

The Social Model of Disability and its implications for language use.

Language use is not really difficult, there are a few simple rules which help you to understand what to say and why. In terms of disabled people as a group, irrespective of impairment, use **Disabled People**.

If you are referring to someone's medical condition or health problem then the term **Impairment** is generally accepted as the appropriate phrase. Here are some examples: people with a visual impairment, or hearing impairment, or physical impairment etc.

The BCODP and other user-controlled organisations use **Disability** to mean "The disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have impairments and thus excludes them from the mainstream of social activities." Disability is therefore a particular form of social oppression and focuses on the barriers (attitudinal, environmental and organisational) which prevent disabled people from having equality of opportunity in employment, education, housing, transport and leisure etc.

Given the above definition, it does not make sense to say "people with disabilities", just as you would not say "people with black skin" or "people with female gender" etc. "People with disabilities" is really used to link people with their medical conditions and implies that the difficulties experienced by disabled people are a result of these impairments. Using 'people with disabilities', under a social model, means 'people with social oppressions' and is simply illogical.

The phrase "people with learning disabilities" is still commonly used. However, organisations like People First and VIA (Values Into Action) use "**People with Learning Difficulties**" to describe impairment. This is because they have asked people

with this type of impairment what they prefer to be called. The term “**Disability**” should therefore be reserved for the mechanisms of social oppression that all disabled people face.

User-controlled organisations like the term “non-disabled” to describe people who are not disabled. There is a certain elitist arrogance based on biological superiority, in the concept of “able-bodiedness”. In addition, the term non-disabled implies a continuum between all people, and indicates that disability affects everyone in time. It should not be taken to mean that if you are not a disabled person, then you are a “non-person”. The following article offers a good analysis of the different ways in which **Disability** can be viewed and the use of language that stems from these different perspectives.

Introduction by Grant Carson, Glasgow Centre for Inclusive Living

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**The Social Model of Disability - Setting the terms of a new
debate
by Ken Davis**

**Derbyshire Coalition of Disabled People
(DCDP) (September 1996, revised)**

1. A re-evaluation of disability

1.1 Recent developments in disability such as anti-discrimination legislation, equal opportunity policies and programmes of positive action have arisen because it is now more widely recognised that disabled people are unnecessarily and unjustly prevented or restricted from taking part in a whole range of social activities which are accessible to non-disabled people.

1.2 Britain has the technology, the wealth and the know-how to bring disabled people equally into the social mainstream of life. There is no inherent characteristic of able-bodiedness that confers special or privileged social status on the non-disabled as a social group. Indeed, able-bodiedness is, over the course of the average lifetime, a shifting, transitory and uncertain state. It is in the clear interest of this sector of society to be brought face to face with the temporary nature of their physical and mental condition and to act to remove the oppressive conditions of life they have created for their disabled fellow citizens.

1.3 It has been through disabled people's own efforts that there has been this profound re-evaluation of their social situation. Although disabled people's organisations have been developing for more than a hundred years, it was not until the 1970's that they produced the theoretical foundation for a process of real social change. In the following twenty years, organisations controlled by disabled people have grown at an unprecedented rate. They are now part of a significant social movement which has successfully challenged the disabling status quo and set the terms of a new debate.

2. Defining and re-defining disability

2.1 In the past, the field of disability policy has been dominated by academics, professionals and other disability 'experts' (often with no personal experience of disability) whose definitions of disability have served to reinforce and entrench discriminatory attitudes and unequal treatment. This has happened because their

limited observations of the problems disabled people experience have consistently located the cause with the individual and his or her condition.

2.2 This interpretation is often referred to as the 'medical model' of disability. Typical of definitions based on this restricted perception are those offered by the World Health Organisation (WHO)¹:-

Impairment: any loss or abnormality of psychological, physiological or anatomical structure or function.

Disability: any restriction or lack, resulting from an impairment, of ability to perform any activity in the manner or within the range considered normal for a human being.

Handicap: a disadvantage for a given individual, resulting from an impairment or disability, that prevents the fulfilment of a role that is normal depending on age, sex, social and cultural factors for that individual.

2.3 This kind of definition is so seriously at odds with the daily experiences of disabled people that it was inevitable that change had to come. It was clear to disabled people that, in the absence of any cure for their physical condition, the fact of impairment must be regarded as *given*: as a constant factor in the relationship between themselves and the society with which they attempt to interact.

2.4 It follows from this that the cause of any failure in the interaction must be overcome through a restructuring of the social and physical environment. What was required were definitions which, on the one hand, took account of the many individuals with their particular impairments, but which, on the other, dealt with the effect on such individuals of their social and physical environment.

2.5 Suitable definitions, now referred to as the 'social model' of disability, were first proposed by the Union of the Physically Impaired against Segregation as follows:-

¹ World Health Organisation, (1980), A manual relating to the consequences of disease, Geneva, World Health Organisation.

Impairment: lacking part of all of a limb, or having a defective limb, organ or, mechanism of the body;

Disability: the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. ²

2.6 Such a definition has the advantage of posing disability as a social problem, which can be overcome through social change. Removing discrimination against, and equalising opportunities for disabled people according to this model, involves identifying and rectifying the specific disadvantages or restrictions that prevent impaired people taking part in the life of the community.

3. Shifting the horizons of disability

3.1 It is this social view of disability which enabled disabled people to be seen as a distinct social group. It is however clear that our social organisation does not discriminate equally against all impairments. Most people who wear glasses are not significantly more impoverished than their visually unimpaired peers. A person who is hearing impaired may have no difficulty boarding public transport, whilst a paralysed wheelchair user would most likely be prevented from sharing the same journey. By contrast, the paralysed person may have no difficulty in making her or his intentions known at a booking office, whilst the deaf person might be totally unable to carry out the same activity.

3.2 Whilst such examples give the appearance of degrees of exclusion (degrees of disability), it is the same society which disables people whatever the nature or extent of their impairment. The common cause of the creation of the disability of impaired people lies within the organisation of society. The process of uncovering and dealing with the social cause of disability helps everyone, however much or little they are affected at any given point in time.

3.3 The benefits to society which flow from this re-definition are of course enormous. It opens up the possibility that disabled people need not be seen as inevitably dependent on State Charity,

² Union of the Physically Impaired against Segregation, (UPIAS) (1976), Fundamental Principles of Disability, London, UPIAS.

or the collecting tins of professional beggars employed by charitable disability organisations. The poverty of disabled people, when seen from this social perspective, does not come about because impaired people are physically or mentally incapable of work. The inability to earn a living arises because of the organisation of the workplace, or inaccessible premises, in the means of communication, the lack of appropriate personal assistance, or the inaccessibility of transport.

3.4 The removal of poverty and dependence has been central to the struggle for civil rights legislation, which is still ongoing. The Disability Discrimination Act (1995), a weak piece of anti-discrimination legislation recognises in part the benefits of removing discrimination in the world of work. There is however much to be done, a long way to go before the full benefits of the social model are available to disabled people and society as a whole.

4. Comment on the use of terminology

4.1 It is also important for related terminology to be consistent with the above definitions. Already, terms with pejorative connotations, eg. 'spastic' or 'cripple' - once part of the common parlance of the 'caring classes' are falling into disuse as unrepresentative disability charities like Scope (formally the Spastics Society) adjust their names and policies in an attempt to retain influence over the direction of disability policy.

4.2 Those with vested interests in protecting the status quo have necessarily resorted to more subtle approaches to maintaining influence and control, as the disabled people's movement and the social definition of disability has gained ground. For example, the mood of the movement was caught by the IYDP Committee in the early 1980's when they promoted a 'think of the person - not the disability' slogan for the International Year of Disabled People. Many disabled people were caught off guard by this seductive elevation of their personhood. Little wonder however, in an "able-bodied" world where disability is treated so negatively that many disabled people were attracted by this view and were happy to separate their 'acceptable' bit (the person) from their 'unacceptable' bit (the disability).

4.3 However understandable may be the internalisation of these negative values, the greater need is for those concerned to openly identify themselves as disabled people and squarely face the political task of struggling against the social causes of their

oppression. Terms in the same vein, such as '*people with disabilities*', show the ease with which some disabled people unwittingly weaken the impact of the social model, by suggesting that disability is something possessed by themselves rather than being possessed by society.

4.4 Far less politically naive are those who deploy this kind of language in order to maintain disabled people's dependence on the medical model. It is no accident that the term '*people with disabilities*' has been so readily accepted and used by the 'caring professions'. But disabled people who adopt such terms play into the hands of those with a vested interest in keeping disabled people dependent, by conveniently suggesting that they are the cause of their own oppression. In other areas, such as the struggle by women or black people, users of this terminological approach would get short shrift if they suggested that the preferred descriptions should be '*people with female gender*', or '*people with black skins*'!

4.5 Less subtle are more recent terms like '*physically challenged*' or '*differently abled*'. Those who use such descriptions, apparently prefer to obscure the socially oppressive nature of disability from themselves and others by attempting to disguise it as a challenge to individual inventiveness, adaptability, personal endeavour and strength of character. And of course, by so doing, they leave the oppressive social milieu unchallenged and unscathed.

5. The political significance of terminology

5.1 The unthinking acceptance and use of such language may be entirely understandable, given the right wing shift in political and social attitude over recent years. To be '*physically challenged*' chimes nicely with the political elevation of individual choice, freedom and enterprise which has resulted in such widespread social division and destruction of mutuality as exists in Britain in the mid-1990's.

5.2 But such terms do little more than suggest that it is entirely acceptable to put the clock back to an era when treating disability as though it was a personal tragedy and challenge rather than a collective struggle against oppression was the only way for disabled people to make their own life. Too many of those few disabled individuals who 'made' it on their own terms, conveniently forgot the legacy of genetic or social advantage they had been

bequeathed, and were willing to ignore the plight of their less well endowed disabled fellows who lived out their lives in social isolation, or who died in their thousands in segregated residential institutions.

5.3 Much of this is part of a consistent reaction which has followed in the wake of the social model of disability. At the heart of the social model is a very clear political message : disabling social oppression requires disabled people to organise and lead a political struggle for social change. That this is not a universally palatable challenge can be witnessed as much in the words of non-disabled opponents who proclaim '*we are all disabled in some way*', as it can in the lexicon of the '*differently abled*' who are prepared to elevate their individual 'right' to describe themselves in the language of their own choice over the democratic disciplines of organised collective action.

5.4 Disabled individualists aside, it is disabled people's own re-definition of their social situation, which has brought about a struggle for ideas which lies at the heart of disability politics. Those who define the problem have *ipso facto* the key to controlling the solution. For over four centuries, solutions based on the so-called '*medical model*' have created a lot of work for non-disabled problem solvers. The aggregation of these jobs into what now amounts to a disability industry, has created a large vested interest. The grip of this vested interest on disability definitions is still very far reaching, as can be seen by the regurgitation of the '*medical model*' definition in the 1995 Disability Discrimination Act.

5.5 But having rumbled the pseudo-academic establishment exercise in semantics represented by the WHO and similar definitions, increasing numbers of disabled people are now aware that disability definitions are not the kind of objective taxonomic tool that had previously been supposed. No longer are they seen as value-free devices used to measure, assess and provide management information. No longer do disabled people see them as an innocuous means of reaching departmental policy objectives and a rational basis for setting levels of public spending by unbiased bureaucrats.

5.6 Nowadays, they are seen by the disabled people's movement as little more than blunt political instruments, the main political purpose of which is to divert attention away from the social causes of disability. In this political sense...(medical model definitions)..., operate as devices to deflect pressure for social

change; to protect the vested interests of those with careers in the disability industry; and to control pressure for changes in the pattern and direction of public spending.

5.7 In all of this, a good deal vigilance and perseverance is needed by disabled people and their supporters in defending and promoting the central political purpose of definitions based on the social model. By doing so, they will support the task of drawing attention to the social causes of disability; help maintain pressure for social change; change patterns of public spending; promote control by disabled people over their own lives and bring them the legislation and the means of equal social participation in the mainstream of community life.

Ken Davis DCDP (Sept 1996, revised)



Language - A Guide

Avoid / Offensive

Preferred

Victim of

Person who has / Person with /
- Person who experienced

Crippled by

Person who has, person with ...

Suffering from

Person with, person who has...

Afflicted by

Person who has, person with...

Wheelchair bound

Person who uses a wheelchair /
- Wheelchair user

Invalid (= not valid)

Disabled person

Mental

Disabled person

Handicap

Disabled person

The disabled

Disabled people

The handicapped

Disabled people

Spastic

Cerebral Palsy

Deaf and dumb

Deaf or hearing impaired person

Cripple/crippled

Disabled person /

- Mobility impaired person

The blind

Blind or visually impaired person

The deaf

Deaf people

Mentally handicapped,

backward, dull

Learning difficulty

Retarded idiot, imbecile,

feeble minded

Developmental impairment

Mute, dummy

Speech impairment

Crazy, maniac, insane

Emotional impairment

Mentally ill,

mental patient

Person with a mental health
impairment - Survivor / user of
mental health system

Abnormal

Different / disabled person

Patient

Person

Special needs

Individual needs

Special

Everyone is special!