Theorising Disability: Beyond 'Common Sense'

Peter Handley

University of East Anglia

This article seeks to introduce the topic of disability to political theory via a discussion of some of the literature produced by disability theorists. The author argues that these more radical approaches conceptualise disability in ways that conflict with 'common-sense' notions of disability that tend to underpin political theoretical considerations of the topic. Furthermore, the author suggests that these more radical conceptualisations have profound implications for current debates on social justice, equality and citizenship that highlight the extent to which these notions are also currently underpinned by 'common-sense' notions of 'normality'.[1]

Introduction

The purpose of this article is to bring to the attention of political theory the issue of disability. The topic is, I am sure, not an entirely unfamiliar one. For example, it was highlighted relatively recently in the United Kingdom by the political furore over more stringent eligibility criteria for the receipt of disability benefits, and the extension of already existing anti-discrimination legislation.[2]

Despite such events, I argue that political theory pays insufficient attention to disability, tending to subsume it – if it is considered – within wider debates, typically that of welfare. Consequently, disability is viewed as tangential to other current debates, such as those concerning social justice, equality and citizenship. I suggest that this is largely the result of the persistence of 'common-sense' ideas about disability amongst political theorists.[3]

In this sense political theory lags behind developments in the world of practical politics. Increasingly, disability is a 'live' political issue and disabled people now routinely engage in non-violent direct action and the lobbying of their elected representatives. They do so on the basis of ideas that pose fundamental challenges to 'common-sense' beliefs about disability. I begin by outlining these 'common-sense' ideas. Secondly, I outline the most influential critique of them in the shape of the so-called social model of disability. Finally, I review some criticisms of the social model itself before offering some thoughts on how theorising disability beyond 'common sense' poses deeper and more complex questions about what constitutes 'normality' in political theory.

An individual deficit model of disability?

Despite the absence of any one systematic formulation of the individual deficit or 'medical' model of disability (Low, 2001) as it is more popularly known, it remains

the most widely disseminated and 'common-sense' approach to explaining disability. Indeed, individual deficit represents the default position – 'more part of the mental furniture of common sense than anything consciously constructed by anyone' (Bickenbach, 1999). Moreover, this 'mental furniture' remains both remarkably durable and the most influential approach to explaining disability insofar as it appears to accord with a clearly observable empirical 'reality'. This is the view, I suggest, that currently permeates political theory.

This empirical 'reality' is that disability amounts to the reduction or absence of an individual's physical, cognitive or sensory functions to the point that 'normal' functioning and capabilities are restricted or absent and that such states are entirely natural phenomena. In turn, disability is viewed as a 'personal tragedy' (Drake, 1999, p. 10) that is most appropriately dealt with in a narrow sense, as an essentially medical or private issue, rather than as a wider, political and public one.

The view that disability is essentially a medical issue is of central importance to this approach for it accords medical knowledge a privileged position in defining disability based upon the assumption of medicine's value-free objectivity. In turn, disability as a medical issue underpins the most frequently cited definition of disability, outlined by the World Health Organisation (WHO, 1980) *International Classification of Impairments, Disabilities and Handicaps* (ICIDH). Here, 'impairment' is defined in terms of functional limitations; 'disability', the impact of impairment on everyday life; and finally, 'handicap' as the social disadvantage that accrues from disability.[4]

Critics point out that if disability is viewed in these terms then any social disadvantage experienced by an unemployed wheelchair user, for example, is explicable in terms of a direct, verifiable and 'common-sense' causal link with his or her functional limitations. Consequently, critics of this definition suggest that policy prescriptions based upon it tend to focus upon rehabilitation and cure to 'fit' the disabled individual 'into' society as much as possible (see for example, Oliver, 1996; Barnes, 1991; Oliver, 1990).

Disabled people's functional limitations are viewed as necessarily implying limited sets of 'normal' capabilities that in turn generate sets of special needs (Handley, 2000, p. 314; Drake, 1999, p. 10). It was this 'common-sense' view that underpinned British disability policy, particularly during the 'Golden Age' of the welfare state from 1945 to 1975 (Barnes, Mercer and Shakespeare, 1999, pp. 125–130). For example, the Disabled Person's (Employment) Amendment Act 1958 allowed for the setting up of sheltered workshops and state-owned companies such as Remploy. Such responses were thought to be in the best interests of disabled people and reflected the conviction that disabled people were unable to cope with the pace and pressures of 'normal' work situations. For those adjudged too severely disabled even for this, then periods of custody in either state or charitable institutions, or care within the family were considered appropriate responses (Campbell and Oliver, 1996). Indeed, it was a set of similar assumptions that underpinned nineteenth-century responses to disability, amongst other issues, also. Here, the disabled formed a part of what Herbert Spencer termed the 'deserving poor' (Spencer, 1964 [1884], p. 83).

These policies were quite genuinely thought to be just and humanitarian responses to 'personal tragedy' (Oliver, 1990); however, paradoxically the upshot of such policies was that many disabled people in developed states were marginalised from the social, political and economic mainstream in ways that were thought not to be unjust in any sense that was prevalent at that time. The depth and extent to which this 'common-sense' view was, and indeed still is held with such conviction irrespective of political ideological context, be it liberal democratic or totalitarian in nature, owes much to the overwhelming influence of the scientific rationalism of the European Enlightenment and upon the political ideologies to which it gave birth.[5]

If we turn to political theory neither liberal theory (up to and including even its most recent 'social' and communitarian forms) nor its *bête noire*, classical Marxism, indicate anything other than the 'common-sense' view of disability as 'personal tragedy'. Although Marx does not specifically talk of disability he is concerned with labour throughout his writings and I think that one can reasonably assume that Marx had in mind 'normal' levels of physical and cognitive capabilities that precluded some from consideration as incipient labour.

More recently perceptions of disability as a natural, empirically verifiable and ultimately abnormal phenomenon are evident in the work of influential liberal theorists. John Rawls, for example, appears to question the extent to which disabled people might possess the requisite capacities for modern democratic citizenship on the basis of their perceived limitations. For Rawls, citizens are 'fully co-operating member[s] of society over a complete life', which discounts those with 'permanent physical disabilities ... so severe as to prevent persons from being normal and fully co-operating members of society in the usual sense' (Rawls, 1985, p. 233).

For those who are not 'normal' and 'fully co-operating members of society' Rawls urges a moderate redistribution of resources to ameliorate such 'disadvantage' in the name of social justice and equality (Rawls, 1972). Over and above this, though, it seems that Rawls considers any more active role for disabled people as neither possible nor perhaps even appropriate. Ronald Dworkin has a similar view of disabilities as 'natural disadvantages'. He goes so far as to cite examples of impairments such as limb paralysis and blindness that create 'special needs' that generate claims for compensation. Moreover, Dworkin adds that such disadvantages are sure to have a profound and adverse effect upon the extent to which one so impaired might lead the 'good' life (Dworkin, 1981, p. 303).

Rawls's and Dworkin's equation of disability with abnormality, loss and the diminution of one's quality of life reflect the extent to which both presume an individual deficit model and the correlative policy responses to disability that this generates. However, by reducing disability to biology and 'personal tragedy' wider structural and attitudinal factors that relate to disability remain unquestioned.[6] It is to such issues that I turn now.

A social model of disability?

It is disabled people themselves who, having drawn attention to the biological reductionism and sovereignty of medical knowledge that underpin the individual

deficit model have formulated, in turn, what is known throughout the disability literature as the social model of disability.[7]

The social model self-consciously moves away from the individual deficit model and instead draws attention to the marginalising impact of social and economic structures upon disabled people. These structures are defined in terms of an inaccessible built environment (Imrie, 1996) and work practices that conform to the requirements of able-bodied workers. They include also policies and laws that reflect 'common-sense' attitudes to disability (Barnes, 1991; Oliver, 1990 and 1996; Finckelstein, 1980), and in education where impaired children are educated in special, rather than mainstream schools that serve to reinforce the perceived inadequacies of impaired people (Barnes et al., 1999, p. 105). Consequently, disabled people's resulting marginal state is viewed as violating norms of justice and equality thus denying them citizenship. More recently a social model approach has been employed to illustrate the disabling potential implicit in liberal political institutions and processes (Handley, 2001).

The social model also pays critical attention to the notion of medically determined ascriptions of need that dominate policy responses to disability in the individual deficit model.[8] In turn, the social model argues for the self-defined needs of disabled people to be accorded priority and that these should be satisfied by right (Oliver, 1996, p. 69).[9]

The most widely cited expression of the social model is that of the Union of Physically Impaired Against Segregation (UPIAS) that draws upon the feminist distinction between biological sex and social gender and recreates it in the impairment/disability dyad (Shakespeare, 1999, p. 25). Thus:

• Impairment: lacking part or all of a limb, organ or mechanism of the body.
• Disability: the disadvantage or restriction of activity caused by a contemporary social organisation which takes little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities (UPIAS, 1976).

So, it is not impairments that disable the disabled. Rather, it is social and economic structures that disable and oppress impaired people by excluding them from social space and social intercourse (UPIAS, 1976). Implicit in this approach is the politicisation of the social and economic environment that in turn paves the way for political action to achieve social change for disabled people. The social model's central message is, therefore, that rather than disabled people being changed to fit into society justice and equality demand instead that society has to be changed to accommodate disabled people. Consequently, organisations of disabled people have crystallised around the social model's core ideas to direct demands at policy makers for a more accessible and accommodating society.[10]

The perception of disability as social injustice and oppression has become the defining statement for a social model approach, and by far the most influential approaches are those offered by neo-Marxist writers. Turning to political theory once more, then, writers such as Michael Oliver (1990 and 1996) draw upon the critiques of liberal and social democratic welfare states in the work of Milliband (1969), Poulantzas (1973 and 1978) and Gough (1979).

Thus, Oliver explains the emergence of the individual deficit model in terms of the functional needs of capital, especially the need for a workforce able to conform to the 'normal' demands of industrialisation. He continues that for those considered to be 'abnormal' the era of industrialisation also brought the institution, in the form of the workhouse, the prison and the asylum as the embodiment of 'repressive' and 'ideological' social control that served to segregate and isolate many disabled people from the social mainstream (Oliver, 1990, p. 32).

Importantly, the social model also draws attention to the disabling consequences of hegemonic assumptions, such as those of Rawls and Dworkin, that provide philosophical support for the individual deficit model. So deeply inculcated are these, adherents argue, that disabling attitudes are routinely produced and reproduced in paternalistic disability policy and in popular culture as 'common sense'. Consider, for example, media images of disabled people that tend to reinforce perceptions of either the 'tragic victim' (for example, those children, now adults, affected by the drug thalidomide) or alternatively the 'plucky hero' in the face of adversity (for example, former Superman actor Christopher Reeve).

The social model challenges, therefore, deeply embedded assumptions about disability and hints correspondingly at more radical policy responses to disability above and beyond medical interventions to rehabilitate the disabled person. And, there is some evidence to suggest that social model arguments have had some success in persuading legislators to curb paternalistic responses to disability. For example, the British Community Care (Direct Payments) Act 1996 allows disabled people an empowering degree of partial, if not complete, consumer choice over who supplies their care and support systems.

However, the social model does not reign completely unchallenged amongst disability theorists; it has itself been the focus of criticism from other approaches, and it is to a brief discussion of these that I turn finally.

Or, something in between?*

Both individual deficit and social models of disability and the meta-narratives of modernity that inform them have come under increasing scrutiny from currents in contemporary social and political thought that question their totalising claims. In broad terms I am thinking here of the contributions of feminism and discourse theory that draw inspiration from the interpretive sciences of hermeneutics, phenomenology and de-constructionism. Indeed, following Tom Shakespeare (1999), I would argue that the area of disability is one that demonstrates particularly well the limitations of the conventions of modernity and urges us to consider moving beyond them.

Thus, despite its success in highlighting the injustice of many mainstream disability policies the social model has attracted criticism for an over-focus on issues of material redistribution at the cost of wider cultural issues, for example.

A prime concern of some feminist contributions, for instance, is the emphasis of the social model upon the disabling impact of social structures and the consequent reduction of the body almost to the point of epistemological invisibility. As Jenny

Morris writes, the social model tends 'to deny the experience of our own bodies, insisting that our physical differences and restrictions are *entirely* socially created' (Morris, 1991, p. 10, author's emphasis).

Morris and others (Crow, 1992; French, 1993) argue, therefore, for the social model to integrate the personal experience of the impaired body afresh, recalling the slogan of radical feminists of the 1960s and 1970s that 'the personal is the political'. As Sally French notes, the social model's virtue of causal simplicity screens out many (if not all) of the complexities that such an approach would take account of. She writes that,

> 'Various profound social problems that I encounter as a visually impaired person which impinge upon my life far more than indecipherable notices or the lack of bleeper crossings, are more difficult to regard as entirely socially produced or amenable to social action' (French, 1993, p. 16).

Of course, one of the principal advantages of the social model is its usefulness in identifying the targets for disabled people's political action by highlighting disability's causal relationship with social structure. Consequently, French and Liz Crow are criticised in turn, for threatening to sever this link; for letting the medical model 'back in' and thus jeopardising the struggle of disabled people for justice and equality. This goes too far, I think, for their approaches open up fruitful and informative insights into the complex nature of disability and how justice and equality might demand more than merely material redistributions, important though they are. This is without necessarily slipping back into the medical model in the way that their critics suggest.

Some feminist and interpretivist approaches have been more eager to distance themselves from medical accounts of the body and its claims to capture any 'reality' of disability. These explore the creation of meaning through the use of a medical discourse and the purposes to which it is put in establishing the category of disability. Deborah Stone's account (1985), for example, shows how disability has been constructed as a social category during different eras and how definitions of disability relate to the wider ideological needs of society. In a similar vein Ian Hacking (1986) describes 'making up people', a process whereby 'numerous kinds of human beings and human acts come into being hand in hand with our invention of the categories labelling them' (Hacking, 1986, p. 236).

Of particular relevance and importance here in broadening our understanding of the nature of disability and of the role of discourse have been the critical writings of Michel Foucault. Foucault makes explicit the diffuse, or pluralistic nature of power in advanced liberal societies and how discourses, or knowledges, are rooted in that power. Of particular relevance is Foucault's work on micro-systems of social regulation that exercise normative control over individuals and populations that is termed 'governmentality' (Turner, 2001, p. 253). Here, individuals are not 'governed' in the sense of being directed by the state and its institutional manifestations but instead are governed in the sense of being shaped, moulded and guided via a range of 'normalising' practices (Dean, 1999). Thus, the individual deficit model's focus on rehabilitation is viewed as a particular instance of governmen-

tality that orchestrates medical and welfare practices that aim to create the nor-malised disabled person (Turner, 2001, p. 253).

Following Foucault (1979) Alden Chadwick's approach (1996) seeks to explore specifically the impact of cultural representations of disability upon its creation as a social category. Here, disability is conceived in terms of the outcome of laws, poli-cies and systems, but also of the broader linguistic and artistic environment that typically conceptualises disability in monolithic and pejorative terms (see also Shakespeare, 1999, p. 33). Clearly, such conceptualisations raise issues of justice and equality for those relatively powerless groups that typically find themselves the objects of these negative cultural expressions. Shakespeare (1994) suggests that this negativity is manifest in stereotypical representations of disability, for example, in novels, plays or films.[11]

Following Foucault once more others, such as Iris Marion Young (1990), note how demands for social justice and equality in advanced liberal democracies have moved beyond the sorts of narrow redistributive goals outlined by Rawls and Dworkin and, indeed, those of social model approaches such as Oliver's. Young argues that wider issues, such as political and economic decision-making and cul-tural representations of disability, ought to become the focus of demands for change. She argues that oppression and injustice are not solely located in the state and its emanations but stem also from a wide range of taken for granted attitudes and procedures of liberal institutions such as education, the law and health and welfare services.

For political theory, then, any explanation of disability that stalls at abnormality, cure and material distributions fails to understand its complex nature. Conse-quently, the insidious nature of disabled people's marginalisation will remain mis-understood and its relationship to the issues of citizenship, equality and social justice under-appreciated.

Conclusion

This article has sought to introduce to political theory what is, admittedly, the briefest of snapshots of the ever increasing amount of literature concerned with the nature of disability. The most important and challenging of this literature con-flicts self-consciously with 'common-sense' ways of conceptualising disability that dominate the discipline. The author suggests, therefore, that political theory needs to look beyond the 'common sense' that views disability as the unfortunate 'per-sonal tragedy' of those who are considered in some sense 'not normal'.

Most particularly, the task of political theory is to challenge fundamentally the 'common-sense' assumptions of normality – embodied neatly in Margaret Thorn-ton's mischievous term 'Benchmark Man' (Thornton, 1990) – that underpin much of it.[12] For, as Carol Breckenridge and Candace Vogler remind us, '*No one* is ever more than temporarily able-bodied' (2001, emphasis added). For most of us at some stage in our lives disability in some form will be something experienced at first hand and will become very 'normal' indeed. It is only then, perhaps, that the

widespread neglect of political theory to look beyond 'common sense' with respect to disability, justice and equality will become most apparent, and the need to consider the effects of wider cultural issues surrounding disability in liberal society more urgent.

Notes

1 The author would like to thank Barbara Goodwin, John Street, John Greenaway and Ben McQuillin (University of East Anglia), Paul Bellaby (University of Salford) and the two anonymous referees for their helpful comments on earlier drafts of this paper.

2 I refer here to the government's plans to overhaul medical checks for Incapacity Benefit claimants (*The Guardian*, 6 July 2001) and the recent Special Needs and Education Act 2001 that extends the provisions of the Disability Discrimination Act (DDA) 1995.

3 I employ the term 'common sense' here in the same sense as that employed by Gramsci to mean largely unconscious ways in which issues are perceived (Gramsci, 1976, pp. 323–343 and 419–425).

4 ICIDH-2 now supersedes this and seeks to take account of the objections of its critics; however, how far it has succeeded in this is a matter for continued debate (see Bickenbach, 1999).

5 Other ideological responses have included Nazi Germany's policy of exterminating those deemed to be 'mentally ill ... retarded and deformed' (Lifton, 1986, p. 46, cited in Drake, 1999, p. 94) and social democratic Sweden's policy of neutering cognitively impaired people (Haydon, 1997, cited in Drake, 1999, p. 94).

6 Neo-liberals, such as Hayek, appear to hold a similar conception of disability to Rawls and Dworkin, referring to '*the physically or mentally defective* ...' (Hayek, 1982, Vol. 3, p. 55).

7 The term 'model' is a little misleading. It would be more accurate to say that there is a range of social 'models' which, in turn have become the 'common-sense' view of disability within disability studies as well as within the disability movement.

8 The utility and appropriateness of the involvement of the medical profession in some areas of life is not denied in the social model, for example, in diagnosing impairment and stabilising medical conditions. However, it is the consistent nature of its role in assessing ability and in determining the level of benefits, for example, that is the focus of criticism (Oliver, 1990, p. 48).

9 See Handley (2000) for a critical discussion of this position.

10 Despite published assurances by the British government (DfEE, 2001) and legislative provisions in the DDA that seek, in part, to accommodate people's disabilities, political signals remain mixed about disabled people's roles in society. For example, disabled people remain excluded from the remit of the Social Exclusion Unit established by the Labour government in December 1997.

11 Shakespeare, for example cites the instance of *Richard III* as a physical expression of evil (Shakespeare, 1999, p. 33).

12 'Benchmark Man's' characteristics are those of an autonomous, able-bodied individual, white, middle-class male.

* I appropriate the term 'something in between' from the title of French's article (1993).

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