

THE DEVELOPMENT AND CRITIQUE OF THE SOCIAL MODEL OF DISABILITY

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1. Introduction

The objective of this paper is to provide a description and analysis of the social model of disability, and how it has developed during the past 30 years. Both academics working in the field of disability studies, as well as practitioners providing disability services have been increasingly influenced by its underpinning philosophy. Furthermore, the “disability movement” utilises the social model as a political platform and tool to secure the “rights” of disabled people, with the objective of ensuring that they enjoy the status of full citizenship within contemporary society.

The social model of disability should not be considered as a monolithic entity, but rather as a cluster of approaches to the understanding of the notion of disablement. As will be demonstrated below, different variants of the model ascribe differing and relative importance to a multiplicity of factors that result in the oppression and discrimination that disabled people experience. However, common to all variants of the social model is the belief that, at root, “disability” and “disablement” are socio-political constructions. It is therefore the inhospitable physical environment, in concert with the negative social attitudes that disabled people encounter which result in the systematic oppression, exclusion and discrimination of disabled people.

It can therefore be appreciated that the consideration of the theoretical understandings

of disability are not solely of semantic, academic interest. The manner in which disability is popularly perceived has a profound impact upon the way in which “stakeholders” are considered (by disabled person’s organisations, policy makers and NGOs alike) to have a legitimate role in deciding how resources are distributed. The manner in which disability has been variously conceptualised, with the resultant ramifications for the provision of disability services, has become a highly emotive and politically charged issue.

2. The Origin and Basic Tenets of the Social Model of Disability

The social model arose in response to the critique of the medical model of disability. It has generated a caucus of academic writing, predominantly written by academics and activists who themselves have disabilities and is the total antithesis to the medical model. It is not intended to provide a comprehensive review of the medical model within this paper, but to refer to it in relates to the social model. The primary focus of analysis is the manner in which the social model shifts away from consideration of the deficits of the functional, physiological and cognitive abilities of the impaired individual, to the ability of society to systematically oppress and discriminate against disabled people, and the negative social attitudes encountered by disabled people throughout their everyday lives. Disability is therefore situated in the wider, external environment, and is not explicable as a consequence of an individual’s physical and/or cognitive deficiencies. Thus, in focusing upon the manner in which disability is socially

produced, the social model gives precedence to the importance to politics, empowerment, citizenship and choice. Furthermore, disability is the result of society's failure to provide adequate and appropriate services. Consequently, the needs of disabled people are not adequately accounted for within the contemporary social organization of society. It is perceived in attitudinal terms - as a socio-cultural rather than a biological construct. Harlan Hahn, writing within the North American context, stated that disability stems from:-

"the failure of a structured social environment to adjust to the needs and aspirations of citizens with disabilities rather than from the inability of the disabled individual to adapt to the demands of society." (Hahn, H. 1986:128)

A further central tenet of the social model is that, irrespective of the political, economic and religious character of the society in which they live, disabled people are subject to oppression and negative social attitudes, that inevitably undermine their personhood and their status as full citizens. Underlying the notion that disabled people are oppressed is the assumption that all societies are characterized by conflict between two competing groups; the dominant and the subordinate. Writing within the context of the politics of disability, James I. Charlton defined oppression as follows:-

"Oppression is a phenomenon of power in which relations between people and between groups are experienced in terms of domination and subordination, superiority and control. Those with power control; those without power lack control. Power presupposes political, economic and social hierarchies, structured relations of groups of people, and a system or regime of power. This system, the existing power structure, encompasses the thousand of ways some groups and individuals impose control over others." (Charlton, J. 1998:30)

Charlton also maintains that the majority of disabled people have been so psychologically oppressed by society that their oppression has become internalised. As a result, they have developed a Marxian notion of “false consciousness”, whereby they come to believe that they are less capable than others. Consciousness can be defined as an awareness of oneself in the world. It is a process of awareness that is influenced by social conditions, chance and innate cognition. With regard to “false consciousness”, as a lethal mixture of self pity, self-hate and shame, this state of awareness can:-

“... prevent people with disabilities from knowing their real selves, their real needs, and their real capabilities and from recognising the options they in fact have. False consciousness and alienation also obscure the real source of oppression. They cannot recognise their self-perceived pitiful lives are simply a mirroring of a pitiful world order. In this regard people with disabilities have much in common with others who have internalised their own oppression”.
(Charlton, J. 1998:27)

Paul Abberley (1987) has also analysed the concept of social oppression as it applies to disabled people. He argued that other groups within society, such as women and ethnic minorities, encounter oppression, but that is not possible to construct a monolithic theory that provides an adequate explanatory framework to comprehensively analyse the phenomenon for all marginalised groups. Social oppression is specific in the manner in which it operates in relation to form, content and location, “so to analyse the oppression of disabled people in part involves pointing to the essential difference between their lives and other sections of society, including those who are, in other ways, oppressed”. (Abberley, P. 1977:163). Abberley delineates four supplementary defining characteristics of social oppression as it relates to disabled people. He stated:-

“To claim that disabled people are oppressed involves, however, arguing a number of other points. At an empirical level, it is to argue that on significant

dimensions disabled people can be regarded as a group whose members are in an inferior position to other members of society because they are disabled people. It is also to argue that these disadvantages are dialectically related to an ideology or group of ideologies which justify and perpetuate the situation. Beyond this it is to make the claim that such disadvantages and their supporting ideologies are neither natural nor inevitable. Finally, it involves the identification of some beneficiary for this state of affairs". (Abberley, P. 1987:163)

Social oppression in turn gives rise to institutional discrimination, analogous to that experienced with sexual and racial discrimination. Barton (1993) on commenting upon the meaning of institutionalised discrimination within the British context stated:-

"An extensive range of research findings has demonstrated the extent of the institutional discrimination which disabled people experience in our society. This involves access and opportunities in relation to work, housing, education, transport, leisure and support services. Thus, the issues go far beyond the notion that the problem is one of individual disabilist attitudes. These are not free floating but are both set within and structured by specific, historical, material conditions and social relations. Goodwill, charity and social services are insufficient to address the profundity and stubbornness of the factors involved". (Barton, L. 1993:242).

Disabled people have been subjected to a multiplicity of oppressive social attitudes throughout history, which have included "horror, fear, anxiety, hostility, distrust, pity, over-protection and patronizing behavior" (Barton, L. 1996:8). Such pejorative attitudes, coupled with an inhospitable physical environment such, as inaccessible buildings and unusable transport systems, are considered to be the real concerns of disability. (Barnes, C. 1991). It is therefore maintained that "disabled people live within a disabling world".

2. The Historical Materialist Variant of the Social Model

Since the 1960s, some disabled people, particularly those aligned with the “radical disability movement” in the UK and the United States, have attempted to develop a theoretical understanding of the concept of disablement, from a socio-political perspective. The early writers in this field were strongly influenced, as will be demonstrated below, by structuralist and Marxist sociology. The theoretical foundations of the social model have developed during the ensuing period, embracing other schools of sociological thought. However, it is important to review these early writings in some detail, for they provide a basis for understanding how the model has subsequently developed.

Foundational to the materialist understanding of disability is the important conceptual distinction drawn between impairment and disability, the formal definitions provided by the Union of the Physically Impaired Against Segregation cited in Box 1 below.

Box 1	Definition of Impairment and Disability (The Union of the Physically Impaired Against Segregation, 1976)
	<ul style="list-style-type: none">• “Impairment (is) lacking part of or all of a limb, or having a defective limb, organism or mechanism of the body;• Disability (is) the disadvantage or restriction of activity caused by contemporary organisation which takes no or little account of people who have physical impairments and thus excludes them from the mainstream of social activities.”

According to the definition cited above, the social construction of physically impaired

people as “disabled” arises, in the first instance, from the specific ways in which society organises its basic material activities (work, transport, leisure, domestic activities and so forth). Impairment is simply a bodily state characterised by malfunction of the physical and/or cognitive abilities of the individual, as the result of altered physiology or psychology, which defines the physicality of certain people.

In a very embryonic account of the materialist explanation of disability, commenting upon the crucial distinction between disability and impairment, Paul Hunt, on behalf of UPIAS, wrote:-

“In our view, it is society which disabled 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. Disabled people are therefore an oppressed group in society. To understand this, it is necessary to grasp the distinction between the physical impairment and the social situation, called ‘disability’, of people with such impairment. Thus we define impairment as lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body; and disability as 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. Physical disability is therefore a particular form of social oppression.” (UPIAS, 1976:3-4).

A further tenet of the “materialist” thesis is that disability is not a fixed, absolute category, but has been defined differently throughout history, and order to understand the contemporary position in which disabled people are situated, it is imperative to analyse disability from an historical perspective. Furthermore, given the two premises that disability is a socio-political construction, and to a large extent is culturally

produced, disability theorists such as Oliver and Finklestein maintain that the phenomenon of disability can be adequately explained with reference to the “mode of production” and the dominant ideological hegemony.

Vic Finklestein (1980) was one of the pioneers in developing a materialist explanation. He postulated that history can be divided into three “distinct and sequential phases”, and that within each phase, the manner in which disabled people are socially included or excluded within contemporary society will differ. Firstly, the period before the European industrial revolution was characterised by agrarian feudalism and some cottage industries. During this period, there was scant social mobility, and this mode of production did not preclude disabled people from active participation in their local communities. During the second phase, spanning the industrial revolution and its immediate aftermath, disabled people were effectively excluded from being in paid employment, due to the fact that they were not able to maintain the pace set by the factory system. As a consequence, disabled people were separated and thereby socially excluded from mainstream social and economic activity. Finkelstein maintained that during the third phase, which was just commencing, disabled people will witness and experience their liberation from social oppression. This will be achieved through disabled people and their allies working collaboratively to achieve commonly agreed goals, through the aegis of the disability movement.

2.1 Oliver's Analysis of Disablement

Mike Oliver, in his seminal work, *The Politics of Disablement* (Oliver, M. 1990) has produced a variant of the social model of disability. This construction is considered at some length, for it constitutes the foundation for the subsequent development and maturation of disability studies, particularly in the UK and the United States. The model is constructed and expressed in Marxist terms, and assumes that human nature, and the resultant choices that individuals can make for themselves, are determined by the structure and ideology of society. It is therefore argued that the kind of society in which a disabled person lives has a profound effect upon how their disability is experienced and structured. Furthermore, an individual's personal experience of disability within capitalism is itself defined, to some extent, by the structural features of capitalism including ideology, culture and the influence of race and gender as well as the activities of key groups and institutions (professionals and professionals). The overall purpose of Oliver's analysis is to provide conclusive evidence that disability

"as a category can only be understood within framework which suggests that it is culturally produced and socially structured." (Oliver, M. 1990:22).

Oliver began his analysis by questioning whether the medicalised, and tragic conception of disability, which he observed to be prevalent within Britain in the late 1980s, had been replicated across other cultures and societies, and also between historical periods. He concluded that the individualist, medicalised and tragic conception of disability was indeed unique to capitalist societies. Oliver referred to and quoted the work of two

social anthropologists, Hanks and Hanks, who showed that within pre-capitalist societies, the spectrum of attitudes encountered by disabled people have varied from “ruler to outcast, from warrior to priest, from infant to aged” (Hanks, J. and Hanks, L. 1980:12).

Oliver’s analysis of the social structuring of disability is founded upon two concepts; the “mode of production” and the central core values, or ideology that are present within any given society. Both interact and determine how disabled people are perceived within their local contemporary societies. The former is understood to refer to the type of economy and its constituent productive units, as well as the manner in which production is organised - for example, through the network of family units, or through the factory system utilising wage labour. The latter concept refers to the basic values upon which a society is premised, which could be based upon religion, science and medicine.

Different ideological premises have profound implications for the explanation of disability. Oliver argued that in some societies, the presence of an impairment may not be perceived by society in pejorative terms, as it has been seen as a sign of being chosen.

Hence, Safilios-Rothschild has stated:-

“Throughout history, discriminatory practices against the sick and disabled have varied greatly from country to country and from century to century; they have ranged from complete rejection and ostracism to semideification and the

according of special privileges and humours.” (Safilios-Rothschild, C. 1970:4)

Oliver maintained that the economic structure and ideological hegemony of modern western society have had a major detrimental impact upon the lives of disabled people, and also other marginalised groups such as those with differing ethnic affiliations, or those with homosexual orientations. The rise of the factory system and the introduction of individual wage labour transformed the “means of production”, resulting in the separation of the home from the workplace, and in the marginalisation of disabled people, because they were unable to meet the demands of capitalist society. Disabled people have become further isolated from their family communities through the establishment of closed and segregated institutions, (which first came into existence in the late 19th century), whose function was to act as a mechanism for social control. In the latter half of the 20th century, closed and socially isolating institutions still exist which “warehouse” disabled people - for example, within many so called “special schools” and sheltered training workshops. However, during the past 20 years, throughout western-democratic societies, there has been a shift in government policy towards ensuring that disabled people live in community settings, where the package of “care” is bespoke to the individual needs. Within the UK context, this is referred to as the “care in the community programme”, (Priestley, 1999).

Oliver further argued that in the wake of capitalism, dominant ideological presuppositions and modes of thought became commonly accepted, which again had

detrimental consequences for the lives of disabled people. Analogous to Gramsci's distinction between "organic" and "arbitrary" ideologies, He distinguished between "core" and "peripheral" ideologies, the latter being derived from the former. In relation to ideology, it was argued that the rise of capitalism necessitated the separation of work from home (as stated above), which in turn gave rise to the ideological construction of individualism, which became the "core" ideology vis-a-vis disability. Consequently, the rise of capitalism gave rise to the premise that disability is in essence an individual pathology, since a distinction needed to be drawn between those considered "able-bodied", (and by implication able to work), and those who were considered disabled. Hence, within the modern capitalist era, "disabled people could not meet the demands of individual wage labour and so became controlled through exclusion".

This process of individualism gave rise to the peripheral ideologies of categorization and medicalisation of disability. In order to make a valid distinction between the deserving and undeserving poor, the agencies of the state assigned the medical profession the role of deciding who was disabled and who was not. This process, initiated during the 19th century, continues to have important ramifications for contemporary service provision, where it is commonly assumed that the greatest problems encountered by disabled people are directly related to their medical conditions. The medical profession still has a great deal of influence in the manner in which disabled people live, invariably being seconded by agencies of the state to make

assessment of their needs and abilities, often in areas which have little to do with the application of medical science. Examples falling into this category would include the entitlement for financial grants, wheelchairs and other appliances, assessing the ability of a person to drive, and selecting appropriate educational provision. A possible explanation of the continued, and some would argue expanding, influence of the medical profession in the lives of disabled people is that the profession has widened its remit within the field of medical science to incorporate rehabilitation. Oliver, in support of this thesis, quoted Albrecht and Levy:-

“As demand for rehabilitation services increased and insurance benefits expanded, there was an incentive for physicians to enter the rehabilitation field. Under the aegis of designing comprehensive medical rehabilitation programs, hospitals, and physicians began to incorporate rehabilitation services into the medical model. Definitions of disabling conditions and appropriate treatment were expanded to include medical interventions and physical control”.
(Albrecht, G. and Levy J. 1981:22).

Oliver continued his analysis by arguing that the economic and social structures of society, in combination with the dominant ideological hegemony, have resulted in disabled people being perceived as “dependent”. Consequently a great deal of the social welfare legislation enacted during the post-war period has compounded this notion. The term “dependency” is used in a two-fold manner. Firstly, welfare states have categorised entire groups of people, of which disabled people are but one, who have become dependent upon the state for the provision of education, health care, as well as financial support. Secondly, in specific relation to disability, attention has

focussed upon the functional limitations of disabled people who are perceived to be unable to care for themselves.

There is also a professional basis for the creation of dependency. Many of the services provided for disabled people, often within institutionalised settings, engender such a state. Traditionally, these services have been established and subsequently managed with little or no regard of the needs and aspirations of disabled people. Furthermore, the profession-client relationship is itself dependency-creating, as undue power and influence is vested with the professional. The structure of the economy within industrial society has invested professionals with the function of acting as gatekeepers of scarce resources, (in terms of financial benefits, medical and rehabilitation services) and this inevitably affects disabled people's lives.

Despite cosmetic changes that have been made with regard to the professional-client relationship, Oliver remained pessimistic about changing this aspect of dependency. He therefore stated:-

"Economic structures determine the roles of professionals as gatekeepers of scarce resources, legal structures determine their controlling functions as administrators of services, career structures determine their decisions about whose side they are actually and cognitive structures determine their practice with individual people who need help - otherwise, why would they be employed to help them? This is not just another attack on overburdened professionals, for they are as much trapped in dependency creating relationships as are their clients".
(Oliver, M. 1990:91).

The task of transforming modern industrial society, so that disabled people do in fact live as full and free citizens, devoid of social oppression and negative social attitudes, is profoundly revolutionary. Merely by tinkering with and modifying the institutions of the welfare state, irrespective of whether it adheres to the ideological presuppositions of capitalism or socialism, will ultimately prove to be inadequate. The dominant hegemony of individualism, the medicalisation and categorisation of disability, and the resultant dependency of disabled people will remain unaltered. Furthermore, the *raison d'être* of service provision needs to change from one that is based upon defining needs (principally by able-bodied professionals), to one based upon social rights. Such a move would run counter to the dominant ideology of individualism that has hitherto pervaded services provision, as well as beginning to break the cultural linkage between political and professional dependency.

In order for this to become a reality, thereby creating a “non-disablist” society, Oliver proposed a three-fold strategy. Firstly, states should enact anti-discrimination legislation, thereby making it an offence to discriminate against disabled people in the fields of education, employment, housing and so forth. Secondly, within western societies, more emphasis should be given to securing freedom of information, so that disabled people can have access to information that has previously remained confidential.

Thirdly, an infrastructure should be established in which the needs and aspirations of disabled people can be met, with the appropriate range of services being provided. This can only happen with adequate state funding, to assist organisations of disabled people to secure their rights. Hence, it is ultimately disabled people themselves who are defining how they wish to live their lives. In the last 20 years, organisations of disabled people have been established in the majority of countries throughout the world. The vast majority adhere to the principles of “empowerment, and human rights, independence and integration, and self-help and self-determination” (Charlton, J. 1998:130). In commenting upon the consequences of adopting a human rights approach to disablement, Dimitris Michailakis stated:-

“A human rights approach implies legal reasoning. ... The human rights approach implies, thus, among other things, the creation of a legislation which shall give persons with disabilities and their organisations the lever to ensure that there is effective advocacy for their rights. ... Implicit in any application of the human rights’ strategy is structural transformation, involving redistribution of economic and political power. As in the struggle against racism, advocates and policy-makers chose to combat discrimination against persons with disabilities by reference to human rights.” (Michailakis, D. 1997: 19-20)

This human rights approach to disability has been adopted, within the last decade, by the United Nations, who in 1993 at its 85th Plenary Meeting of the General Assembly, passed the resolution “*Standard Rules for the Equalisation on Opportunities for Persons with Disabilities*” (United Nations, 1993). Although this internationally agreed document does not have the status of a legally binding document upon any sovereign state, it has nevertheless been very influential in the development of disability policy throughout

the developed and developing world. In explaining the rationale that underpins the Standard Rules, the Resolution stated:-

"The term 'equalisation of opportunities' means the process through which the various systems of society and the environment, such as services, activities, information and documentation, are made available to all, particularly to persons with disabilities. The principle of equal rights implies that the needs of each and every individual are of equal importance, that those needs must be made the basis for the planning of societies and that all resources must be employed in such a way as to ensure that every individual has equal opportunity for participation. Persons with disabilities are members of society and have the right to remain within their local communities. They should receive the support they need within the ordinary structures of education, health, employment and social services."
(United Nations, 1993, Introduction, Paragraph 25)

3. The Development of the Social Model of Disability

3.1 Experience, Embodiment and the Social Model

It is beyond doubt that the genesis and subsequent development of the "disability movement", underpinned by the theoretical foundation of the social model, both within the United Kingdom and throughout the world, have created a quantum shift in the manner in which disability has been perceived, and what is now considered to be the appropriate and legitimate manner in which disability policy is to be developed and implemented. It has now become the dominant hegemony underpinning policy-making and service provision. In the past, and to a significant extent today, it has certainly been the case that disabled people have experienced, as have other marginalised groups, ostracism, discrimination and oppression, which has resulted in them being classified as "second class citizens" in the contemporary societies in which they live. The movement

has been successful in raising the profile of disability upon the political agenda, by poignantly highlighting the social, economic and political structures, as well as the pejorative attitudes that have contributed to ascribing disabled people the status of second class citizenship.

Notwithstanding the significant contribution that the structuralist and historical-materialist theoreticians have made in constructing a socio-political understanding of disability, recently a new generation of disability scholars have emerged, who have attempted to develop and build upon the earlier work described above. Two issues are considered to be of central importance within the ensuing debate. First, the dualistic Cartesian distinction between “disability” and “impairment” is now beginning to be questioned, in particular Oliver’s assertion that “disablement has nothing to do with the body”, and that “impairment is in fact nothing less than a description of the physical body” (Oliver, M. 1995:4-5). It is therefore argued that an individuals’ own experience of living with an impairment on a daily basis, sometimes in a state of acute physical pain, has an important and valid role in experiencing disablement. Secondly, those working with disability studies are now beginning to question to what extent can disabled people be considered as a monolithic, homogeneous entity, and to what extent is the understanding of disablement contingent upon social and cultural factors. In other words, is it possible to construct a “grand theory” of disablement, that is valid and pertinent for all impairment groups, across all cultural settings?

Within the current disability studies literature, most writers would adhere to and acknowledge the general principles and axioms of the social model outlined above. However, opinion is indeed divided as to what significance should be given to the personal experience of individual disabled people within an analysis of disablement. Some within the disability movement argue that the discussion of the personal experience of disabled people detracts from achieving its main objective - that is to challenge the structure and processes that exist within contemporary society that oppress them. It is contended that such considerations dilute the potency of the social model to act as a force for political change, for it de-politises the debate. Finklestein (1996) has therefore stated:-

“ ... attitudes and emotions that came from experiencing discrimination ... Writers like Jenny Morris have elevated the importance of personal, psychological in understanding disability. Such a work encouraged a shift away from thinking about changing the real world. Finding insight the experience of discrimination is just a return to the old case file approach to oppression, dressed up in social model jargon”. (Finklestein, V. 1996:11)

Conversely, other disability theorists, such as Hughes and Patterson, influenced by post-modern ideas, have argued that engaging with debates concerning the body in relation to the notion of disablement in fact strengthens the potency of the explanatory power of the social model. They have stated:-

“The social model of disability presupposes an untenable separation between body and culture, impairment and disability, while this has been of enormous value in establishing a radical politics of disability, the cartesianized subject that it

produces sits very uneasily in the contemporary world of identity politics.. This paper is an internal critique: It argues not for the supersession, but for the expansion of the social model and it proposes an embodied, rather than a disembodied, notion of disability". (Hughes, W, and Paterson, K. 1997:326).

Hughes and Paterson (1997) have thus argued that while the social model has provided a penetrating critique of the medical model, it has nevertheless left discourses regarding the body and impairment to the domain of bio-medicine, thus exiling the study of impairment from sociological examination. Furthermore, Hughes (1999) argues that the social model, as originally conceived, provided a pertinent critique of capitalism, but has largely been ineffective in critiquing modernity. Consequently, maintaining the rigid distinction between disability and impairment:-

" ... restricts the analytical power and 'reach' of disability studies: in particular, it confounds the possibility of developing a social theory of impairment which is largely dependent upon escape from Cartesian categories." (Hughes B 1999:156).

Writers such as Hughes and Paterson maintain that the relationship that exists between disabled people and their bodies is mediated through medicine and therapy, devoid of policy and political analysis. Such an approach results in the dualism of a medical analysis of disabled peoples' bodies and a political analysis of disabled peoples' social existence. They therefore stated:-

"In the social model, the body is rendered synonymous with its impairment or physical dysfunction. That is to say, it is defined - at least implicitly - in purely biological terms. It has no history. It is in essence, a timeless ontological foundation. Impairment is therefore the opposite of disability: it is not socially

produced. ... Indeed, there is a powerful convergence between bio-medicine and the social model with respect to the body. ... Impairment is consequently entrenched in the biomedical and reduced to its dysfunctional anatomophysiological correlates. Yet impairment is more than a medical issue. It is both an experience and discursive construction. ... The social model of disability has not entertained debates that problematise the body". (Hughes, B. and Paterson, K. 1997:328-329).

Deborah Marks (1999) has cogently argued that the dichotomizing of disability and impairment, as posited by the historical materialist variants of the social model, paradoxically results in the social model becoming, in fact, highly individualistic. By excluding a sociological analysis of experience and the body, a theoretical vacuum is thereby created.

Feminist disability theorists, such as Liz Crow and Jenny Morris, concur with the analysis presented by Hughes and Paterson, and have called for the social model of disability to be reconceptualised, to incorporate a sociology of impairment. Jenny Morris (1991) maintained that the social model has effectively denied the fact that the physical and emotional pain and suffering experienced by disabled people due to their impairments has any impact upon their practical daily living. The sharp distinction drawn between disability and impairment has compartmentalized bodily experience from social experience - pain from politics. In addition, Liz Crow (1996) has persuasively argued that the social model of disability has not made adequate accommodation for the subjective experiences of pain, fatigue, depression, and to an

extent, the uncertainty that disabled people inevitably experience as a result of their impairment. The existence of impairment is indeed an objective reality as well as being subjectively experienced. She therefore states that:-

“an impairment such as pain or chronic illness may curtail an individuals activities so much that the restriction of the outside world becomes irrelevant ... for many disabled people personal struggles relating to impairment will remain even when disabling barriers no longer exist” (Crow, L. 1996:9 and 209)

Sally French (1994) has delineated four definitive factors that have a profound influence upon the way disabled people experience the consequences of their impairments: 1) the precise period in a person's life when they acquired their impairment; 2) the relative visibility of that impairment; 3) how “severe” the impairment is considered to be from the model of other people, and 4) whether the impaired individual also has other illnesses.

Furthermore, while recognizing that the concept of disablement is a socio-political construction Bickenbach et. al. questioned whether sufficient rigor has been given by protagonists of the early versions social model to establishing the mechanisms of the causal linkage between impairment and disability. It is indeed difficult to devise social indices that identify and measure this linkage. Bickenbach et. al made the following insightful comments:-

“Despite its intuitive power, the insight that disablement is a complex phenomenon in part created by the social environment cannot easily be translated into researchable questions. How precisely does the social environment create

disablement? Should we expect patterns of disadvantage linked to specific physical or mental conditions? How do we identify which aspects of the social environment are responsible for disadvantage? Which interventions will make a difference and can we measure the improvement?

The data from these research questions could lay the medical model to rest, and provide disability advocates with hard evidence of how the social world 'disables' them. Yet these questions are too vague, multifactorial and imprecise for the basis of research. As a result, very little empirical research has been done on the fundamental question of how intrinsic features of an individual interact with features of the social environment to produce disablement." (Bickenbach, J. et. al. 1999:1174).

3.2 A Cultural Understanding of Disablement

Protagonists of the historical materialist variant of the social model, such as Mike Oliver, maintained that irrespective of the category of impairment, all disabled people encountered "oppression". Indeed, oppression was perceived as the common denominator that unites all disabled people, notwithstanding differences in socio-economic or cultural background. However, it is contended here such an understanding of oppression is problematical, as both disability and impairment are socially and culturally constructed. What it means to have an "impairment" and experience "disability" is therefore, by implication, culturally defined and will vary between societies. For example, consider the case of an individual who has dyslexia. In a predominantly rural agrarian society, such as South India, the fact that an individual cannot read and write is not likely to inhibit their ability to work and participate fully in local community life, and will not be popularly considered to be disabled, and thereby encounter oppression. However, a person who is dyslexic living in a western-based

society is more likely to be unemployed, for in a myriad of ways, in order to function within society, there is a prerequisite for an individual to be literate.

The Department for Education and Employment, as part as its last Labour Force Survey, published in Autumn 1999, examined the relationship between disability and employment (Department for Education and Employment, 1999). The Survey found that although disabled people constitute nearly a fifth of the working-age population in Great Britain, they nevertheless constitute one-eighth of all those in employment. Furthermore, disabled people are over six times as likely as the able-bodied counterparts to be unemployed and claiming state benefits. The Survey also found the employment rates vary accord to type of impairment. Some impairment groups, such as those with diabetes, skin conditions and hearing impairments attain relatively high employment rates. However, three quarters of those with mental illness and two-thirds of those with learning difficulties are unemployed (Department for Education and Employment, 2000). It can there be appreciated that the prospects of disabled people gaining employment are far greater in South India than they are in a western country such as Great Britain.

The above also illustrates that the notion of impairment, as conceived by the historical-materialists, is very “physicalist” in its understanding. As demonstrated by the disability theorists cited above, the notion of an impairment is indeed a more

sophisticated phenomenon, that can encompass cognitive and psychological manifestations. Those with cognitive difficulties and mental illness may in fact have bodies that the majority would deem to be “normal”, but this does not necessarily mean that such individuals do not encounter the negative connotations and reality of experiencing impairment.

Recently, the World Health Organisation has also begun to recognise the symbiotic relationship between disability and impairment, and that both are socially constructed. Consequently, in 1993, they began the process of revising their 1976 classification of disability, handicap and impairment. According to the newly devised scheme, the multifaceted nature of disablement is essentially comprised of three principal components, which interact with each other. These have been defined in the following manner:-

Box 2	The International Classification of Impairment, Activities and Participation: A Manual of Dimensions of Disablement (World Health Organisation, 1997:14)
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- **“Impairment** is a loss or abnormality of body structure or of a physiological or psychological function.
- **An Activity** is the nature and extent of functioning at the level of the person. Activities may be limited in nature, duration and quality”.
- **Participation** is the nature and extent of a person’s involvement in life situations in relation to Impairments, Activities, Health Conditions and Contextual factors. Participation may be restricted in nature, duration and quality”.

Emphasis is now placed upon highlighting the social aspects of disability. The newly devised classification has abandoned the word “disability” and “handicap” altogether, replacing these terms with “activities” and “participation”. It emphasises the dynamic relationship between the health condition of the individual, together with their own “personal” characteristics as well as the broader social environment. All these factors are seen as determining how an impairment affects the participation of that individual.

WHO, commenting on the revised classification, stated:-

“The new classification that has been devised by the World Health Organisation is an attempt to measure the multifaceted dimensions of disablement. Furthermore, the notion of disablement is not perceived in terms of an attribute of a person, but as a complex collection of conditions many of which are created by the social environment. Hence, the management of the problem requires social action and it is the collective responsibility of society to make the environmental modifications necessary for the full participation of people with disabilities into all areas of social life. The issue is, therefore an attitudinal or ideological one which requires social change, while at the political level it is a matter of human rights”. (WHO, 1997:6)

WHO’s latest conceptualisation of disablement constitutes a substantive improvement upon the previous classification, for it attempts to take the social dimensions of disablement fully into account, indicating a movement along the continuum from a medical to a social understand of disablement. It is also aware of the cultural and material factors which sometimes have a significant bearing upon a particular individual’s ability to participate in contemporary society. Thus, the new classification recognises that poverty, the lack of adequate housing, or inferior environmental factors

such as inadequate sanitation, as well as the gender status of a disabled individual, may well affect their ability to participate in contemporary society.

Bickenbach et. al. identified WHO's revised classification of disablement as attempting to encompass a "biopsychosocial" conception, principally by providing a syntheses of the medical and social perspectives of disability. In commenting upon the symbiotic relationship between the malfunction of the body, and the manner in which society is structured, Dimitris Michailakis stated:-

" ... the person-environment approach implies a view of handicap as something that involves the individual's functional limitation, as well as his environment will lead to another understanding. Handicap is not a property, a characteristic of the individual in the first hand, but something that develops between the individual and the environment. ... The inability to walk, to talk, to see and so on (functional limitations) is clearly distinguished in the person-environment approach from the inability to go to school, to work and generally participate in community life. A functional limitation becomes a handicap when the environment impedes action and participation. ... The implications of functional limitations vary according to sociol-economic circumstances of each society and the provisions it makes for its citizens. From a person-environment approach, handicap is a problem which exists in relation to society and which each society, therefore, has the capacity to reduce or control" (Michailakis, D. 1997: 22-23).

Imrie (1997) also found the original conceptualization social model to be problematical. By purporting that the origins of oppression are located exclusively in "attitudes", it is difficult to determine their social location, and how these in turn result in oppressive action. The model is deficient in failing to analyze the socio-political contexts in which attitudes and values are constructed, and how they are in turn transformed into oppressive actions and practices.

A further question arises concerning the appropriateness in developing countries of the western-based notion of empowerment, which presupposes that rights are exercised and that decisions are made in accordance with the preferences and wishes of the individual. Such an individualised notion of empowerment, as espoused by the international disability movement runs contrary to accepted social customs and practices found within many developing countries. In societies such as found in Asia, it is customary that all major decisions, for example, who one should marry or the purchase of property or career decisions, are taken not by the individual, but collectively through consultation within extended family and kinship networks. This is particularly the case in rural areas, and operates irrespective of whether disability is present within the family. Thus, a focus on rights and decision-making practices rooted in the ideology of individualism is, in many societies, particularly in an African and South-Asian context, often at variance with established cultural and social norms and practices. It is surely right to question the efficacy of proselytising western-based individualism, which runs contrary to long standing local practices.

A further matter for discussion is the most appropriate strategy for achieving social change so as to result in the construction of a non-disablist world. As the previous section has shown, one of the principal tenets of the social model is that disabled people experience discrimination and social oppression, resulting in disabled people living

within a “disabling world”. Upon the supposition that disabled people are indeed an oppressed group, the movement has advocated that conflict should be used in combating such oppression and discrimination.

While appreciating the foundation of such sentiments, and without denying the validity of the assertion that disabled people do indeed face discrimination and oppression, it is contended that disability is a far more complex phenomenon than can be solely and adequately explained by social oppression and discrimination. It is my experience that vast numbers of people, rather than actively oppressing disabled people, are in fact fearful and ignorant of disability, which leads them to relate to disabled people in inappropriate and often demeaning ways. In agreement with this position, the feminist disability writer, Jenny Morris stated:-

“Our disability frightens people. They don’t want to think that this is something that might happen to them. So we become separated from common humanity, treated as fundamentally different and alien. Having put up clear barriers between us and them, non-disabled people further hide their fear and discomfort by turning us into objects of pity, comforting themselves by their own kindness and generosity”. (Morris, J. 1991:192).

Oppression is often of an unwitting nature. If oppression and discrimination were the sole factors in the creation of a disablist society, then conflict might be the most appropriate strategy to adopt. However, if as is contended here, fear and ignorance also provide a significant explanation to societal attitudes towards disability, then a more appropriate and pertinent strategy for the creation of a non-disablist society might be

through the medium of education. It is an undisputable fact that disabled people are in the minority within society, albeit a significant one, comprising approximately ten percent of the world's population. Disabled people, in order to create a society which is indeed non-disablist and which secures effective, full citizenship, needs to foster and build alliances with their able-bodied peers, and this is best achieved through consensus building and education.

3.3 Conclusion - The Future of Disability Theory: Towards an "Affirmation" Model

This paper has so far outlined the genesis and subsequent development of the social model of disability, as well as highlighting some of the difficulties that are inherent in its universal application across cultural settings. The social model of disability continues to evolve and develop. John Swain and Sally French (2000), building upon the intellectual work described above, have outlined an "affirmation" model of disability, which seeks to "celebrate the difference" that characterise the lives of disabled people. It is therefore contended that disabled people can be "proud" the fact that they are different from the majority of the population. Swain and French begin their analysis by rejecting the tragedy conception of disability as purported by the medical model. They proceed by maintaining that it is not possible to make a stark distinction between those who are disabled and those who are not, since all people, to some extent have a degree of impairment, but do not necessarily encounter the negative consequences of disability.

Those who wear spectacles to compensate for low vision are a case in point. Neither can a stark distinction be maintained between those who encounter oppression and those who do not, for it is possible disabled people themselves to be oppressors, by having racist, homophobic or sexist attitudes.

They further contend that the social model of disability has clearly shown how contemporary society has oppressed and discriminated against disabled people. However, in contrast the majority of most disability studies theorists, they maintain that the vast majority of disabled people accept the analysis of the social model. They have candidly stated:-

“The social model was borne out of the experiences of disabled people, challenging the dominant individual models espoused by non-disabled people. Nevertheless, it is our experience that many non-disabled people readily accept the social model, albeit superficially and at a very basic conceptual level. Non-disabled people can generally accept that a wheelchair-user cannot enter a building because of steps. ... Non-disabled people are much more threatened and challenged by the notion that a wheelchair-user could be pleased and proud of the person he or she is” (Swain J. and French, S. 2000:570).

Ascribing to the notion of an affirmative model of disability questions the analysis of early variants of the social model, since it is argued that the adoption of the precepts of the latter does not necessarily result in a non-tragic view of disablement. Swain and French again state:-

“While the social model of disability is certainly totally incompatible with the view that disability is a personal tragedy, it can be argued that the social model, in itself, underpinned a non-tragedy view. First, to be a member of an oppressed group within society does not necessarily engender a non-tragic view. There is,

for instance, nothing inherently non-tragic about being denied access to buildings. Secondly, the social model disassociates impairment from disability. It, thus, leaves the possibility that even in an ideal world of full civil rights and participative citizenship for disabled people, an impairment could be seen as a personal tragedy” (Swain, J. and French, S. 2000:571).

Swain and French further develop their thesis by stating that, in contrast to the tragic view of disablement, the occurrence and onset of an impairment can result in an improvement of the quality of lives an individual disabled person. Examples are given of disabled people being able to “escape” the underlying social oppressive practices and structures that characterise some societies. Thus, disabled people may indeed be liberated from the responsibilities in the realms of sexual relations, responsibility within the domestic household, and may be more attuned to comprehend the oppression encountered by other minority groups.

The above demonstrates that it is possible for disabled people is inculcate and project a positive identity, thereby celebrating the diversity and richness of the lives that they invariably lead. In summarising the philosophy of an affirmative model of disability.

Swain and French stated:-

“The affirmative model directly challenges presumptions of personal tragedy and the determination of identity through the value-laden presumptions of non-disabled people. It signifies the rejections of presumptions of dependency and abnormality. ... Embracing an affirmative model, disabled individuals assert a positive identity, not only in being disabled, but also in being impaired. In affirming a positive identity, disabled people are actively repudiating the dominant view of normality. The changes for individuals are not just transforming of consciousness as to the meaning of ‘disability’, but an assertion of the value and validity of life as a person with impairment”. (Swain, J. and

French, S. 2000:578).

Swain and French conclude their analysis by stating that embracing an affirmative view of disablement in fact strengthens the political leverage of the disability movement. Disabled people can not only look towards a future society devoid of structural, environmental and attitudinal barriers, but one that can “celebrate difference and values people irrespective of race, sexual preference, gender, age and impairment” (Swain, J. and French, S. 2000:580).

The desire to celebrate diversity and difference, and take pride in the positive value of living with impairments, has also been expressed by those who are deaf. Some “Deaf” people are of the opinion that they are not in fact disabled, but constitute a distinct and coherent social minority, complete with their own culture and language. A distinction is drawn between those how can hear, and those who cannot. By implication, then, those with a physical disability such as paraplegia or cerebral palsy would, in the minds of some of those who are deaf, as belonging to the latter category. Ladd and John (1991), in investigating the relationship between the “Deaf Community” and “disabled people” have stated:-

“ ... we do not want to mainstream society to restructure so that we can be part of it. Rather, we wish for the right to exist as a linguistic minority group within society ... Labelling us as ‘disabled’ demonstrates a failure to understand that we are not disabled within our own community. ... Many disabled people see Deaf people belonging with them outside the mainstream culture. We, on the other hand, see disabled people as ‘hearing’ people in that they use a different language to us, from which we are excluded, and see them as being members of society’s

culture" (Ladd, P. and John, M 1991:14-15).

However, the position outlined above has been criticised from within the Deaf community itself. By claiming that they constitute their own distinctive cultural identity, Mairian Corker argues that protagonists of such a position are in fact, accepting as a fait d'compli, the norms and social mores of a disablist society, which is invariably oppressive. She states:-

" ... the allusion to withdrawal from mainstream society suggests withdrawal from something; all accounts suggests that this something is cultural and linguistic oppression. But Western society, together with the dominant human services culture and its governance and legal systems which at present control to a large extent how we live, still view all deaf people, including those who are Deaf, in terms of the individual/medical model. Hence, though sign language is increasingly acknowledged as a viable means of communication, it does not follow that there is a widespread cultural acceptance within such frameworks for thinking and service development" (Corker, M. 1998:29-30).

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