

## **TRANSCRIPT** for “Distinct Approaches to Studying Disability”

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Studies of disability employ distinct approaches. Think of these as lenses through which scholars view disability. Each approach is like putting on a different set of glasses, impacting what we see or don't see. A.J. Withers, a Canadian disability politics activist and scholar, outlines the following 6 models: the eugenics model, the medical model, the charity model, the rights model, the social model, and the radical model. These approaches define disability in different ways and thus prescribe particular ways of treating, managing, and viewing disability at a societal and individual level. These models are not always distinct from each other, meaning they can overlap, reinforce, challenge, or enhance each other. For example, a medical approach to disability gives rise to an emphasis on charity, whereas the social model of disability enables us to think about the ways that a medical view can be limiting. This lesson outlines distinct models. As you study this lesson, think about which model you find the most persuasive and why.

First, we will consider the eugenics model. Eugenics is the practice and ideology of selective breeding to 'improve' the population, wherein those with “desirable” characteristics are encouraged to reproduce and those deemed 'unfit' are prevented from reproducing. University of Alberta Assistant Professor and Canada Research Chair in Disability and Movement Cultures, Dr. Danielle Peers explains that a eugenics model was the dominant approach to disability following Confederation. The Canadian state used the label 'feeble minded' to describe people with mental illnesses, intellectual disabilities, and a variety of physical illnesses and congenital disabilities. From 1928 to 1972, the Government of Alberta sterilized nearly 3,000 people -- most of whom without their consent -- under the *Sexual Sterilization Act*. The eugenics model created a binary between those who are “fit” and “unfit”, or “abled” and “disabled”.

Next, we will consider the medical model. The medical model is the dominant lens academics, policy makers, and popular media use to view disability today. The medical model shares some similarities with the eugenics model in that it views disability as a defect within a person's body and gives healthcare professionals the power to determine the worthiness of someone's body. Programs such as “Assured Income for the Severely Handicapped” (AISH) functions through a medical model, giving doctors and the medical field power to verify that an individual's disability is “severe” enough to warrant support. Statistics Canada also employs a medical lens in its definition of disability by using the language of “limitation” and “impairment”. The

Canadian Survey on Disability (CSD) defines disabled people as those who “not only have difficulty or impairment due to a long-term condition or health problem, but also those who experience a limitation in their daily activities”. The CSD definition also “includes people who reported being ‘sometimes,’ ‘often’ or ‘always’ limited in their daily activities due to a long-term condition or health problem as well as those persons who reported being ‘rarely’ limited if they were also unable to do certain tasks or could do them only with a lot of difficulty”. Social and radical approaches to disability view the medical model as oppressive, because it ignores disabled people’s voices and experiences and defines their bodies in terms of what they *can’t* do. The medical model shifts the power from disabled people to healthcare systems.

The third model is the charity model. A charity model conceives of disabled people as recipients of charity -- as people who need others, particularly able-bodied people, to help them in their daily lives. The charity model maintains an ableist hierarchy in which able bodies are seen as better and normal. Therefore, the charity model places all power and privilege onto able-bodied people. Disabled people are “pity projects”. They are perceived to be people who are very limited in capabilities and thus those who are capable should help. Proponents of a radical model of disability or critical disability studies approaches view a charity model as more self-serving to those who ‘give’, as opposed to altruistic, because charitable organizations maintain the status and privilege of able bodies.

The fourth and fifth models are the rights and social models. In the 1960s and 1970s, disabled people began to create their own models of disability. The rights model was developed in Canada and the USA, while the social model was developed in Britain. In Canada and the United States, disability rights movements highlight the oppression of disability and the need for accessing the invisible privileges that come with being able-bodied, while also fighting against the idea that a disability defines an individual. The rights model did provide for a recognition of disability rights, however the disability rights movement was mainly led by straight, white, middle-class men.

The social model of disability conceives of disability as a social category, meaning that a person is not disabled because of their so-called ‘impairment’, ‘limitation’, or ‘defect’ but because of social structures, institutions, policies, and attitudes that actively dis-able people.

In 1976, The Union of the Physically Impaired Against Segregation (UPIAS) wrote the *Fundamental Principles of Disability* which outlined their social model, defining disability as “something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society”. One way to explain the social model is to think about stairs. For example, whereas a medical model of disability would describe a person in a

wheelchair as having an 'impairment' that prevents them from walking and using stairs, the social model of disability would emphasize that the choice to build stairs as opposed to ramps imposes a barrier that *dis*-ables and excludes some people. The social model argues that *society* produces disability and rejects views of disability as an illness or impairment. This is a fundamental distinction from the eugenics, medical, and charity models. This social approach to disability marks a major shift in thinking about disability, changing the ways disabled people understand themselves and providing them with a community. Feminist, queer, and anti-racist scholars emphasize the need for social models of disability that are also attentive to experiences of racism, sexism, colonialism, classism, and gender discrimination.

Finally, let's consider a radical approach to disability. Withers, who has contributed to this approach, states that the radical disability model defines disability "as a social construction used as an oppressive tool to penalize and stigmatize those of us who deviate from the (arbitrary) norm". The radical model argues that there is nothing *wrong* with disabled bodies and minds. Disabled people are not social problems to be fixed and they are not all the same. The radical model points out that it is not disabled people that are defining disability, but people with power and privilege who benefit from the social hierarchy that disability creates. Therefore, from a radical perspective, it is crucial that individuals are able to self-identify as disabled. Intersectionality is a core component of the radical model and thus recognizes the interlocking identities of individuals that the previous models have not considered.