Lecture 1: Feminism and Disability Theory

Medical model

“a person’s functional limitations (impairments) are the root cause of any disadvantages experienced and these disadvantages can therefore only be rectified by treatment or cure” (Crow 208)

- Responses: (Crow)
  o Avoidance/escape – abortion, sterilization, with-holding treatment from disabled babies, infanticide, euthanasia or suicide
  o Management – difficulties of impairment are minimized and incorporated into individual’s lives
  o Cure – medical intervention
  o Prevention – vaccination, health education, social conditions

Result: resources devoted to research into (medical) cures and treatments aimed at the disabled individual rather than at social change

Social model

- maintains a distinction between impairment and disability, where impairment is biological (functional limitations of bodies and minds) and disability is social (disabling barriers of unequal access and negative attitudes)
- Shifts the focus from impairment to disability, solution then, is social change

“Disability is the disadvantage or restriction of activity caused by a society which takes little or no account of people who have impairments and thus excludes them from mainstream activity. (Therefore, disability, like racism or sexism, is discrimination and social oppression).

Impairment is a characteristic, feature or attribute within an individual which is long term and may or may not be the result of disease or injury and may 1. affect that individual’s appearance in a way which is not acceptable to society, and/or 2. affect the functioning of that individual’s mind or body, either because of, or regardless of society, and/or 3. cause pain, fatigue, affect communication and/or reduce consciousness

Disabled people are those people with impairments who are disabled by society” (British Council of Disabled People)

Building on the Social model

Liz Crow
- Social model needs to acknowledge impairment as well as disability
- Disability theory has shifted the focus from ‘impairment as all’, to ‘disability as all’, presenting impairment as neutral, irrelevant and sometimes positive
“Our current approach to the social model is the ultimate irony: in tackling only one side of our situation we disable ourselves” (Crow 211)

- suggested response to thinking about impairment:
  o **Objective concept of impairment**: “lacking all or part of a limb, or having a defective limb, organism or mechanism of the body” (212)
  o **Individual interpretation** of the subjective experience of impairment “in which an individual binds their own meanings to the concept of impairment to convey their personal circumstances” (212)
  o **Impact of wider social context** upon impairment, “in which misrepresentation, social exclusion and discrimination combine to disable people with impairments” (213)

**Susan Wendell**
- “Societies that are physically constructed and socially organized with the unacknowledged assumption that everyone is healthy, non-disabled, young but adult, shaped according to cultural ideals, and, often, male, create a great deal of disability through sheer neglect of what most people need in order to participate fully in them” (Wendell 1996: 39)

3 Modifications of the social model:
1. Challenge the objective view of impairment - How much ability is normal – how well must we be able to do these tasks? What counts as ‘normal’ structures/functions/abilities depend in part on norms generated by a society
2. Includes disability related to illness
3. Includes disability related to ‘normal’ process of ageing

**Disability**: “any lack of ability to perform activities to an extent or in a way that is either necessary for survival in an environment or necessary to participate in some major aspect of life in a given society.” (Wendell 1996 23)
→ has biological, social and experiential components

**Rejecting the Social model**

Shakespeare and Watson - social model problematic, suggest “embodied ontology” approach

- 3 criticisms of the Social model:
  o Denial of difference and that impairments can be disabling
  o Impairment/disability – false dichotomy
    ▪ A complete theory should include following dimensions of experience – bodily, psychological, cultural, social, political rather than medical or social
  o Unable to accept those who do not want to identify as ‘disabled’
- **New approach**
  - Challenge distinction between ‘normal’ and ‘disabled’
  - Recognize ubiquity of impairment – it is not a minority condition – “no-one’s body works perfectly, or consistently, or eternally” (26)
  - we are all limited, frail, mortal, though not all of us are oppressed on this basis, society managed to accommodate the majority of the impaired, but not the minority, disabling them
  - everyone is impaired

**Implications for Feminism**

**Ethics of Care and Care-giving**

- Morris – feminist analysis of care-giving has been done almost entirely from perspective of caregiver, assuming the ‘cared for’ are dependent, passive recipients – assumes “women” and “feminists” do not include those who need care

- conceiving of care as ‘taking responsibility for’ the other person – implies parent/child relationship, denying autonomy of the receiver

**The Body**

- attempts to counter the devaluing of the female body, focused on ‘celebrating’ women’s bodily experience (mothering, pregnancy), avoided mentioning the body as source of frustration and suffering
  - disabled women may feel that feminists have an ideal of the female body that they cannot participate in

- Wendell – recognition of the suffering body could provide support for model of transcendence of the body

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**Reading**


