

Assessment 1

Due 7 November 2024

2000 words

Compare and contrast two models of disability and their relation to inclusive practice in contemporary society.

- Introduction (350 words)

In the global North, the 1960s and 1970s were a time of social upheaval, direct action, and political activism, especially from marginalised groups. Following the two world wars, swathes of newly-disabled veterans returned into 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 organisation around a common cause.

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) 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 previously “most severely physically impaired people (to be integrated) into the mainstream of social and economic activity” (UPIAS 1975, pg 15). The manifesto produced at this conference created the foundations of the social model in Britain by establishing the difference between impairment and disability.

Despite advancements in clinical treatments that allowed for innovation within the medical model, the restriction and surveillance that followed altered the ways that people with impairments navigated through society in this new era. Citing Foucault, Anders (2013) claims that there was no sudden freedom from societal barriers; rather, “While such subjects seek the intervention of the state, that is, a political solution for social inequity, the response is further reform and administration by the institutions that produced these subjects as effects” (Anders 2013, page #). 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 instead pick up the mantle of authority.

- Historical Analysis (250)

Bodies have been valued in different ways throughout history. Old institutions that determined norms, such as organised religion, identified the ideal form and expected followers

to adhere, or attempt to the best of their ability. Hevey explains the shortcomings of people with disabilities using the Tragedy Principle, a reflection of the personal tragedy model within representation. In media representation from *Oedipus* to *Of Mice and Men*, tragedy was inherent in an impaired form and failure was expected: impairment became synonymous with social flaw, and the few representations of characters with disabled bodies often “consequently act out societies wish or rule by destroying themselves” through death or (further) disablement (Hevey 1993, pg 424). Life was difficult for people with disabilities, but similarly difficult to the life of the impoverished and working poor they often lived amongst.

Newer structures governing large populations managed diversity through minimising difference and standardising solutions. The industrialization and increasing technological developments of 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 without consideration for individual need or preference. As Foucault claimed, “The norm is something that can be applied to both a body one wishes to discipline and a population one wishes to regularise” (Foucault, YEAR, 252-3). Those who were unfit for the labour force were placed into programs for ‘rehabilitation’ and shunned from mainstream society.

- Deep Dive into Social Model (500)

However, developments in technology also enabled the development of community amongst people with disabilities. Globalisation brought attention to universal struggles for marginalised populations in the 1960s, from struggles against Jim Crow laws in America to the work of the Disablement Income Group in the UK. 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. Having elucidated the origin of disability, and its distinction from the biological form, activists were able to more clearly identify social conditions as the root of the problem. 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. The social model rejected the idea that disabilities were defects, and instead claimed that impairment was intrinsic

to the human experience; a morally neutral characteristic. Thus, society had the responsibility to allocate resources to integrate people with impairments into mainstream social life, rather than eliminating those impairments altogether (Tremain, 2010 pg 599).

- **Deep Dive into Minority Model (400)**

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-labelling 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, page 19). This new 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. (Source?) However, these legislative solutions lead us again to Foucault’s conceptions of biopower: by defining the borders of impairment and disability in an arena of policy, governments are able to guide and limit the actions of those holding these identities. Pulling from Foucault’s writings, Anders clarifies that “Though intended to politically contest social inequalities pertaining both to the allocation of resources and the self determination of the disabled, measures such as the ADA ultimately depoliticize and privatize these claims by reinserting them into the purview of judicial institutions” (Anders 2013, page #). 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. People with disabilities are again forced to play the game by the rules made by abled authorities.

Comparison of Minority and Social Model (400)

Both the social and minority-group models are based in the concept of socially-constructed identity rather than individual shortcomings born from impairment. They present an alternative to the medical model, which demands disability be cured or indefinitely cared for. Disability activists push back against this, notably so in cases where the impairment cannot be cured or the individual does not desire it. Additionally, impairment may become a point of pride and identity, and those living with various limitations have often incorporated these trials into their perspective and personhood. Instead, the spotlight of fault is turned to able-bodied populations who perpetrate negative ideas, falling under the umbrella of 'disablism' (Thomas 2007) or 'ableism' (Source), in the United Kingdom and United States respectively. These concepts reject a narrative of personal failure and instead focus on the gaps in accessibility preventing people with disabilities from competing on an equal playing field due to discrimination and internalised ideas of capability.

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, is shifting its focus away from the body and onto society" (Hevey 1993, pg 427). Both the social and minority-group models insist on examining societal obstacles to equal access and integration, rather than physical shortcomings. 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.

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) claims this victory, noting that "We acknowledge that the minority or/and social model of disability has served people with physical and sensory disabilities to some extent both politically in supporting a social movement and psychologically in boosting self-esteem and building a positive sense of collective membership" (Shakespeare, 2013). Despite its criticisms, sociopolitical models have led to great achievements in the public sphere for people with disabilities. Legislative protections seek 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. (Source?)

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).

Contrast Minority and Social Model (200)

- Ableism looks like microaggressions or inconsiderate statements, personal blame, (contrast with social model of structural/psychosocial disablism, Carol Thomas 2007)
- PWD-led (minority) versus PWD-involved (social)
- Influence of the medical system/model

“In short, formal equality or anti-discriminatory conceptualizations lead to civil rights–like and affirmative-like action policies appropriate for many minority groups, but these policies cannot serve the whole spectrum of the population with disabling conditions.” Anastasiou 2014

“It is clear that our social organisation does not discriminate equally against all physical impairments and hence there arises the appearance of degrees of exclusion (degrees of disability). For example, people having mild visual impairments (wearing glasses) are doubtless not more impoverished than their visually unimpaired peers.” UPIAS 1975

“In our view, failing to distinguish between disabilities and cultural differences such as “race” or ethnicity impedes morally defensible, sustainable social change. Portraying disabilities as demanding the same civil rights remedy as other differences will surely stymie efforts to prevent and remediate disabilities and do justice to people with disabilities.” Anastasiou 2014

“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 without risk of losing the very rights that are most important.” Anastasiou 2014

Applications and Practice in Modern Society (200)

- M: Rise of Critical Disability Studies
- Accessibility (ADA/equality act)
- Addition of mental impairments
- Paradigms of treatment/management

“...incen-tives for pleasing or catering to medical providers or institutions and those who have experienced professional socialization within the medical arena. This is particularly important because much of the interaction between social workers and people with disabilities, or their families, takes place in a medical setting.” O’Brien 2011 p 352

“The central question for disability studies is not why members of an ableist society fail to recognize their common interest in disability activism. Nor is the question why disabled people have been excluded and ignored. Rather, in light of our engagement with Foucault, 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

Conclusion (150)

In the latter half of the 20th century, successes of global North human rights movements spurred people with disabilities to greater participation in sociopolitical activism. Critical analysis of impairments and societal barriers to equality spurred a dialogue about accessibility and holistic well-being for future generations.

“Instead, we believe that the social inclusion of people with disabilities and social justice can be served by a balanced and comprehensive political strategy with two axes: (a) the politics of difference by struggling for the removal of barriers to achieve parity in social life, and claiming equitable social and political participation, and (b) the politics of redistribution by claiming additional resources, and expanding educational, economic, and social opportunities for people with disabilities to reverse the conversion disadvantage (Anastasiou & Kauffman, 2012; Erkulwater, 2006; Fraser, 2000).” Anastasiou 2014

“Ultimately, I argue that we have already moved past a point where rights discourse is the primary front in the battle against disablism. As reform efforts have begun to focus on quality of life issues and empowering “consumers” of health services, we have entered into a new era of grappling with problems unique to societies of control.” Anders 2013

Sources: ADD ACCESS DATE

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