Disability and diversity

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Whilst this book is testimony to the importance that the concept diversity has attained in recent years, it is necessary to explore a relatively unanswered question: what does diversity mean in relation to disability and disablism? In addressing this question this chapter touches on matters of numerical diversity, theoretical diversity and the relevance of contemporary diversity debates. As in other fields – for example, explorations of gender, ‘race’ and sexuality – questions about diversity connect with related debates about social divisions and intersectionality (see Lutz, this volume).

The title of this chapter may conjure up images of bodies whose diversity resides in the need for mobility aids such as wheelchairs or crutches, or assistive technologies such as white canes and hearing aids. Or perhaps readers’ thoughts turn toward elite disabled athletes who display their bodies’ trained capacities at the Paralympic Games. Either way, the diversity invoked concerns matters of embodied difference associated with impairment – that is, those variations in body and mind that biomedicine has classified as degrees of abnormality, whether life-long or acquired. However, this chapter is primarily about disability and diversity, not impairment and diversity. This distinction is important because, in the tradition of disabled people’s movements across the globe, disability is first and foremost about the disadvantaged social status and inequitable life opportunities experienced by people whose bodies and minds are designated impaired by representatives of scientific medicine and other professions. Their non-disabled counterparts, who make up the majority in any society, are people defined as normal – at least temporarily. These non-disabled social actors wield relative authority and power over those designated impaired, and the former’s practices toward disabled people – whether individual or collective – have given rise to the concept disablism:

**Disablism:** refers to the social imposition of avoidable restrictions on the life activities, aspirations and psycho-emotional well-being of people categorised as ‘impaired’ by those deemed ‘normal’. Disablism is social relational in character and constitutes a form of social oppression in contemporary society – alongside sexism, racism, ageism, and homophobia. As well as enacted in person-to-person interactions, disablism may manifest itself in institutionalised and other socio-structural forms.

*(Thomas 2010: 37)*
This paves the way for greater accuracy in outlining the topic of this chapter: *disablism and diversity*. As noted at the start, the discussion will touch on matters of numerical diversity, theoretical diversity and the relevance of contemporary diversity debates. However, and despite bringing the concept disablism to the fore, it is necessary in a multi-topic book such as this to begin with *impairment*.

**Impairment: numerical diversity**

Medically defined categories of *impairment* (physical, sensory, intellectual, emotional) cannot be simply set aside here, because these are the *marked categories of social difference* that attract disablism. Types of impairment are unevenly distributed across the globe in a numerical sense, and carry meanings that bring forth particular forms of disablism in time and space. For example, people with learning disabilities in rich nations such as the UK are sometimes victims of *hate crime* (Thomas 2013) – because their behavioural differences, vulnerability and social isolation have attracted the attention of individuals who inflict harm upon those perceived to be less than human and ‘easy targets’.

Moreover, categories of impairment continue to determine how the numbers of *disabled* people in any population are estimated and counted; these are what are enumerated by authorities charged with producing statistics on disability (Abberley 1992). For example, current estimates from the *World Health Organization* (WHO) are as follows:

> Over a billion people are estimated to live with some form of disability. This corresponds to about 15% of the world’s population. . . . Furthermore, the rates of disability are increasing in part due to ageing populations and an increase in chronic health conditions.  

*(WHO and The World Bank 2011: 1)*

In terms of the severity and prevalence of disability:

> [T]he *Global Burden of Disease* estimates that 190 million (3.8%) have ‘severe disability’ – the equivalent of disability inferred for conditions such as quadriplegia, severe depression, or blindness. Only the *Global Burden of Disease* measures childhood disabilities (0–14 years), which is estimated to be 95 million (5.1%) children, of whom 13 million (0.7%) have ‘severe disability’.

*(WHO and The World Bank 2011: 8)*

Results from the World Health Survey indicate a higher disability prevalence in lower income countries than in higher income countries. People from the poorest wealth quintile, women, and older people also have a higher prevalence of disability (World Health Statistics 2012). People who have a low income, are out of work, or have low educational qualifications are at an increased risk of disability. Data from the Multiple Indicator Cluster Surveys in selected countries show that children from poorer households and those in ethnic minority groups are at significantly higher risk of disability than other children [UN Children’s Fund].

*(WHO and The World Bank 2011: 8)*

Aside from genetic risks, these data tell us that individuals’ vulnerability and exposure to the determinants of *impairment* are much higher: in war-torn regions; in low-income countries; in
locations blighted by industrial hazards; amongst the socio-economically challenged in any society; and amongst systematically disadvantaged groups such as women, homeless children and unsupported elders (WHO 2012). In the global South, the impairments involved are typically: infectious and chronic diseases (especially HIV and AIDS), injuries, violence, malnutrition and other causes closely related to poverty; ‘accidental injuries’ are regular occurrences – typically traffic accidents, drowning, falls, burns or poisoning.

In addition to the primary risks of impairment, it has now been established epidemiologically that people with impairments are at higher risk of developing secondary health problems than their non-disabled counterparts – that is, health problems such as circulatory diseases not aetiologically associated with the original or main impairment. This is because of poor living conditions and the cumulative effects of encounters with disadvantage and disablism (Emerson et al. 2012).

Finally, it is important to distinguish between impairments per se (medically defined categories) and what I have termed impairment effects:

Impairment effects: the direct and unavoidable impacts that ‘impairments’ (physical, sensory, intellectual, emotional) have on individuals’ embodied functioning in the social world. Impairments and impairment effects are always bio-social and culturally constructed in character, and may occur at any stage in the life course.

(Thomas 2012: 211)

Disablism: theoretical diversity

Turning to disablism, the definition cited above noted its social relational character: that is, the existence of relationships (at individual and institutional scales) between those designated normal and those designated disabled in any social arena. The non-disabled occupy positions of relative power and authority, for example within: family settings; health and social services; occupational hierarchies; institutions of governance; or leisure arenas. The challenge is to theorise these relationships, as previously occurred in the social sciences with regard to gender, ‘race’, sexuality and age – where markers of difference also have somatic links with individuals’ appearance and/or behaviours. As Iris Marion Young (1990) argued some decades ago, the concept social oppression has been mobilised to capture these types of social relationships. She summarised the meaning of this much used concept as follows:

In [an] extended structural sense oppression refers to the vast and deep injustices some groups suffer as a consequence of often unconscious assumptions and reactions of well-meaning people in ordinary interactions, media and cultural stereotypes, and structural features of bureaucratic hierarchies and market mechanisms – in short, the normal processes of everyday life. We cannot eliminate this structural oppression by getting rid of the rulers or making some new laws, because oppressions are systematically reproduced in major economic, political, and cultural institutions.

(Young 1990: 41)

Theorising social oppression has proven to be an enormous challenge in disability studies, and writers have been particularly influenced by ideas developed in the study of class, gender and in critical race studies. The two theoretical traditions that have assumed dominance in disability studies since the 1980s are as follows – both with strong feminist components (Garland-Thomson 2005; Thomas 2007).
Materialism/Marxism/materialist feminism

In this tradition, disablism is understood to be rooted in economic systems and relationships of production and exchange. Capitalism, and particularly its industrial phase of expansion in Europe, created the foundations for the social exclusion of people with impairments — overturning their relative social integration in feudal and other agrarian-based economies (Gleeson 1999; Oliver 1990). For example, in Britain’s late eighteenth and early nineteenth centuries, the developing system of generalised commodity production required that non-owners of the means of production sold their labour-power as a commodity — to be consumed in fast-moving and exhausting industrial labour processes, or in the relentlessly busy domestic service sector. Those who could not labour according to employment norms were excluded, and thus denied independent access to the means of subsistence and survival. Coupled with the break-up of extended families in rural settings, people with impairments were cast adrift — suffering a profound loss of connectivity and social status. With the assistance of an ascendant medical profession, an ideology of abnormality took hold in all quarters of society from the mid-nineteenth century, and authorities grappled with what to do with ‘cripples’, ‘imbeciles’ and ‘the mad’. In later decades, these diverse communities of ‘abnormal people’ were grouped together with the war-wounded, to constitute the disabled (Campbell and Oliver 1996).

Across many continents, the institutional and other practical solutions to the unwelcome presence of disabled people persisted well into the twentieth century (‘solutions’ still found today in many countries): workhouses, enforced dependency, sterilisation, ‘special’ education, ‘sheltered’ workshops, community care ‘homes’. In other words, the solutions involved invoked the whole paraphernalia of so-called care and welfare services, exercising philanthropic and professional control over disabled people’s lives (Borsay 2005; Gleeson 1999).

In resource-poor regions in the global South, living with disablism was, and continues to be, a matter of basic subsistence and perilous survival for millions of disabled children and adults — especially in war-torn countries and depleted rural locations (Barnes and Sheldon 2010; Priestley 2001). Today, priority needs are for access to basic health and rehabilitation services, followed by access to education and employment; but these services and life-course opportunities are often minimal or almost entirely absent, especially in rural areas (Tomlinson et al. 2009). Where health care and rehabilitation services are available in middle-income countries with developed urban centres, disabled people find that their access to services is disadvantaged by physical blocks and attitudinal barriers among service providers, together with a shortage of mobility devices and other assistive technologies (Officer 2010; Tomlinson et al. 2009). Additional social barriers operate forcefully in more favourable economic circumstances in relation to education, employment, transport systems, housing and the built environment (Barnes and Sheldon 2010). Nonetheless, wherever possible disabled people have actively resisted their degradation in the resource-poor world.

Indeed, the rise of disabled people’s movements across the globe from the last quarter of the twentieth century have called for dramatic changes in the position of disabled people in society — under the banner of the social model of disability. These movements have formed wherever conditions permit, and are now international in scope; see, for example, the websites of the Disabled People’s International and the International Disability Alliance. Once unleashed, the disability rights campaigns began to make tangible progress in richer nations, especially with regard to deinstitutionalisation, independent living and service accessibility (Campbell and Oliver 1996). These developments were certainly assisted by economic developments, especially material and electronic innovations (Roulstone 2012; Roulstone and Barnes 2005). However, the twenty-first century soon witnessed vigorous attacks on the so-called welfare dependency of disabled people in richer
nations – fuelled by economic crises and governmental retrenchment. Now, neo-liberal solutions to the problems posed by the ‘burden’ of disabled people point toward ‘work not welfare’ under the guise of policies on equality and diversity (Roulstone and Barnes 2005; Soldatic and Meekosha 2012).

Poststructuralism/postmodernism – and feminist variants

Since the 1990s, materialist perspectives on what brought disability and disablism into being have been rejected as modernist and misconceived by some writers in disability studies. Those informed by postmodernist and poststructuralist theoretical perspectives – for example, the late Mairian Corker, Dan Goodley and Margrit Shildrick – reject the materialist focus on socio-structural determinants of disablism and have turned instead to cultural and linguistic theory for answers (Corker and Shakespeare 2002; Goodley et al. 2012; Shildrick 2012). Many have been drawn to the French philosophical ideas of writers such as Foucault (1973), Deleuze (1990) and Derrida (1978), and in recent years have begun to locate their contributions in what they prefer to term critical disability studies. From these perspectives, disability has no ‘fixed’, ‘absolute’ and ‘essential’ qualities; rather, disablist practices and relationships stem from the operation of powerful systems of knowledge in society – particularly biomedical knowledge. Following Foucault’s (1973) ideas about social power, biomedical surveillance provides the authoritative reference points for what is deemed normal and acceptable in society – and gives rise to widespread cultural practices that assume normativity and reject and/or despise the abnormal other. Thus, those who wield power through the authority and status of their specialist knowledge – doctors, state administrators and legislators – construct and impose the category disabled upon selected individuals in their purview. The person who is socially constructed as ‘disabled’ in this way may often come, in turn, to view him or herself as ‘abnormal’. That is, people with embodied features and differences marked out as impairments come to see themselves as ‘pitiable’ and ‘useless’ – hence ‘disabled’ – and to self-regulate themselves as such. Any hope for resistance – and it is a slim hope – lies in a disabled person’s ability to reject and resist the medical and associated categories imposed upon them, that is, to break free from the discursive bonds by which they are tied. From this perspective, the disability rights agenda exercised by disabled people’s movements across the globe from the 1970s is viewed, in the main, as the result of changes in patterns of discursive governance. Put another way, the narrative of the social inclusion of disabled people could be accommodated by those in power (for example, via anti-discrimination legislation), because doing so served the interests of the state and bio-power in the twenty-first century. Finally, the concept of disablism has been replaced in critical disability studies with ableism (Goodley et al. 2012; Kumari Campbell 2009) – because the latter redirects attention toward the exclusionary practices of the normative, that is, those in the unmarked category:

[Ableism refers to] a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability then is cast as a diminished state of being human.

(Kumari Campbell 2009: 9)

Diversity debates: how does disablism fit in?

As the twenty-first century has moved ahead, politicians and policy makers in many nations and regions have swung around to supporting the rhetoric of full citizenship and inclusion of disabled
people, and have introduced or tightened up anti-discriminatory legislation. Such developments have been increasingly accompanied by diversity and equality policy agendas. For example, the UK’s Disability Discrimination Acts (1995, 2005) have been followed by the Equality Act 2010 and the related Equality Duty, now in force in England, Scotland and Wales. The Equality and Human Rights Commission (EHRC, formed in 2007) laid the foundations for this Equality Act 2010 by acknowledging and celebrating social diversity and bringing sectional interests (associated with gender, race, disability, age, etc.) into alignment via a singular/unified piece of legislation designed to protect the human rights of all. This legislation required fresh thinking about the meaning of social diversity, divisions and interconnections, and the recognition that disadvantaged social groups have many equity needs in common. On the international scale, unifying thinking was also underway on the disability question, and it was acknowledged that – despite diversity – there were common needs/rights evident in disabled people’s lives across the globe. This resulted in the United Nations Convention on the Rights of People with Disabilities (United Nations 2006) – now signed up to by many governments. These positive national and inter-national developments highlight the fundamental rhetorical and discursive shifts that have occurred on disability rights in policy-making and official circles.

So, how much beneficial change has actually been experienced by disabled people in their everyday lives? The answer from most writers in disability studies across the globe is ‘not much’ – but their interpretations of the mismatch between rhetoric and the reality have varied according to the theoretical stance adopted on the nature of disablism/ableism. The two dominant theoretical traditions at work in disability studies were discussed above: materialism and poststructuralism. Not surprisingly, there is conceptual consistency in their adherents’ engagements with the failure of the diversity and equality agenda.

Materialism/Marxism/materialist feminism

It is a disappointment, but not a surprise, to materialists that the diversity and equality agenda has only made a limited number of marginal improvements in the lives of disabled adults and children. Indeed, the full force of neo-liberal governmental retrenchment in the capitalist heartlands since the 2008 financial crisis blocked any opportunities for advancement (Barnes 2012; Roulstone and Barnes 2005). Indeed, in both the global North and South large sections of the disabled population have reported worsening living standards in recent years, as well as diminished life-chances (Soldatic and Meekosha 2012).

The argument has been that politicians, state officials and leading industrialists appropriated the language of empowerment, inclusion and individual rights – because this served their shared neo-liberal political and economic agendas (Roulstone 2012). That is, encouraging self-management and independent living among disabled people has suited politicians’ calls to curtail state welfare provision and to free-up market mechanisms; disabled people have thus been instructed to consolidate their ‘individual responsibilities’ by coming off benefits and joining the ranks of the employed. A good example of this perspective is found in the words of Jenny Morris (2011) – a leading feminist writer and activist in the disabled people’s movement who reflects on the time she spent working within the UK’s governmental corridors of power during the 2000s and 2010s, trying to further the interests of disabled people from the inside:

[T]here are aspects of the arguments made by disability organisations which have been capitalised on by the politics and ideology driving recent and current policies in ways that are significantly to the disadvantage of disabled people. These concern, in particular, the social model of disability and the concepts of ‘independent living’, and ‘user involvement’ or
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‘co-production’. I want to look at the way governments have colonised and corrupted these ideas, and to start to identify some possible responses which may help with future progress on disability policies.

(Morris 2011: 3)

Morris goes on to conclude that ‘there is little room for making progress in the context of the ideological framework which is driving the government’s disability policies’ (ibid.: 18).

Thus, adherents to variants of this theoretical perspective have focused on capitalist economic crises and the responses – ideological and practical – of the state apparatus and the industrial ruling class. Politicians’ talk of diversity and equality is viewed as a key dimension of the ideological theatre involved in their appropriation of the disabled people’s movement’s agenda. However, revolutionary solutions are no longer advocated in this theoretical tradition. Rather, hope lies in economic recovery, left-leaning social democratic politics and reform – as well, of course, in the political resurgence of disabled people’s movements and their allies (Oliver 2009).

Poststructuralism/postmodernism – and feminist variants

Given the summary of this theoretical tradition provided earlier, it follows that the diversity and equality agenda pursued by politicians and officials in the twenty-first century is viewed as a discursive means of governance of those ‘others’ who constitute the diverse (Goodley et al. 2012). A good example of how diversity discourses are understood to have constructed both disability and abnormality and, as a result, disadvantaged disabled people is found in a paper by Marta D. Infante and Claudia Matus (2009) in the journal Disability & Society.

Using a Foucauldian lens, Infante and Matus (2009) have explored how the Chilean government has used international diversity discourses as the rationale to move disabled children into mainstream schools (closing ‘special schools’) – an apparently radical act in support of disability rights. But, in so doing, the authorities have reproduced exclusionary practices of the body (ibid.: 438), by constructing children with special educational needs as unruly bodies and the developmentally delayed. This, in turn, has created regimes of truth that perpetuate and apparently justify the second-class treatment of ‘the abnormal’ (Infante and Matus 2009: 442). By these means, the governance of disabled people is assured, and practices of self-regulation among disabled people are easy to instil. In this theoretical perspective, therefore, diversity discourses have the effect of deeply embedding notions of abhorrent difference in the cultural imaginary. Sara Ahmed (2009) has captured this well in her discussion of black feminism: ‘Diversity becomes both a problem and a paradox for those who embody diversity’ (ibid.: 42).

Summary

This chapter has engaged with disability and diversity in a variety of ways. First, the meaning of the concept disablism – the key concept – was clarified. This was followed by discussions about: impairment and numerical diversity; theorising disablism in diverse ways; and how disablism relates to contemporary diversity debates.

The conclusion, whichever theoretical perspective is adopted, is that disabled people have not been the beneficiaries of contemporary eulogies about diversity and equality in national and global policy circles.
Note

1 As well as Marxist/materialist and postmodernist/poststructuralist perspectives in disability studies, there are others in use, especially those drawing on phenomenology (Goodley et al. 2012) or critical realism (Watson et al. 2012); and all traditional and contemporary theoretical perspectives have strong feminist variants (Thomas 2007).

References


