

**Understanding Disability Advocacy:
A Comparison of Social and Minority Group Perspectives**

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In the global North, the 1960s and 1970s were a time of social upheaval, direct action, and political activism, particularly from marginalised groups. Following the two world wars, swathes of newly disabled veterans returned to production-oriented societies and struggled to find their place in the post-industrial capitalist structure. Ways of conceptualising disability and its relation to society shifted and new models began to appear at the forefront of sociological thought. Increased agency for people with marginalised identities led to the organisation around a common cause.

Despite advancements in clinical treatments that allowed for innovation within the medical model, the increased restriction and surveillance that followed altered the ways that people with impairments navigated through society in this new era. Citing Foucault, Anders claims that there was no sudden freedom from societal barriers; rather, 'the response is further reform and administration by the institutions that produced these subjects as effects' (Anders 2013). Unfortunately, it can be argued that rather than liberating oppressed groups by allocating them agency and resources for self-determination, new models designated 'experts' in medicine, administration, and law to pick up the mantle of authority instead. Instead of giving people with disabilities the ability to choose their treatments and accommodations, a 'one size fits all' solution was implemented.

Newer structures governing large populations managed diversity through minimising differences and standardising solutions. Industrialization and increasing

technological developments in society demand a uniform workforce suitable for labour and commercial output. The medical model attempted to intervene and transform through clinical solutions, imposed equally upon all people with disabilities rather than accommodating and finding alternative opportunities for individuals. Ability was newly characterised as the capacity to input labour and create a surplus for the ruling class and a new norm was developed: an able-bodied worker. Foucault offers an interpretation of this change as due to a desire to 'discipline... and regularise' the disabled body (Foucault, 2008, 252-3). Otherwise, those who were unfit for the labour force were placed into programs for 'rehabilitation' and shunned from mainstream society.

In the United States, successes in feminist action and gains from the Civil Rights movement spurred disability rights activists to push sociopolitical action forward with a new fervour (Tremain 2010, pg 597). In the United Kingdom, coalitions such as DIG (Disablement Income Group) were formed to push for improvements in the conditions of people living with impairments, initially vying for solutions to poverty for the unemployed (UPIAS 1975, pg 19). At their 1974 conference with The Disability Alliance, the Union of the Physically Impaired Against Segregation (UPIAS) identified technological advancements as a central catalyst in the formation of a social identity of disability as they allowed for the previously 'most severely physically impaired people (to be integrated) into the mainstream of social and economic activity' (UPIAS 1975, pg 15). The social model as we know it first came to be in 1974, when UPIAS published their Fundamental Principles, detailing the following:

'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' (UPIAS 1975, pg 14).

This clarification threw wide the doors for disability activism in the following decades. UPIAS urged for the elimination of social conditions that led to disparities in income, mobility, and institutional treatment. It sought to return control over their lives to people with disabilities, with the assistance of experts and carers who were committed to promoting that control (UPIAS 1975, pg 3). The Union pushed for fundamentally altering the way that society was structured in a way that facilitated full inclusion and independence of people with disabilities. It insisted that all people could be the captains of their lives and choose where to steer their treatment and management strategies to develop autonomy and self-sufficiency.

American behavioural scientist Harlan Hahn similarly sought to reject the clinically-constructed 'functional limitations' paradigm that made up the foundation of medical and economic conceptions of disability (Hahn 1993, pg #). By deeply examining the interaction of an individual and their environment in the context of impairment and disability, Hahn built up the foundations of a new type of model that focused on

self-labeling and societal visibility. Rather than an inherently inferior identity or genetic makeup, he insisted that the 'devaluation of people with disabilities... is due to the reluctance of society to recognize their dignity and worth as human beings' (Tremain 2010, pg 598). This 'minority-group model' exemplified the race- and gender-based struggles at the forefront of American society in the late 20th century.

Many social problems that people with disabilities faced at the turn of the century were not unique. Indeed, in the Fundamental Principles of Disability, UPIAS claimed 'Increasing numbers of people who are not physically impaired experience problems with employment, transport, the educational system, and retirement... for example, and we would be able to work with these groups to the same ends' (UPIAS 1975, pg 19). This new culture-first framework encouraged disenfranchised populations to rally alongside identity lines to demand more equitable treatment and greater acceptance into mainstream society. Shelley Tremain emphasises the significance of this new way of thought by clarifying that 'the minority-group model has precipitated the emergence of the idea that disabled people constitute a historically disenfranchised group and should be recognized as such under the law' (Tremain 2010, pg 598). This also set the stage for improvements in legislative protections for those with disabilities.

In America, the Civil Rights Act of 1964 set a precedent for the Americans with Disabilities Act (ADA), enacted in 1990. These policies created guidelines for public accommodations as well as state and local government to ensure accessibility and inclusion for people with disabilities. By defining the borders of impairment and disability

in an arena of policy, governments hold the power to guide and limit the actions of those holding these identities. Pulling from Foucault's writings, Anders clarifies that 'measures such as the ADA ultimately depoliticize and privatize these claims by reinserting them into the purview of judicial institutions' (Anders 2013). In the same stroke that discrimination is 'outlawed', it is thus sharpened as an instrument of control and demands that marginalised groups only act within the bounds of the system that marginalises them.

Both the social and minority-group models are based on the concept of socially constructed identity rather than individual shortcomings born from impairment. They present an alternative to the medical model, which demanded disability be cured or indefinitely cared for. Disability activists pushed back against this, notably in cases where the impairment cannot be cured or the individual does not desire it. Additionally, impairment had become a point of pride and identity, and those living with various limitations often incorporated these trials into their perspective and personhood. Hevey writes that within the UK, disability activism has developed and become more intersectional due to 'the de-biologisation of the disability... like other issues pertaining to women and blacks and gays and lesbians and so on... shifting its focus away from the body and onto society' (Hevey 1993, pg 427).

Instead, the fault is shifted to able-bodied populations who perpetrate negative ideas falling under the umbrella of 'disablism' (Thomas 2007) or 'ableism' (Campbell 2009, pg 5-10), in the United Kingdom and the United States respectively. These

concepts reject a narrative of personal failure and instead focus on the gaps in accessibility that prevent people with disabilities from competing on an equal playing field due to discrimination and internalised ideas of capability. Both the social and minority-group models insist on examining societal obstacles to equal access and integration, rather than physical shortcomings.

These two models empower individuals to celebrate their identities and form coalitions alongside other disadvantaged populations to demand change from their governments and communities. Anastasiou (2014) asserts this victory, noting that ‘the minority or/and social model of disability has served people with physical and sensory disabilities... both politically in supporting a social movement and psychologically in boosting self-esteem and building a positive sense of collective membership’ (Shakespeare, 2013). Sociopolitical models have led to great achievements in the public sphere for people with disabilities. Legislative protections aim to prevent discrimination in housing, education, and the workplace. Accessibility alternatives such as elevators, ramps, tactile strips, and disabled restrooms have become more widespread in the US and UK.

However, the surveillance necessary to perpetrate a ‘welfare state’ of this nature has become increasingly invasive, forcing people with disabilities to put on a sort of performance convincing authorities of deservingness. As UPIAS aptly cautioned, “Benefits’ which are not carefully related to the struggle for integrated employment and active social participation will constantly be used to justify our dependence and

exclusion from the mainstream of life, the very opposite of what is intended' (UPIAS 1975). Rather than living outside of 'normalcy' without the opportunity to participate in social and cultural activities, people with disabilities need the chance to have passions and hobbies, be leaders, and escape the expectations of what a person with impairments is capable of.

Despite the impressive developments of the disability rights movement and its field of academia, society has lagged considerably behind the most modern research and theory. Several criticisms of the social and minority models have emerged. Despite advocating for individualised solutions and strategies, both models may fall into the trap of blanket solutions for all marginalised groups. With improvements in disability aids, it becomes simpler to sidestep certain barriers to participation. Some impairments are easier to navigate the physical world with and result in different types of obstacles and discrimination, which UPIAS terms 'degrees of exclusion' (UPIAS 1975). Physical disabilities may be legislated on more urgently or with increased participation from the respective community than an intellectual or immune impairment.

Anastasiou refined the contrast between the social and minority-group models in 2014. They advocated that 'In the case of intellectual disability, physical impairment, and many other types of disability, the nature and degree of the disability are and should be taken into account for policy matters, and that is why civil rights policy regarding disability should not and cannot mimic that of civil rights regarding other minorities' (Anastasiou 2014). While many of the dues sought by civil rights activists deconstructed

social barriers to equal participation, rarely were the disparities built into the physical environment. Feminist and race scholars fought against public attitudes and legislative traps, while disability activists must also focus on physical and medical barriers that can greatly degrade, or even disallow, a life with impairments. Lasting gains must accommodate the differences between a cultural revolution and critical de-biologisation of impairment. They summarize: 'In our view, failing to distinguish between disabilities and cultural differences such as 'race' or ethnicity impedes morally defensible, sustainable social change' (Anastasiou 2014). New studies must dig into the history and perpetuation of the medical model in treating impairments in more subtle and subconscious ways. O'Brien suggests that due to many interactions between social workers and people with disabilities taking place in medical settings, there are '... incentives for pleasing or catering to medical providers or institutions and those who have experienced professional socialization within the medical arena' (O'Brien 2011, p 352). These intersectional prejudices cannot be ignored as we tackle obstacles to access.

The field of disability rights has been developing rapidly in the past few decades. The evolution of Critical Disability Studies has opened up a plethora of questions and possibilities for the improvements of societal conceptions of disability. Rather than focusing on attitudes of ableism or societal exclusion, Anders argues that 'the question becomes one of understanding the ways in which disability is sustained, constituted, and reified by technologies of the normalization and institutions of quarantine' (Anders 2013). Academics with disabilities have moved the agenda further forward but now must

contend with capitalistic demands and corporatization of crucial health services. While legislative victories have been won for people with disabilities, there are still rights due. Policies can prohibit bigotry on legal grounds but cannot outlaw biases and behaviours. Strong influences from feminist and Civil Rights activism helped attain many similar political wins for people with disabilities, but affirmative-action and formal equality advancements 'cannot serve the whole spectrum of the population with disabling conditions' (Anastasiou 2014). Only in the past half-century have people with disabilities had voices in the academic, social, and political realms to the point of group advocacy. As theory and policy progress, it is crucial to listen first to the voices of those with impairments and support them in actualizing change. Only by deconstructing our assumptions around ability and providing equitable access to the tools of independence can we progress toward a society that not only includes but is built for people with disabilities.

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