‘list’ of problems, but to analyse which of Shove, Pantzar, and Watson’s (2012) elements in a social practice caused it to become exclusionary. Thus, as we shall explore, a deep understanding of everyday barriers is tied closely to the understanding of change.

The research was conducted via nine projects, all within separate contexts and with different foci. The range of data collected during the research programme as a whole was, thus, very wide, and largely qualitative: 203 practitioners and 245 disabled people took part, with self-identified impairments ranging from physical, sensory, mental health issues, autism, intellectual disabilities and dementia, and many multiple or complex impairments. The methodology was correspondingly diverse, each of the nine projects developing its own approach within the overall goals. In this paper we will focus on those practices which were adapted, supported, or adjusted with the interests of disabled people in mind. As we hope to demonstrate, this focus allows us to develop a deeper understanding of the drivers and constraints in these social practices, and the impact those have on disabled people’s participation.

Methodology

Our research programme included several interview-based projects, analysed via a thematic process similar to that described in Braun and Clarke (2013). Interviews were transcribed and entered into qualitative data software for two stages of

analysis. In the first stage, we wished to ground our findings within what was said, without any initial preconceptions, while in a second round of analysis, we adopted Saldaña's (2015) process coding, in order to identify particular social practices which were mentioned. In this paper we are particularly interested in the ways in which practices were adapted or 'reasonably adjusted' and so we pick out some central themes about the experiences described by our participants.

There were three particular projects which took a different approach, with the goal of exploring interactional phenomena, via naturally occurring data. The video recordings in these data sets were collected mainly by Webb and Gall, in settings where people living with dementia visited for group activities (10h of recorded data, 28 participants), in everyday activities at home and community with people with intellectual disabilities (9h of data, 9 participants) and in special school music sessions (11 sessions, 10 young musicians). This data was collected specifically with the goal of pursuing a conversation analysis (CA) (Sidnell and Stivers 2014), which is reported in Williams et al. (2019), Antaki and Webb (2019), and Webb, Lindholm, and Williams (2020). CA focuses on the fine detail of sequential interaction and enables analysts to understand the patterns underlying talk-in-interaction, following participants' concerns and interpretations only in so far as they are made visible in the recording (see Antaki 2012). The interplay between practice theorists and those interested in language-based interaction has only been tentative (Schatzki 2017), but in common with Schatzki (2017, 130), we would take the view that people 'carry out practices through both sayings and doings', and that what we say to each other is organised by projects and goals (Robinson 2014; Antaki and Webb 2019); these can both reproduce social institutions, and can 'talk them into being' (Heritage and Clayman 2010, 32). The current paper does not aim to delve into the technical detail of CA, but instead presents an overview of different methods and analysis employed in the project, drawn together via a social practice theory lens.

Ethical issues

Ethical considerations in our research programme included the need for informed consent by all participants. Confidentiality and anonymity were maintained for participants but not, of course, for those who were authors, which included the disabled academics and others involved in active ways in our research. Accessibility of information about the research was also a key issue in many parts of our research, and we produced 'easy-read' information about the research (with attention to such aspects as font size and the use of visuals to aid explanations) for people who might need support in deciding whether to participate. The projects which relied mainly on

interview data, and the music project, were approved by a University Faculty Ethics Committee.

Collecting observed and video-recorded data is an even more ethically sensitive process, as it is hard to anonymise and conceal identities. With people who might lack capacity to consent, there are additional ethical issues to consider, which we addressed in several ways. Firstly, we adopted a repeated consent model in which, each time we met them, participants were asked whether or not they wished to take part in filming (Webb et al. 2020). Secondly, we aimed to ensure that everyone could understand and relate to the information about the project which we provided. Not only was 'easy read' information used, but we also produced recruitment videos with our co-research groups, which were helpful for some participants who found large amounts of text challenging. However, those who were deemed not to have capacity to understand the consent process or the research were still, in some cases, included via personal consultees, in line with the Mental Capacity Act (2005) guidelines. In the schools where music sessions were recorded, the consent process took place through parents and family members, and all the non-disabled people in these data sets (personal assistants, support workers, teachers and teaching assistants) were also asked for informed consent.

The projects involving people with intellectual disability in the community, as well as those with people with dementia, were approved by a national ethical committee, the Social Care Research Ethics Committee, who continued to support the researchers as new perspectives in methodology arose during the project (Dowling et al. 2019; Williams et al. 2020; Webb et al. 2020). In all cases, therefore, the data presented in this paper has been anonymised, with assumed names and details changed slightly where they might make participants recognisable.

Findings: summary of publications in 'Getting Things Changed'

Ideas about social practices permeated our publications between 2018–2020, and in this section, we offer a brief overview of the development of these ideas.

Disconnected practices

One of the key issues for our research was the concept of 'reasonable adjustments' (Equality Act 2010), which are intended to be ways of altering social practices and other arrangements for disabled people, and a central finding was the failure to provide such adjustments successfully (see for instance, Heslop, Read, and Dunwoodie Stirton 2018). Based on qualitative interviews

from 21 disabled adults about their recent experiences as hospital patients across England, Read, Williams, et al. (2018) found both mixed compliance with the Equality Act 2010, and a lack of interconnection between separate practices. For example, one participant reported that their transport to hospital, provided by a volunteer service, failed to connect with the timing of their appointments. Participants in the research also discussed how they were made to feel guilty, because they were seen as awkward, maybe demanding customers. A major theme was the distress caused by having to self-identify as 'disabled' in order to access hospital care. The identity as disabled person somehow clashed with the role of 'good patient', someone who fits in (Garland-Thomson 2011) to standard patterns of care.

Relationship between social actors, meanings and practices

Similar notions about the rigidity of social practices were reported in academia (Merchant et al. 2020). In 11 qualitative interviews with disabled academics in one university, deepened by a collaborative auto-ethnography amongst the disabled authors in our study, a key theme was the competitive, individualistic culture of the university. Given the sheer time taken by disabled members of staff to negotiate their own access, for example to teaching spaces, there was often little time left to engage with the meritocracy inherent in university practices. Throughout our data and publications, we have emphasised the importance of the meanings attached to practices, which are often invisible to participants in those practices, in this case 'taken for granted' as being part of the university fabric.

Disability, as Merchant et al. (2020) argue, tends to be envisaged in universities as a medical fact, something adhering to the individual (see also Taylor and Shallish 2019), and this medical notion of disability itself becomes a taken-for-granted problem which needs to be 'compensated', or improved, by occupational health services. Our research team, including disabled academics themselves, felt that a major shift was needed away from competitive individualism, and towards the values of reciprocity and collaboration.

It can be observed therefore that in several strands of our research (see also Tarleton and Turney 2020) the element of 'meaning' was seen as central to changing social practices (see Shove, Pantzar, and Watson 2012, 35).

Asymmetries between social actors in interaction

Some of the practices in which we were particularly interested were those in which there is a potential underlying power asymmetry, as in hierarchical organisations such as universities (Merchant et al. 2020), in hospitals (Read,

Williams, et al. 2018) or in relationships between non-disabled support staff and people with intellectual disability (Dowling et al. 2019). Since Foucault (1982) the idea of everyday power has been central to social practice theory (Barnes 2001), offering tools to study the notion of oppression, which is critical in Disability Studies (Oliver and Barnes 2012). Oppression in action, however, can be differentiated and nuanced (Goodley 2017, 36; Shakespeare 2006, 29), reflecting both power asymmetries and the effects of the impairment itself.

For instance, Williams et al. (2019) analyse a reminiscence session in a dementia setting, which revealed how questions were posed that threatened the epistemic authority of the person living with dementia. When a direct question was posed about one's own life, to which the disabled person did not know the answer, a face-threatening situation could easily arise. This sounded at times very much like an interrogation of the disabled person, as the non-disabled person pursued a 'known answer' through multiple follow-up questions and reformulations, until an answer was received that was treated as satisfactory. Elsewhere (Antaki and Webb 2019; Dowling et al. 2019) we saw quite precisely how authority could be exerted over the disabled person, when choices made by a person with intellectual disability were questioned. The pattern of talk and action in our data was often asymmetrical, nearly always with the non-disabled person having greater rights to direct the course of the interaction than the disabled person.

The work of the supporter or staff member

Some of our data, particularly within dementia activity groups, highlighted social practices which are actually constituted by talk, in particular quizzing, on which we offer more commentary in Webb (in press). In Webb, Lindholm, and Williams (2020) our interest lay in what happened when people failed to conform to the demands of the quiz or, in fact, failed to answer a question. At the micro-level, staff members tried to 'fit' the person with dementia into the social practice of the quiz, by prompting, reformulating questions, keeping a turn open, and using their own status to reinstate activity. At the macro level, one could see how the asymmetries of the quiz could be reversed by re-structuring the quiz format. So, for instance, instead of calling out individuals to answer a question, one can organise a quiz between teams - which may avoid individuals being put on the spot. Some of these solutions were highlighted by our co-research group in their training material (Forget-me-Not Research Group 2019).

It was often true that our extracts resembled teacher-pupil interactions (Dowling et al. 2019), where the teacher asks a question to which they

already know the answer. However, finding ‘teachable moments’ in an interaction could be seen as part of the job of the support worker. As we highlighted in Dowling et al. (2019) and Williams et al. (2019), sensitivity to the precise positioning of a prompt, reference to a past conversation, or seizing an opportunity to expand on a reflection, were positive interactional accomplishments shown by support workers in our data. These data showed how communication matters, enabling both parties in an interaction to establish jointness, mulling over their choices, and respecting each other’s spheres of knowledge.

Findings: new explorations of data in ‘Getting Things Changed’

In this section we move beyond the published findings thus far in our research, to explore particularly relevant ways in which social practices were adjusted or changed throughout our data. This cross-sectional approach draws also on internal reports, videos and training materials produced by disabled co-researchers (Forget-me-Not Research Group 2019; Misfits Theatre Company 2018), including a lay person’s guide to social practice theory aimed at disabled people’s organisations and practitioners alike (Webb and Tarleton 2018).

The effect of an extra social actor

Firstly, we focus on a common strategy for adjusting a practice to include a disabled person, namely providing an additional social actor (such as a supporter) an adjustment which may be accompanied by a time extension or elongation of the practice. The project we focus on first (summarised in Merchant et al. 2018) recruited a co-research group of disabled students in one university, supported by Mason-Angelow. Group members used their own experience and insights to explore the barriers they faced, via a collective narrative approach. They also helped to interview 16 other disabled students in their university, asking them about their experiences of disability support. Universities, like all educational institutions in the UK, are mandated to provide access for disabled students, and to ‘adjust’ their provision so that these students can compete on an equal basis with others. We focus here on two particular practices, namely: a) attending a lecture and b) completing assessments. Both these practices are highly ‘asymmetrical’, in the sense we outlined earlier. Thus, the practice of lecturing involves both lecturer and learners, and both have to take part in order to create what we call lecturing. The performances required by each party are, however, very different and, in UK universities or colleges, typically the lecturer defines the content of the lecture, does nearly all the talking, presents prepared slides, and may ask questions to involve the audience. By contrast, the

students' role is to stay quiet for most of the time, to listen, make notes, and maybe to interact at set moments of the lecture. The practice of assessment is even more obviously asymmetrical, with one party (the student) being required to submit an essay or to take an examination, where the person who will grade the work may not even be present. A notable feature is the individual, isolated performance by the student: that element could be considered a defining feature of assessment, since the whole practice seeks to measure individual achievement.

Despite these paradigmatic features of attending lectures and taking assessments, amongst our 16 interviewees we found that a common way of offering support to a disabled student was to introduce an extra person into the mix, a note taker ($N=5$), a mentor ($N=2$) or a specialist tutor ($N=4$). Effectively this creates yet another micro-practice, something that is additional or added on to the central goal which the student is trying to achieve. The intention may be that the practice itself, such as lecturing, remains unchanged. However, an extra actor can result in a re-shaping of the practice in significant ways from the point of view of the student:

...the way the lecturers and the disability dyslexia services here coped, made my disability much more prominent than it ever needed to be. And also made me have far more unnecessary work, when I should have been chatting in the cafe with friends, I was chasing people for notes. (P9).

Three other interviewees talked about the way in which they had to chase notetakers and train them to do what was needed, and to spend time interacting with the agency providing supports. All this created yet more work, in what was already a full weekly timetable, and so time itself became a rare and difficult commodity.

An extra social actor, such as a notetaker in a lecture, can of course be extremely helpful. In some cases, both student and notetaker attended the same lecture in person but were not usually sitting beside each other. In other cases, the notetaker attended instead of the student, and passed the notes to them later on. Essentially, the practice of attending a lecture is split into two: one person is expected to listen and learn, the other to carry out the technical task of taking notes. However, as with other 'reasonable adjustments', this splitting of the practice meant that disabled students could find that they were singled out as 'different'. Particularly for those with invisible disabilities (which included 8 out of the 9 students in the co-research group), there were complex feelings of guilt and self-identity to cope with. Students had to face what was often a traumatic experience of self-identifying as disabled; one student with a mental health condition (P11) recalled that she had had to chase up and prompt support services for herself. This not only took time and effort, but left her feeling that she was failing, in a highly individualistic and competitive university culture in which: 'students can get

sort of caught up in that, trying to be better, and trying to be more successful, or do really, really well' (P11). She was aware of the 'stigma' attached to disability in a university. Feeling undeserving or having to be grateful for support left several individuals feeling that they had not reached the standard necessary for success.

A further common adjustment for an assessment was to offer an extension or longer time for completion of an essay or an exam. However, the overall core activity carried on unaltered, intact and that could cause clashes or misalignment for particular students:

I'd normally be able to get extensions. I had a lot of trouble last January with exams. I had a – because I had three...I had essay deadlines to hand in, and then straight after I had two exams, like, in the same week. (P2).

Lack of connectivity between different types of social practice was evident here, and much of this hinged on time (or lack of time), which the co-research group felt was a particular problem. Time is the commodity that universities utilise, instead of allowing a different type of assessment which would allow students to demonstrate their knowledge in a way that is equitable to their peers. Further, where an adjustment to a practice involved an additional person designed to help the student, naturally, this resulted in social interactions between supporter and student, in addition to the interaction required during the core practice. Students could end up feeling that they were unworthy of adjustments to studying:

I was like afraid to ask for things that would have actually been really helpful, because I was like, they're going to be like, 'No, you're just pretending'. (P4).

It could be argued that a social practice such as assessment is purposely designed to separate out those who 'can' from those who 'cannot': in other words, if too much adjustment is made to the practice, the student is left worrying that they have not actually reached the same standard as everyone else. That feeling of guilt and worry permeated the accounts of disabled students, even when they were eventually satisfied with their university experience. However, it is interesting to notice how that moral dimension to a practice can be found elsewhere in our research, in totally different contexts, and where the social practice has an everyday, less prescribed shape.

A moral dimension to domestic activities

For an example of less prescribed support practices, we turn to people with intellectual disabilities who were carrying out everyday activities during their life in the company of support workers; we will focus first on the social practice of shopping, or purchasing food in a café. Shopping as a social practice is also a topic in Williams et al. (2018) and Dowling et al. (2019).

Shopping can be done by one person on their own, although it will naturally involve others in the shop, and particularly any interactions that occur with shopkeepers or assistants. However, unlike university assessments or lectures, it would seem perfectly reasonable to most people to go shopping with a friend, or a family member. Going shopping with a support worker turned out slightly differently.

For an example, take one woman with intellectual disabilities, Anna, who was accompanied by her support worker, on a shopping trip to buy meat for a pre-chosen recipe of stew. As she approached the meat aisle, she picked up some mince, saying 'ah, mince', but this was countered by her support worker, Pamela:

P: Err there isn't much mince. I think you're better off with (.) chunks of meat

A subsequent choice of Anna's had 'too much bone' in it, and she then asked if they could try 'lamb'. This was, however, deemed too expensive by the support worker, and they ended up with pork.

In closely observed, filmed data from all our shopping encounters, it was evident that the participants with intellectual disability were not only performing the role of 'shopper' but were aiming towards the ideal of becoming a 'good shopper': someone who could plan in advance what they need (based on rational assumptions about what they might want to cook), select the appropriate shop to go to and, further, pick an item from the array of food available in the supermarket, on the basis that it will fit with the recipe they have in mind.

It is worth noting that although in our data we saw two people shopping together, they were not equally balanced in their roles within that practice: in the above example, there is one person (Anna) who is actually the shopper (in the sense that they are buying something for themselves, and possess the money), while the other person (Pamela) is not doing any shopping of their own, but plays a key role in interactionally determining whether the shopper's performance is satisfactory. It could be argued that the whole purpose of having a supporter is, in fact, to learn how to shop independently, and so this is certainly unlike the addition of a notetaker in a lecture. The relationship might be considered similar to that of the mentor or tutor in the university, but a key difference is that the mentor sees the student in a *separate* place and time, effectively aiming that the student will gain skills to manage the mainstream practices involved in studying at a university. By contrast, the support worker accompanying a disabled person into a shop is performing their role *in situ*. Thus, from the point of view of the disabled person, they are not only managing the social practice itself, but are simultaneously managing the interaction with the support worker.

Dowling et al. (2019) examine, in detail, the effect of an interaction in the kitchen, involving Katie and her support worker Lola. Katie is offered a choice while preparing food, but her choice is deemed inappropriate and she is asked to choose again. As noted in Dowling et al. (2019) and also Antaki et al. (2008), when a choice is offered for a second time, there is a strong implication that the first choice was wrong or inappropriate. Thus, Katie is not only doing cooking here, but she is also being offered choices – and, further, she is being coached on how to make a good choice, just as Anna was being coached in the supermarket. Similar effects can be observed in many different domestic social practices in our data, including menu planning, ironing, making a bed, going for a walk, and even playing a board game indoors.

As we have noted in Dowling et al. (2019) and Antaki and Webb (2019), this type of deontic and epistemic authority is a key part of the role which support workers play, and interestingly for this paper, can affect the shape of the social practice itself. Domestic social practices might not be seen as holding a high status in our society. However, for someone who is struggling to maintain or establish an independent lifestyle, choosing one's own food may be very important in exerting control over one's own life. The support worker who helps one become competent in that practice may be inadvertently revealing what aspects are valued in an activity such as shopping or cooking. A 'good shopper' is one who not only asserts their right to choose, but who chooses wisely by taking account of finance and of their own menu choices. A 'good cook' is one who thinks in advance about what kitchen implements suit the task at hand, and so on. What this coaching can overlook is the very independence enjoyed by the wider population, in making impulse buys, trying food out on a whim, cooking and failing without being judged. The connection between Shove, Pantzar, and Watson's (2012) elements of 'competence' is inextricably linked here with the *meaning* of the practice, which has shifted from being just another domestic chore, into being a highly desirable learning goal for a disabled person to achieve.

Re-designing the social practice itself

Shove and her colleagues' big contribution to social practice theory was arguably their focus on the material – the technology of 'things' via which practices come into being and can be changed (Shove 2014). As mentioned earlier, Shove and her colleagues have proposed a way of envisaging the different types of elements that comprise social practices: human competencies, meanings and material resources. However, introducing new material elements to a practice, as in Shove's (2014) example of the introduction of cycling in London, is always accompanied in Shove's analysis by a shift in the meaning of the practice. What then did our research have to say about the material?

Turning first to universities, seven of the 33 ‘reasonable adjustments’ mentioned by disabled students could be counted as universal solutions, in the broad sense of universal design (Goldsmith 2000). For instance, three interviewees discussed the introduction of a system at their university for recording *all* lectures, and making those recordings available to all students in the course. This simple technological ‘fix’ meant that a disabled student was no longer singled out as in need of something different or special:

I think generally, it’s just an easier thing for a lot of people to do, to be able to listen to it. And, you know, I know that you’re supposed to attend every lecture. (P6).

Despite the fact that all students might deem this system useful, this student had found the introduction of the new system problematic, since lecturers were reluctant to make a provision which would encourage students to absent themselves from lectures. In other words, the new system had a moral dimension to it, a meaning which could backfire against the ‘lazy’ student, and which then might mean that it failed to be implemented. Since the recording of lectures was mandated by this university, however, disabled students could then be allowed to listen back to a lecture in their own time, without the feeling they were doing something reprehensible (see Shove 2014, 421–2 for a parallel example of a shift in meaning of a social practice).

The physical environment itself also featured prominently in our data about hospital practices, collected by Read, and particularly the journey to and from the hospital. Almost all the experiences described by the 21 participants here were uncomfortable, or even painful, ones. People talked about the systems failing to connect, such as appointments being missed because of slow transport, or a patient driving herself to a hospital appointment who found that she could not use the car park barrier, and so had to wait for special assistance, causing a queue behind her. However, there were just a few examples of solutions which had worked – not just for the disabled patient, but also for others. One of those was the ‘yellow line’ painted on the floor to guide people between departments:

...everyone knows to follow the yellow brick road, because of Wizard of Oz, or whatever it was. So I thought that was a really effective device. And if you got lost, you could just follow the yellow line. I thought that was brilliant. Nice, simple, would have cost a roll of Sellotape, you know. I like cheap solutions. (P9).

Another participant (20) described a text messaging system set up by the hospital, to remind patients about their appointment, but felt that he had been singled out as needing that practice, because of his visual impairment. As he noted, it would be so easy just to include all patients in such a simple system. No longer would a disabled person feel different, or a misfit, in need of something extra. Universality (making something available to everyone)

can change the meaning of the practice from the point of view of the disabled person. Universal design, however, is not a panacea. A text messaging system requires all patients to possess technology to receive texts, and so can exclude those who do not have the requisite material resources. It is hard to envisage universal design in institutional practices which would obviate the need for individual adjustments, and maybe a more realistic and equalising goal is to allow for individual adjustments for *everyone*, disabled and non-disabled, creating systems which are more flexible and malleable.

Altering practices in more radical ways

How far can the boundaries of a social practice be pushed, before that practice becomes something totally new and different (see Hui, Schatzki, and Shove 2017, 56)? The final area we turn to in this paper is music making (Gall, forthcoming). Unlike other technological innovations which have adapted existing instruments, we set out to research Open Orchestras' (Open Up Music 2020) sessions in schools. This organisation provides new computer software which can be adapted to individual students' needs. Precise notes are produced by students accessing the sounds either using eye gaze or a sensor on the part of their body that is most physically able. As Gall (forthcoming) explains, the focus is not on music therapy, but on offering students the opportunity to develop their skills as performing musicians, made possible because:

...the unique aspect of the computer software is that the student or member of staff can alter every element of the instrument to suit the specific need of the child who is to play it.

The disabled students in these music lessons were learning a high level of skills, all within an ensemble setting, and some, indeed, went on to join a regional orchestra playing with others who used a variety of technologies and conventional instruments; this also involved performing in high-profile public venues and on national radio (British Broadcasting Corporation (BBC 2020). Further, the overall shape of the music sessions we observed bore a resemblance to the practices of any ensemble with a musical director, whose job it is: to direct the overall performance, to bring players in on cue, and to stop players once their part is over. All these activities were observed in our data.

From the point of view of social practice theory (Gall, forthcoming), the 'meaning' of music making again is perhaps the most interesting aspect of the technological change we observed in these sessions. Widely thought of as an elite subject, orchestral or ensemble playing relies on skills, opportunities, and access to instruments. Here, however, opportunities were being offered to a population who would never have been expected to be able

to express their musical skills. Disabled musicians have, since, been embraced more openly in the mainstream with a disabled conductor and a disabled-led ensemble working with a professional orchestra, as part of the Bournemouth Symphony Orchestra's 'Resound' project (BSO 2018). It is true, however, that our data was recorded exclusively in special schools, and for our participants, the cross-over with other musicians and regular orchestral playing was minimal.

Other social practices we observed and recorded in our data also took place in specialised settings. These included a pottery workshop, where people with intellectual disabilities were learning pottery skills and producing beautiful work which was sometimes sold in neighbouring shops. We also filmed in a 'dementia gardening project', where people living with dementia, who may have had previous interests and skills in gardening, were planting out tomato plants. In both these cases, and elsewhere in dementia activity groups where quizzes were taking place (Webb, Lindholm, and Williams 2020), the social practice itself was quite recognisable. Making a pot on a wheel can only be done in a certain time-honoured way, and a tomato plant has to be planted carefully without breaking the stalk. The only difference was the fact that the activity was taking place in a separate, segregated setting – designed for the group of disabled people who were there. Interactions with support workers or staff in these settings were designed to teach skills and/or to encourage people to participate, as well as to make the participants feel they were achieving something – as evidenced for instance by frequent instances of verbal praise. Thus, again, as with the shopping sequences, disabled people were not only engaged in the social practice itself, but had an additional interactional layer of micro-practices superimposed on the activity. As with so much of our data, the 'social' of the social practice took centre stage.

Discussion

The promise of this research programme was to examine disabling barriers across a very wide spectrum of contexts, and with a range of methodologies. This plethora of diversity was brought together by a common interest in testing out the usefulness of social practice theories in a Disability Studies setting (Williams et al. 2018) and, methodologically, this paper has shown how approaches using close observation and recordings of practices can provide a rich set of data to apply social practice theories, contrasting with interview-based data.

Whilst interviews enable us to explore the *meanings* participants give to certain social practices, they cannot give direct access to those social practices themselves as they are constructed/reconstructed, and to the (often

interactional) competences that are drawn upon, as well as how materials are dynamically used and incorporated in the to-and-fro of enacting the practice. Conversation Analysis offers us that methodological tool. Further, this paper has shown that the close, detailed approach to studying interactions offered by Conversation Analysis proved to be compatible with a wider perspective on the social practices enacted in the data. Some practices (such as quizzes) are constituted by interaction itself, while others (such as shopping, or cooking) are shaped and re-shaped by the precise ways in which sequences of talk occur.

What then did we add to debates, firstly about social practice theory and, secondly about disabled people's lives? The first point for social practice theory is that social actors *do* matter (Hargreaves 2011, 96); in many respects it is not productive to consider practices without considering who takes part in them, and who cannot take part. Some people are routinely excluded from common domestic arrangements or, indeed, from the institutions on which we all depend. Further, an analysis of how society attempts to 'include' reveals the underlying rule-governed shape of some key practices, such as diagnostic tests in a hospital, or examinations in a university. These particular activities belong to a set of practices which are defined by their uniformity: if the examination is not taken in a particular way, in an exam room, along with an invigilator and an unseen paper, then it runs the risk of ceasing to be regarded as an exam. However, social practice theories can also reveal the underlying moral dimension of other, common domestic activities, such as shopping and cooking. Some disabled people may become 'misfits' (Garland-Thomson 2011) by failing to perform to standards which underpin and define particular social practices.

Of the three different kinds of elements that Shove, Pantzar, and Watson (2012) proposed, our research showed how changes to social practices involving disabled people often shifted the 'meaning' of the practice, even when the change itself was effected via a new material arrangement (see also Rinkinen, Jalas, and Shove 2015). Not only was the disabled person a potent and 'value laden' catalyst for change, but the shift in the practice itself could result in some re-consideration of how society values particular practices, as in the case of music-making. It remains to be seen whether a specialist form of a particular practice, however, can create change in the mainstream. On the basis of the examples we mention at the end of this paper, it would seem that location of a social practice *does* matter. What goes on in specialised, segregated settings has its own dynamic and internal logic. But it can remain a 'parallel' practice, facing barriers in influencing the mainstream.

Our contribution to Disability Studies has been determined throughout by disabled people's centrality in the research. For instance, the majority of disabled students felt a sense of achievement at the end of their studies, although the price of that success was an enduring sense of humility and

gratitude towards disability services and others who had helped them. While some may consider this a high price to pay, nevertheless, a shift from the individualism of Western society, towards a relational conception of interconnectedness (see for instance Barker and Murray 2010) may fit well with disability theory in its shift towards the relational (Thomas 2004; Perkins et al. 2012) and a notion of independence which embraces the right to supports (Morris 2004). Our research has continued to add flesh to that concept, by showing how relational autonomy works in practice. However, our social practice analysis revealed that the vast majority of adjustments in either health care or in Higher Education were not, in fact, producing generic societal change. From the point of view of disabled people, that was important since the 'adjustment' they were offered meant they had to be singled out as different, to identify as disabled and, on occasions, to have their sense of agency or even their self-worth removed.

A central debate in Disability Studies has been about the right to be different, and to resist normalcy (Watson 2003). The drive towards personal improvement can be motivated baldly by an attempt to fit in with the 'norm' (Davis 2017), instead of proudly 'misfitting' (Garland-Thomson 2011) and representing part of human diversity (Goodley and Runswick-Cole 2016; De Schauwer et al. 2021). Our research adds to these arguments, by showing how common domestic activities, such as shopping, have parameters about how they *should* be done by a competent social actor, parameters which we would ordinarily take for granted, but which become clear when a disabled person is supported to achieve the goals of independence.

In so many ways, then, the inclusion of disabled people in common social practices is not an 'add-on' to society. Practices are not 'valueless' but actually are tied up/shot through with notions of morality and normativity, and disabled people's experience of such practices brings into sharp focus how (and why) practices can be reshaped to be more inclusive. Misfitting, as Garland-Thomson (2011) suggests, is an active process, and both challenges and re-shapes the way things get done (as in Garfinkel 1967). If there is one branch of disability theory which most neatly fits with a social practice approach, it would be found in the interactional model. As Shakespeare and Watson (2001) point out, disability and impairment interact with each other, and social practice theory offers a disciplined way of examining that interaction and changing it.

Finally it is worth reflecting that the quick fix of a universal change to practices does not always benefit those at the margins of society, as the Coronavirus pandemic has shown us during 2020. The current paper revealed how practices need to remain flexible and adjustable for all – not just for disabled people. Small shifts in practices, such as signage in a hospital, or the recording of lectures, on a routine basis, for all students were of great interest, since they provided ways for disabled people to

participate without having to be 'singled out' as misfits. It was equally true also that the dramatic changes we observed via musical technology gave people opportunities they would never have otherwise had. The inclusion of all members of society depends on closer listening and learning from groups of people who are commonly excluded from the mainstream, and our research has shown how disabled people must be at the forefront of those changes.

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