

Section 3: The social model and its critiques

Disability and society

Anne Revillard

Learning objectives/key points

- Origins, definition and implications of the social model of disability
- Sociological perspectives on the social production of disability: stigma, oppression, cultural representations
- Rethinking the impairment/disability distinction through 2 opposite critiques to the social model:
 - The biopsychosocial/interactional perspective and its application to the conceptualization of disability at the level of the World Health Organization (WHO)
 - Cultural disability studies and the social construction of impairment

Outline

- *“Turning the traditional definition of disability on its head”*
 - Naming the traditional definition of disability: the medical/individual/“personal tragedy” model
 - From nature to culture
 - From individual to society
 - The political meaning of the social model for the disability movement
- *Variations on the social production of disability: different sociological perspectives*
 - Disability as stigma
 - Disability as oppression
 - Disability as discourse
- *Rethinking the impairment/disability distinction through 2 opposite critiques to the social model:*
 - The biopsychosocial/interactional perspective and its application to the conceptualization of disability at the level of the World Health Organization (WHO)
 - Cultural disability studies and the social construction of impairment

“Turning the traditional definition of disability on its head” (Shakespeare, 2013)

“[...] it is society which disables physically impaired people. Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society” (UPIAS, 1976).

- Naming the traditional definition of disability: the medical/individual/“personal tragedy” model
- From nature to culture
- From individual to society
- The political meaning of the social model for the disability movement

The individual/medical/ « personal tragedy » model

- Disability as an *individual* characteristic,
 - Generally analyzed in *medical* terms (a functional limitation)...
 - ... and as a *tragedy*: something negative, which should be prevented, treated or cured (Oliver & Barnes, 2012)
- « Lives not worth living » (Morris, 1991)

From nature to culture

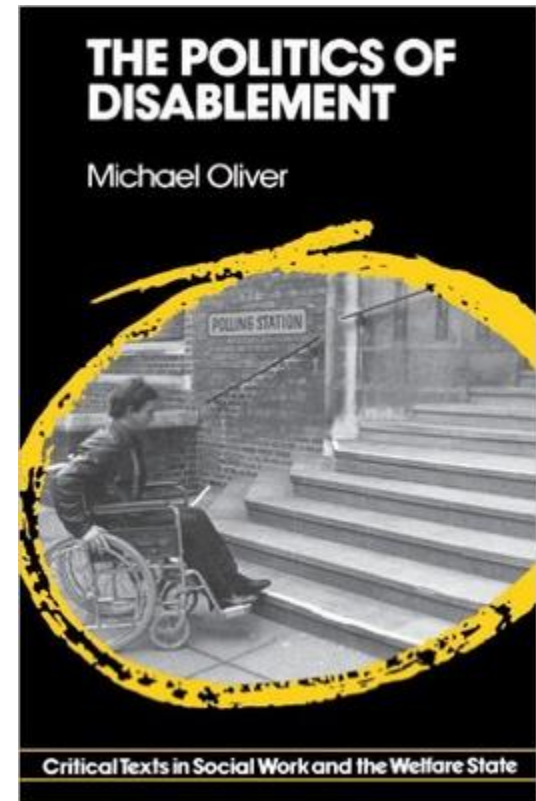
- The social model denaturalizes the representation of disability

“the disability movement was following a well-established path of de-naturalizing forms of social oppression, demonstrating that what was thought throughout history to be natural was actually a product of specific social relations and ways of thinking” (Shakespeare, 2013) //sex-gender distinction

- Disability/impairment
 - Impairment: “lacking part or all of a limb, or having a defective limb, organ or mechanism in the body”;
 - Disability: “the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities” (UPIAS, 1976)

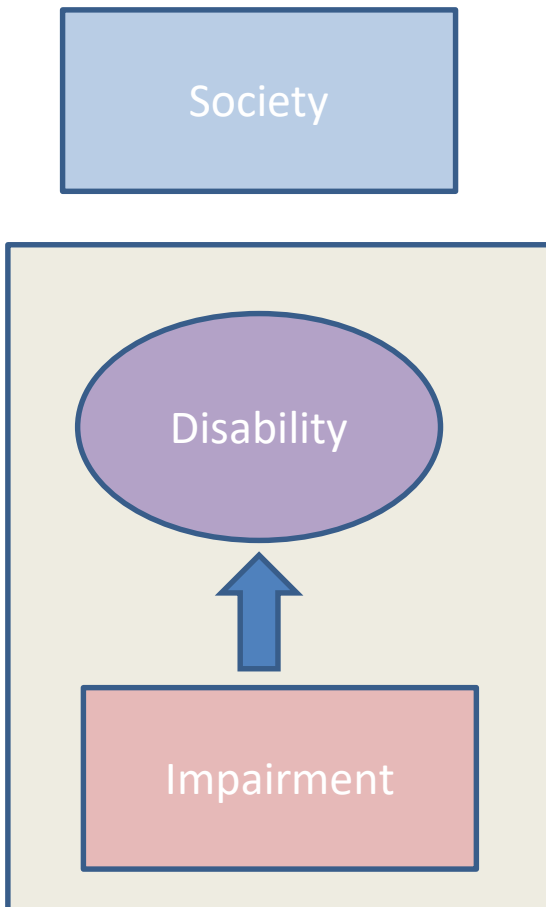
From individual to society

- From individual characteristics to social disabling barriers (obstacles, oppression, stigma, discrimination)
- Resonance with the sociological perspective (identifying « the social in the individual » (Oliver & Barnes, 2012))

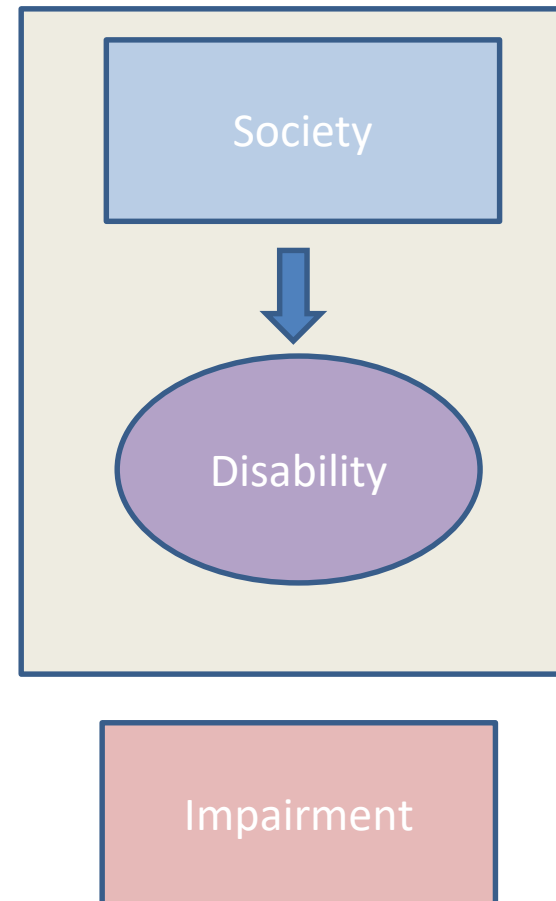


Impairment/disability in the medical and social models

Medical model



Social model



The political meaning of the social model for the disability movement

- Turning disability into a *collective* and *positive* identity
- Denaturalization → possibility for social change (if disability is socially produced, it can be socially undone) → *barrier removal* as a political goal
- Undoing social barriers as a collective responsibility → replacing charity with *rights*

→ Turn medical model assertions into social model assertions

« Ben cannot go to the same school as his brother because he has Down's syndrome »

« Lucy cannot ride the subway, she is quadriplegic »

« Malik has a hard time following this political meeting due to his hearing impairment »

« It is no use for Mariama to take the library tour with the other students: she is blind, she cannot read books »

Variations on the social production of disability: different sociological perspectives

- Micro/macro
- Structures/Discourse

Disability as stigma

- Symbolic interactionism
- From stigma to stigmatization

« The attitudes we normals have toward a person with a stigma, and the actions we take in regard to him, are well known, since these responses are what benevolent social action is designed to soften and ameliorate. By definition, of course, **we believe the person with a stigma is not quite human**. On this assumption we exercise **varieties of discrimination**, through which we effectively, if often unthinkingly, **reduce his life chances** ».
(Goffman, *Stigma*, 1963, p.5)

Disability as oppression

Paul Abberley (1987): disability as oppression

- Systematic disadvantage, supported by ideology, this being neither natural nor inevitable.
- Forms of systematic disadvantage:
 - Material (connection to capitalism)
 - Social and psychological (cf interactionist perspective)
 - The body as a site of oppression « both in form and in what is done with it » (Abberley, 1987, p.14)

Disability as oppression

Vic Finkelstein (1980): a materialist, evolutionary model of disability (UK)

Phase 1: agriculture and small industry. DP participate at least partially in the production process. They are seen as individually unfortunate but not segregated

Phase 2: industrialization: exclusion of DP from the production process; segregation and institutionalization

Phase 3: liberation from segregation, renewed participation in production process

Critiques (Oliver, 1986):

- Historical inaccuracies
- Idealization of pre-industrial phase

The ideological dimension of disability as oppression: Carol Thomas (1997) on disablism

« the meaning of the term *disability* is *not* the condition or functional consequence of being physically or mentally impaired. Rather, *dis-ability* refers to the disadvantaging affects – referred to by many as the « social barriers » - faced by people with impairments flowing from *disablism*: the ideological antipathy to what is considered to be undesirable physical, sensory or mentally – related difference or « abnormality » in western culture. Disability is a form of social exclusion and not a product of impairment *per se* » (Thomas, 1997, p.623).

Disability as discourse

- Cultural disability studies: a focus on cultural representations of disability (influence of post-structuralism, ‘cultural turn’)
 - Ex.: Rosemarie Garland-Thompson’s definition: “disability – similar to race and gender – is **a system of representation** that marks bodies as subordinate, rather than an essential property of bodies that supposedly have something wrong with them” (Garland-Thomson, 2005, p.1557-1558)
 - See section 10

Bringing impairment back in: the biopsychosocial/interactional perspective

Alternative perspectives developed in Quebec (Fougeyrollas & Beaugregard, 2001), France (Winance, Ravaud & Ville, 2007) and Scandinavia (Gustavsson, 2004)

→ Disability as the result of an *interaction* between personal characteristics and environmental factors

An alternative conceptualization: disability as an interactive/relational process

Alternative perspectives developed in Quebec (Fougeyrollas & Beauregard, 2001), France (Winance, Ravaud & Ville, 2007) and Scandinavia (Gustavsson, 2004)

- Disability as the result of an *interaction* between personal characteristics and environmental factors
- Example: the « Disability creation process » (DCP): see text by Fougeyrollas and Beauregard, 2001
 - Despecifying disability, analyzing it within a general model of human development
 - See model on next slide

The « Disability creation process » (DCP) (Fougeyrollas and Beauregard, 2001, p.182)

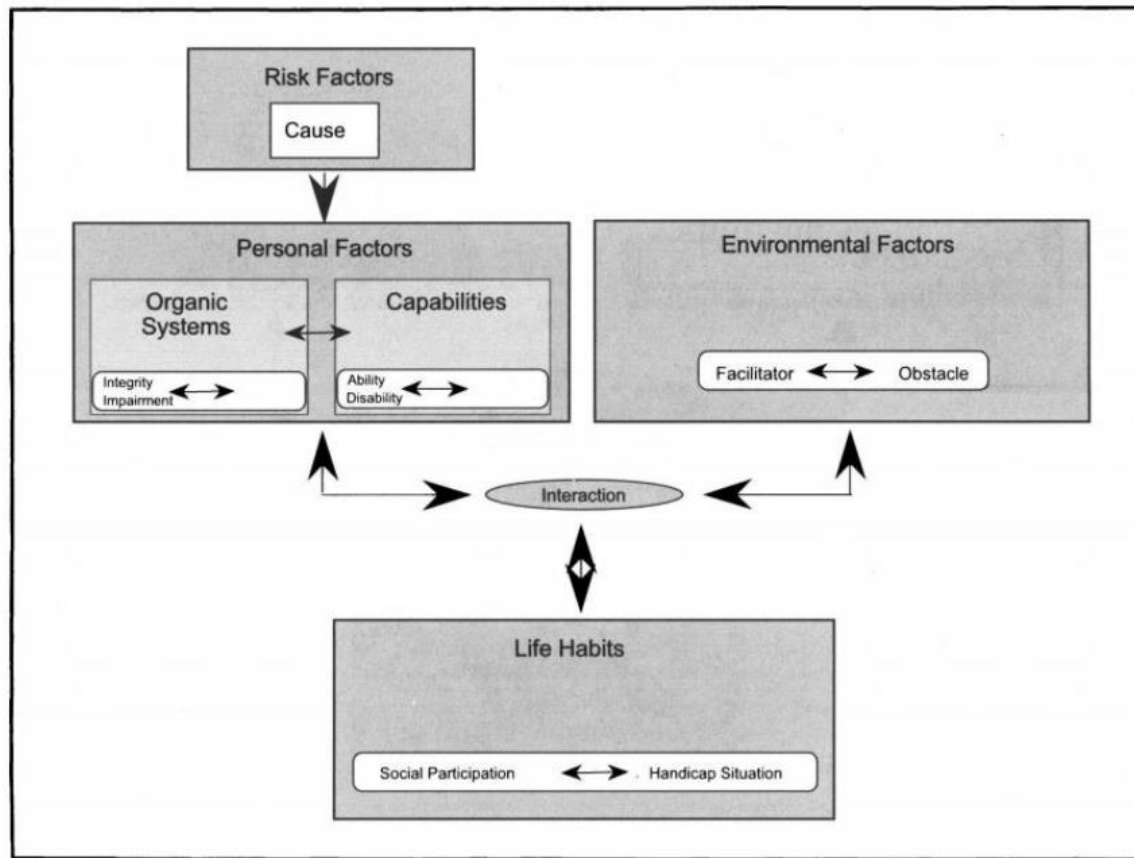


Figure 6.4. The Disability Creation Process

The « Disability creation process » (DCP) (Fougeyrollas and Beauregard, 2001, p.182)

- **Personal factors** = a person's intrinsic characteristics (ex. age, gender, sociocultural identity, organic systems, capabilities)
- **Organic system** = a group of corporal components sharing a common function. **Integrity** = unaltered organic system according to the human biological norm vs **impairment** refers to an organic system's degree of anatomical, histological, or physiological anomaly or alteration
- **Capability** = a person's potential to accomplish a mental or physical activity
- **Environmental factors** = physical or social dimensions that determine a society's organization and context (→ facilitators vs obstacles)
- **Life habit** = a daily activity or social role valued by the person or his or her sociocultural context according to his or her characteristics

What influence did disability studies have on disability as a policy category? Evolving WHO definitions

1980 International classification of impairments, disability and handicap (ICIDH)

Origin: WHO commissioned Philip Wood to extend the scope of the International classification of disease to include long-term and chronic illness

Typology: impairment/disability/handicap

- **Impairment:** “any loss or abnormality of psychological, physiological or anatomical structure or function”
- **Disability:** “any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being”
- **Handicap:** “a disadvantage for a given individual, resulting from an impairment or a disability that limits or prevents the fulfilment of a role that is normal (depending on age, sex, social and cultural factors) for that individual”

(WHO, 1980, quoted by Oliver & Barnes 2012)

What influence did disability studies have on disability as a policy category? Evolving WHO definitions

Criticism by disabled people based on the social model → revision started in 1993

- 2002 International classification of functioning, disability and health (ICF): disability as an outcome of the **interaction** between health conditions and contextual factors, including environmental and personal factors.
- Environmental factors include social attitudes, architectural characteristics, legal and social structures
- New typology: impairment/activity/participation

What influence did disability studies have on disability as a policy category? The example of the French 2005 law

Art. L. 114. A disability, under this law, is constituted by any activity limitation or any restriction to participation in life in society to which a person is subjected in his or her environment due to a substantial, durable or definitive alteration to one or more physical, sensorial, mental, cognitive or psychological functions, or to a polydisability or to a disabling problem of health (Law of 11 February 2005).

Cultural disability studies and the social construction of impairment

Impairment itself is socially constructed

// feminist critique of the initial sex/gender distinction (which resulted in defining sex as « purely » biological, pre-social) → sex itself is socially constructed (Butler, 1990).

Transfer of this perspective into disability studies (Tremain, 2005) → impairment itself is socially constructed

Main proof : diagnosis is variable accross space and time (ex. ADHD, autistic spectrum disorder...)

Cultural disability studies and the social construction of impairment

Impairment itself is socially constructed... **Yet it exists**

« the dangerous error is to confuse diagnosis with impairment. [...] none of [the] uncertainty, heterogeneity and gradation implies that there is no underlying biological impairment causing a decrement in species-typical functioning. [...] The idea of Down syndrome is a social construct, but Down syndrome is not a social construct » (Shakespeare, 2013)

Underlying risk of seeing impairment as a pure idea = negation of the embodied experience of pain and deficits.

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