REVIEW

# Rethinking the relationships between disability, rehabilitation, and society

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Summary

This paper provides a critical review of contrasting ways of thinking about the nature of disability in society. It highlights the dominance of the medical model of disability whereby medical and rehabilitative professionals and practitioners tend to conceive of disability as an individual physiological and/or medical condition requiring the afflicted individual to be given appropriate medical and/or rehabilitative support. As the paper suggests, such perspectives are problematical because they reduce the understanding of disability to the conditions of the individual 'patient' and ignore wider social and environmental influences in engendering a state of disability. Thus, the paper highlights other perspectives on disability and society which suggest that social, attitudinal, and environmental barriers in society are an important component in disabling people with physical and/or mental impairments. In this sense, breaking down disabling social practices against people with disabilities might be as important, if not more so, than seeking to cure physical and/or mental impairments.

## Introduction

> disablement lies in the construction of society, not in the physical condition in the individual. However, this argument is usually rejected precisely because to accept it involves recognising the extent to which we are not merely unfortunate but are directly oppressed by a hostile social environment (ref. 1, p. 176).

People with disabilities remain at the margins of society, often depicted as pitiful and tragic characters worthy only of the charity of their 'able-bodied' counterparts. For many disabled people their daily reality is dependence on a carer, while trying to survive on state welfare payments. Moreover, most disabled people have few formal educational qualifications and are generally excluded from labour-market opportunities. As a result

people with disabilities are one of the poorest groups in our society. Yet for many disabled people there is nothing natural or inevitable about their social position that cannot be transformed by overturning the social prejudices and practices of society. Indeed, the term 'disablism' has been coined to describe the projection of 'able-bodied' values which legitimize oppressive and discriminatory practices against disabled people purely on the basis that they have a physical and/or mental impairment. In particular, the ways in which society conceives of, and acts upon, the causes of disability are of significance for many people with disabilities seeking to overturn the principles and practices of disablism.

However, a medical model, or theorization, of disability has dominated conceptions of disability in the social and medical sciences. It conceives of disability as an individual, physiological, condition which can somehow be treated and cured. Oliver[2] refers to the 'personal tragedy' theory of disability or that conception which sees disability as something which is wholly a problem of and for the (afflicted) individual. In turn, the resultant discourses of disability have tended to 'blame the victim' which, as Imrie[3] notes, portrays people with disabilities as 'inferior, dependent, and, by implication, of little or no value' (p. 3). Such conceptions reflect what some refer to as 'able-bodied' or ableist values; that is, the idea that disability is abnormal, even a product of deviant behaviour, and where the goal of society is to return disabled people to a normal (able-bodied) state. In this sense disability is conceived of as biologically produced, and where the problems which face disabled people are the result of their physical and/or mental impairments independent of the wider sociocultural, physical, and political, environments.

However, critiques of such perspectives have emerged, trying to set physical and mental impairments in their sociocultural contexts, to understand them less as a physiological condition but as a socially derived, and conditioned, state. These critiques have led to a plethora

of approaches, from what one might term the minority model of social oppression, in which disability is conceived of as a product of the values and attitudes of an oppressive majority population, to historical materialism, which seeks to explain disability as a work-related, and determined, category. Such perspectives see disability less as an individual medical condition but as a socially conditioned state whereby the ignorance and prejudice of the 'able-bodied' society discriminate against, and oppress, disabled people. Thus, steps into buildings disable wheelchair users from gaining access to a host of places, while the absence of induction loops in many public spaces prevents hard-of-hearing individuals from interacting with wider society. In both instances people with physical and/or mental impairments are disabled by wider social and environmental barriers which are not treatable by medical cure or rehabilitation.

The objective of this paper is to review contrasting ways of thinking about the nature of disability in society, and to draw out some of the wider policy and other implications which ensue from different conceptions of disability. In developing this, I divide the paper into three. The next section is a critique of the dominant discourses on disability, especially those which have been derived from the medical and/or rehabilitation model of disability. In a second section I argue that the reductionism inherent in the medical approach to disability requires redress which can be achieved, in part, by placing conceptions of impairment in their sociocultural contexts. Accordingly, this section of the paper evaluates aspects of what has been termed the social model of disability, which seeks to understand physical and/or mental impairments as socioculturally defined and derived phenomena. In a final section I develop the argument that, for the understanding of the determinants of disability to progress, a closer correspondence between the medical and social models of disability has to be developed.

## Functional limitations and the medicalization of disability

The dominant way of thinking about disabled people is related to the functional limitations paradigm, which asserts that the most significant difficulty with disability is the loss of physical or occupational capability. This perspective argues that the disability resides exclusively with (in) the individual, that it is reducible to the nature of the impairment and is treatable much as a doctor would attempt to cure a patient's disease. A range of research highlights the medicalization of disability as a significant factor in society's marginal treatment of

**Table 1** The World Health Organisation's *International Classification of Impairment, Disability, and Handicap*

(The WHO utilise a three-fold categorisation by which to define disability, and its definitions have become the standard-bearer which most countries in the world have adopted) (from ref. 2)

| Category | Definition |
| --- | --- |
| Impairments | Disturbances in body structures or processes which are present at birth or result from later injury or disease |
| Disabilities | Limitations in expected functional activity or as restrictions in activity due to an underlying impairment |
| Handicap | Difficulties in performing activities of daily living, like walking |

**Table 2** Social stereotyping and conceiving of the 'able-bodied' and 'disabled' as unequal and opposites

| Able-bodied | Disabled |
| --- | --- |
| Normal | Abnormal |
| Good | Bad |
| Clean | Unclean |
| Fit | Unfit |
| Able | Unable |
| Independent | Dependent |

disability issues.[2,3] Oliver[2] notes that the World Health Organization (WHO) cling to a medical classification of disability which sees a disabled state as a form of disease and/or abnormality. Indeed, its definitional basis, as Table 1 depicts, tends to take the concept of 'normality' for granted in defining disability as 'not being able to perform an activity considered normal for a human being'. Oliver[2] has argued that there is little consensus on what constitutes a state of normality, while the WHO's definitions of disability fail to recognize the situational and cultural relativity of how normality is understood.

Indeed, as long as the environment consists of social roles considered to be normal, the inability of any individual to conform puts that person in a disadvantaged position, and thus creates a handicap. In this way the medical approach is conserved, since changes must be brought to bear on the individual rather than the environment. Part of the problem with this conception is the way in which it treats disability as uniform and homogeneous, reinforcing the notion that there are two discrete types, the able-bodied and the disabled, with the former leading a much more enriched existence than the latter. As Table 2 indicates, the medical model projects a dualism which categorizes the able-bodied as somehow 'better' and 'superior'; literally 'more able'. In contrast, the disabled are conceived of as 'unable' and requiring

help or the application of professional medical services. Such conceptions, in total, conceive of the body as a biological entity, something which is natural and pre-given.

Part of the problem with this perspective is the way in which it fails to understand how disabled people are socialized into particular ways of being, of accepting their 'inferiority' by society, and behaving in ways which seemingly conform to the expectations and stereotypes which have been handed down. As Abberley[4] notes, the range of disciplines, from medical sociology to social psychology, still retain the notion that disabled people are abnormal in the sense that their impairment can be explained only in terms of a deviation from a 'standard norm', that they are the problem for deviating from it! Yet, as Oliver[2] and Abberley[4] have noted, if the notion of abnormality is placed in a different type of context, 'not in disabled people but in the society which fails to meet their needs', then a different type of understanding of 'normality' is generated (ref. 4, p. 111). As Abberley[4] convincingly states, 'our abnormality consists in us having...a particular and large set of our human needs unprovided for, or met in inappropriate and disempowering ways... it is in this sense, of having an abnormal number of our normal needs unmet, that I think it is right to speak of disabled people as not being normal' (p. 111).

The notion of disability as an individual abnormality, however, retains a powerful hold over social and medical theory, and has perpetuated a range of research which abstracts from conceiving of the body in its sociocultural contexts. Thus Anderson and Clarke[5] show how low self-esteem is a characteristic of adolescents, while Kasprzyk[6] indicates how despondency is a more or less recurrent state among people with spinal injuries. Moreover, experimental psychologists, in attempting to simulate disabilities, have concluded that people with disabilities arouse anxiety and discomfort in others and, as a result, are socially stigmatized (see ref. 6). As Fine and Asch[7] comment, such experiments tell little or nothing about how disabled people engage in meaningful social interactions, and there is an overarching reducibility in the conception, in that 'disability is portrayed as the variable that predicts the outcome of social interaction when, in fact, the social context shapes the meaning of the disability in a person's life' (p. 16).

Indeed, as Fine and Asch[7] note, such conceptions sustain the idea that people with disabilities are somehow weak and dependent, that their 'biological condition rather than the environment and social context makes one-way assistance inevitable' (p. 6). As Fine and Asch[7] conclude, such assumptions perpetuate a negative and

demeaning image of disabled people, that somehow their physical incapacities, in themselves, are debilitating to the extent they are incorporated into most other spheres of their social and economic lives. In summarizing such perspectives Fine and Asch[7] lucidly note, that:

> It is the disability, not the institutional, physical and attitudinal environment that is blamed for role changes that might occur. The person with a disability may (initially, or always) need physical caretaking, such as help in dressing, household chores, or reading. It must be asked, however, whether such assistance would be necessary if environments were adapted to the needs of people with disabilities – if, for example, more homes were built to accommodate those with wheelchairs, ... if technological aids could be developed to convert the printed word into speech or braille were affordable to all who needed it... the physical environment as an obstruction remains an unchallenged given (p. 14).

Because the physical or built environment remains a given in the medical theorization of disability, there has been a tendency for disabled people to be stigmatized or, as Barnes[8] argues, the association of disability with stigma wholly reinforces the notion of disability as an individually derived problem. As Oliver[2] notes, the origins of the idea of disability as stigma relates to Goffman's[9] conception that stigma is a form of societal branding where individuals transgress the norms of values of society. Indeed, while stigmatized identities are derived through interpersonal interactions, for Oliver[2] the explanatory utility of the idea is problematical because,

> while stigma may have existed in all societies, in ancient ones it was inflicted because of some transgression or other; in modern societies, the stigma itself was the transgression. In both kinds of societies, stigma implied moral opprobrium or blameworthiness' (p. 65).

Underpinning this is what Dalley[10] terms the normalization thesis, or that perspective which notes that, because disabled people are labelled, they are devalued, and that the mechanism to reverse this is one of 'normalization' or the removal of pejorative labels and/or social categories. For Wolfensberger[11] normalization 'must be the creation, support, and defence of valued social roles for people who are at risk of social devaluation' yet, as Dalley[10] notes, this solely concentrates on the 'roles' that people occupy, rather than on people as 'the persons that they are'. As Dalley[10] suggests, the essence of normaliz-

ation is that of social conformity, the idea of the reducibility of diversity and difference to a specific type, or, as Carver and Rhodda[12] have characterized it, 'the focus is firmly on the rehabilitatee with the objective of re-modelling him [*sic*] as closely as possible to the functional semblance of an average person' (p. 10).

However, as Dalley[10], and others have noted, there are a range of problems with the normalization thesis, not the least of which is the assumption that incorporation into mainstream society is a good thing. As Oliver[2] has argued, underpinning such perspectives is the idea that all people should be returned to the state of the fit, able-bodied, individual, or, as Finkelstein[13] (p. 4) has commented, 'the aim of returning the individual to normality is the critical foundation stone upon which the whole rehabilitation machine is constructed'. Moreover, as Szivas (p. 112) argues, it is also assumed, by the mainstream, that 'to be attributed value disadvantaged groups should aspire to fulfil society's idealised norms'. As Dalley[10] notes, this then generates a context whereby the advantaged, dominant, groupings define what is or is not to be valued. In this sense I concur with Szivas,[14] who notes that the notion of normalization conceives of difference negatively 'making it impossible to avoid disaffiliation...and shame' (p. 113).

Thus while the emergence, post-Second World War, of rehabilitation services and programmes, especially in the USA, held up some promise of overturning medical conceptions of disability, they tended to reinforce the notion of the disabled person as an inferior being. In particular, the history of rehabilitation programmes, both in the USA and the UK, has been driven by professional elites shaping and constructing the meanings of disability around technical, sociopsychotic, and medical concerns, which, as Trent[15] has argued, deflected attention from questions of power, status, and, ultimately, control. As Slee[16] notes, the underlying policies tended to generate an objective opacity, a form of neutrality, which *reduced issues of integration and 'normalization'* to policies of technical adaptation. Thus, as Slee[16] has indicated, the integrationist policies of education authorities in the UK have reduced debates over integration (or its absence) to questions concerning disputations over resources. That is, given the resources, integration will occur. Yet, as Slee[16] comments,

> such debates sustain the flawed notion that integration is simply a technical issue to be achieved via the deployment of special equipment and personnel to regular schools...it deproblematizes integration through the absence of appreciation of the social construction of disability (p. 359).

In seeking to move beyond such limiting, and limited, perspectives a range of alternative conceptions have been mooted. One of the more significant is Emener's[17] empowerment model, which is concerned with addressing how the professional system of rehabilitation might empower disabled people to enable them to gain control over their lives. Its real strength is the departure from a model of functional impairment to the notion that a disabled person should have equal opportunity to maximize his or her potential, and is deserving of societal help in attempting to do so. As an approach to theorizing about the nature of disability, however, Emener's[17], model is weak in several respects. Foremost, it is wholly based on supporting the role of professional and technical elites in delivering and underpinning support for disabled people and, consequently, fails to theorize how institutions are implicated in the propagation and perpetuation of disablism. Emener's[17] thinking is revealing here, because he adopts a paternalistic notion that, while people with disabilities must be empowered, the locus of control, as Emener[17] argues, is critically contingent upon rehabilitation (p. 1). This, then reinforces the idea of the efficacy and importance of professional control.

Indeed, the idea of empowerment, underpinning the approach, is limited by its failure to propose the means of combating adverse institutional attitudes and responses towards impairment. Moreover, the perspective conceptualizes people with disabilities as consumers, or rehabilitation clients, being acted upon, and lacking the capacity to transform their lives without the help of the professional bodies, and, as Hahn[18] notes, Emener's notion of empowerment does little to transform the iniquitous, and hierarchical, relations between professionals and disabled people, leaving the 'major principles and content of...rehabilitation counselling relatively undisturbed' (p. 3). In particular, the perspective maintains the principles of an ableist cultural hegemony, while reinforcing the idea that somehow the disabled person is still to blame. In this sense the notion of empowerment here is duplicitous, a misnomer, while its underlying social theory fails to recognize how rehabilitation, in itself, serves to reproduce many of the social relations of ableism.

## Reconstructing the terrain of disability theory

The contrasting approaches to the theorization of disability indicate a gradual move from the representation of disability as an individual pathology towards a social constructivist model, or one which situates our understanding of disability in a wider context of social

and political relations. In particular, the failures of the medical and/or rehabilitation model of disability have led a range of authors to situate our understanding of disabled people's position in society in the values, attitudes, and policy programmes of institutions and their actors. Indeed, as Hahn[19] suggests, one of the keys to understanding disability in society rests with an exploration of the determinate institutions and 'the solution must be found in laws and policies to change the milieu rather than in unrelenting efforts to improve the capacities of a disabled individual' (p. 276).

This approach towards setting disability in context is exemplified in what Hahn[18] has termed the minority group model of disability, a perspective which embodies both social constructivist and creationist views of disability. At the broadest level the minority group view situates disability in the wider structural, external environment, denying that it is explicable as a consequence of some personal defect or deficiency. Hahn[18] notes that the 'minority group' model offers a means of transcending the limitations of medical models of disability by focusing on sociopolitical distinctions that see people with disabilities as the 'product of interaction between the individual and the environment' (p. 40). As Hahn[18] argues, this perspective does not regard disability as a personal deficiency, but as the result of the social conditioning of disabling environments. In this sense the analytical focus on disabled people is switched from a concern with the internal, individual, defects of the person (a sociopathological approach) towards the wider structural, or external, underpinnings of a disablist society, of its values, attitudes, and public policies.

The implications of the minority approach, or what Hahn[18] terms the sociopolitical definition of disability, is the way it develops a social constructivist position by situating disablism within the oppressive and coercive attitudes of society, attitudes reinforced and perpetuated by the practices and discourses of the dominant institutions. As Hahn[18] suggests, the underlying political message is of the 'need to transform formerly devalued attributes into positive sources of dignity and pride and entailing self management skills and a positive self concept' (p. 40). This, then, recognizes that, first and foremost, 'attitudinal discrimination is the major problem facing those with disabilities' (Hahn,[19] p. 276). In this sense the real barriers to access from the social constructivist position, are not the physical barriers in themselves, but the wider attitudinal strictures of prejudice and discrimination against people with disabilities.

The approach is problematical in a number of ways because, by locating sources of oppression solely in

'attitudes', there is little sense of their social location or origins, or of how attitudes, in themselves, are translated, if at all, into oppressive actions. While not denying the interplay between ideologies, values, and actions, the real weakness of the social constructivist part of the minority model is the absence of any account of the sociopolitical contexts within which values and attitudes arise, and of their transformative capacities. Indeed, the interplay between attitudes, values, and material practices is difficult to specify, and has the capacity to reduce the discriminatory practices of ableism to a 'state of mind', or what Gleeson[20] refers to as 'a discriminatory set of beliefs which are imposed upon different, if essentially, normal people' (p. 20). Thus, such notions are idealist because they fail to situate ideas and values socially, culturally, or historically, and are problematical for the very reason that they, as Hevey[21] (p. 14, quoted in ref. 20, p. 20) claims, take the material world as a given.

The other interrelated element of the minority group approach, the social creationist perspective, locates the sources of social oppression of disabled people in the socio-institutional practices of the dominant professional groups. As Hahn[22] argues, public policy is a reflection of pervasive attitudes and policies, that disablist attitudes, in themselves, have transformative capacities in influencing the policies and practices of institutions. In this sense disablism is seen as something which is locked into, and located within, the behaviour of powerful organizations and institutions. As Young[23] notes, welfare states, post-1945, have been, and still are, preoccupied with notions of normalization, of a dedifferentiation process which is wholly subversive of (disabled) 'identity as difference'. In this sense the social creationist conception represents an advance on social constructivism because it places values and attitudes in a material context of sociopolitical practices while recognizing institutional domination, or the prevention of people from participating in determining their actions or the conditions of their actions as a key structural facet of administrative and welfare control over the lives of disabled people.

The perspective is also problematical, however, in reducing ableist attitudes solely to the realm of socio-institutional practices, or to public policy. That is, it tries to say that disability is what is defined by public laws and programmes, what Birkenbach[24] refers to as socially constructed reality rather than a biological fact. Moreover, the approach propagates the idea that discrimination against people with disabilities should be eradicated, and that equal opportunity policies be instigated as one of the measures towards their emancipation. As Birkenbach[24] argues, surely the sociopolitical model

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must recognize that there is a physical state, a physiological status which really negates any possibility of people with disabilities being afforded equal opportunities and treatment in that their very (physical) differences demand a difference in the way society responds to them and their (social, human, and physical) needs. Indeed, the physicality of the body is too often ignored in such perspectives.

In particular, elements of disability protest in the UK have formulated political strategy around the conception that the interrelatedness between values, attitudes, and socio-institutional practices which exclude people with disabilities from society has to be challenged in ways which transcend legal tinkering or efforts to 'socially engineer' a 'solution'. Thus, the development of a 'crip-politics', for example, in the USA, and of political movements which seek to emphasize impairment as difference is, in essence, saying that we want to be recognized for what we are rather than what you (through your legislation) want us to be. Indeed, Lane,[25] in discussing the construction of deafness, supports elements of social creationism for its critique of the service professionals, especially of the way in which they service 'not only their clientele but also themselves and are actively involved in perpetuating and expanding their activities' (for their own legitimacy) (p. 174). Others, like Morris,[26] want to 'bring the body back in', to demonstrate that the physical and/or mental impairment may be determinate of an individual's behaviour.

In seeking to move beyond the idealist and also institutionally grounded conception of disability, an important development in the theorization of disability, albeit with significant weaknesses, is the location of disability within a materialist perspective. Its real strength is its positioning of disability historically, noting how states of disability are (re)produced and/or made and not the consequences of an impairment. Indeed, the distinction between 'impairment' and 'disability' is crucial in that materialists conceive of the former as the absence in total, or in part, of some physiological function, while the latter is the 'socially imposed state of exclusion or constraint which physically impaired people may be forced to endure' (ref. 20, p. 12). In this sense, as Gleeson[20] notes, impairment is indicative of a particular bodily state, a specific physiology which is only ascribed a particular social meaning in particular sociocultural contexts. As Gleeson[20] comments, 'impairment can only be understood – historically and culturally – through its socialisation as disability or some other (less repressive) social identity' (p. 12). Yet this conception seems reductionist because impairment is also a bodily state and, in its physical state, has the capacity to create

(physical) pain and discomfort which need not necessarily by socially and/or culturally reproduced or ascribed.

Thus, Oliver[2] and Gleeson[20] tend to identify the 'socialization of disability' as reducible to the material conditions of society. At its base is the idea that the social oppression of disabled people is related to the value of their labour power, or capacity to work, that their inability to perform 'normal' work more or less excludes them from the labour market and, consequentially, a regular wage. For Oliver,[2] for instance, the category 'disabled' emerged in the nineteenth century as the state's response towards sorting out the able-bodied from the disabled, or from those with the (measurable) capacity to work from those without, yet this (materialist) conception of disability seems functionalist. It also conceives of class as the key social variable, as though the socially oppressive nature of disability is best viewed through the lens of conflictual class relations. Likewise, Gleeson's[20] framework is essentialist by arguing that the primary determinant of disabled people's oppression is their economic status and exclusion from the labour market, that class struggle, in and of itself, is the essential determinant of societal transformation.

Oliver[2] takes a similar stance in conceiving of people with disabilities as little more than the consequences of material relations yet, as Gleeson[20] and Tomlinson and Colquhoun[27] note, in rejecting psychologically inclined explanations, Oliver[2] 'ignores the determinant powers of culture, representations, and their associated meanings'. While, in part, this is slightly unfair to Oliver[2] who does recognize sociocultural dimensions in the construction of disability, there is a sense from his work that the problems associated with disability will disappear if the underlying (material) relations of a disablist society were to be transformed. Thus, the logic seems to say that if one adapts the social and physical world for disabled people, then the disabilities will dissolve; yet this still leaves the thorny issue of the body (and the impairment), and of the possibility that, by objectifying bodily experiences in a social model, the subjective, real experiences of, for example, physical incapacity and pain, will be ignored or just dismissed. Indeed, even if the oppressive social relations of disablism were to be transformed would that necessarily remove the physicality (the reality) of the body?

## Connecting the biological and social categories of disablement

The intellectual limitations of much social and medical theory about disability have led a range of social theorists

to call for the development of a non-ableist, non-essentialist, medical sociology based upon setting sensory feelings and physiological impairments in their socio-cultural contexts.[20,24,28,29] As Butler[28] argues, physio-logical impairments, in themselves, are a constraint on specific types of action, and it is impossible to derive a sociomedical theory which is dismissive of, and in-dependent from, the situatedness of the body, of its psychological and/or physiological state. Likewise, Birk-enbach[24] makes the powerful case that a non-ableist theorization must recognize the 'interactional' character of disablement. By this he argues that it is imperative that one locates disablement 'in a relationship between a medical and functional problem and the social responses to it' as the only way to escape charges of essentialism and/or analytical reductionism (p. 178). Others, like Pile and Thrift,[30] refer to the body as a 'point of capture', or where personal experiences accumulate and shape the 'being' of the embodied person, while, for Hall[31] the body is 'an active and reactive entity which is not just part of us but is who we are' (p. 10). Thus, for Hall[31] and others, the body is 'corporeal', 'neither determined by biological or social processes, but absorbing and reacting to social and biological processes' (ref. 31, p. 13).

Hall,[31] in echoing Birkenbach,[24] suggests that the basis for a non-ableist theorization of disability can occur only if the dualisms of the able/disabled, ability/disability, and normal/abnormal, are dissolved; that is for the fluidity of the concepts to be recognized and for the body to be situated, and interpreted, as a sociocultural and biological construction, neither fixed nor unchanging (thus interconnecting social and medical conceptions of disability). Indeed, these dualisms are powerful and fixed conceptions of how to conceive of the body. Thus, the able body is somehow 'more able', better than, the disabled body, the 'unable', yet this fails to recognize the daily changing states of our bodies, both physiologically and how we feel about them, to the extent that maintaining a division between two ossified, static, categories is more or less meaningless. The corporeality of the body, however, indicates that how we feel about our bodies – indeed, how we (physically) experience them – is temporally/spatially specific, and that there is rarely a constant in the ways in which we receive our bodies and how, in turn, they are received. So, while a person with inflamed facial scar tissue may feel unable (disabled) to 'face' the world, to go out on the streets (for fear of the gazes), at another moment, when the inflamed tissue has subsided, the interaction between the physic-ality and 'those outside' becomes transformed; that person is 'abled'.

Thus, at different moments the same person, the same

body, is 'abled' or 'disabled' in that the sociocultural attributions of society towards facial disfigurement will interplay with the individual's 'looks' in producing different gazes, different reactions. Of course, the problem contained within such illustrations is that they maintain the power of the abled/disabled dualism, that somehow people behave in ways which reinforce the wider societal conception of disability as abnormality. However, a notion of fluidity between the two, abled/disabled, is present and, as Hall[31] suggests, by centring the body in social analysis it then becomes a component in the construction, indeed, our understanding, of the sociocultural experiences of (disabled) people. However, there is some resistance to this, and the social model of disability is implicated in ignoring the role of the body in socially constructing disability. Thus, in their zeal to assert that disabled people are discriminated against in the labour market, organizations such as the Trade Union Congress,[32] in echoing a social model of disability, have made the claim that disability is 'caused' solely by societal discrimination. Yet in claiming this, the TUC divide the physiology, the impairment, from disability, and force a (conceptual) dis-juncture which is less than helpful to the person with a disability. Again, the missing ingredient is a conception of the body as a (real) changing biological and/or physiological part of the person that might make a difference to the 'capacity to work'.

Hall[31] also cites the example of the national charity RADAR[33] which has claimed that the body is no restraint to employment, or, as Hall[31] notes, 'the body is central to these representations of disability, as great efforts are made to deny its role, it is hidden, not allowed into the debate' (p. 23). However, as Morris[26] has argued, the body can enable or restrain, the pain of a disease is a physical experience with the capacity to debilitate and to reduce a person to a state of complete inability and dependence on carers. Similarly, French[34] rejects the idea that her visual impairment generates disabilities which are wholly socially created. As she comments, the impairment disables her from recognizing people and makes her 'unable to read non-verbal cues or emit them correctly' (p. 17, quoted in ref. 31, p. 8). Others, in part, concur with this, and Hall[31] cites the Employers Forum on Disability, a national organization campaigning for disabled people's rights in the labour market, which emphasizes bodily relationships between different employers who, when working beside each other, perceive the 'other' to be very different. As Hall[31] says, their documentation tends to indicate 'that bodies are the same but different, and that difference in body shape/image is important, but also that such aspects of

the body are not constant – difference is a changing phenomenon' (p. 22).

There is also a pressing need to develop conceptions of what Dear[29] has termed 'the body in context', to consider the structural and contingent conditions of its production and reproduction, to interrelate physiological and sociocultural variables as part of a dialectic. In part this echoes Bordo's[35] critique against conceiving of the body as a purely biological or natural form, while guarding against a purely non-physiological, culturalist, perspective of the body in context. Indeed, a reconstruction of the body in context is dependent on a conceptual preliminary being addressed. This is to sustain the critique against the traditional, ahistoric, foundationalist conceptions of the body as somehow solely being 'derived from nature'. The reductionism inherent in such a formulation is problematical because it sees the body as a neutral, generic, core, or, as Bordo[35] notes, the body is conceived of as a sameness 'as though one model were equally and accurately descriptive of all human bodily experience', irrespective of sex, race, age, or any other sociocultural attribute. As Marx[36] has noted, however, the body is much more than a biological phenomenon, it is socioculturally situated too, and such situatedness is implicated in the explication of bodies in context.

## Conclusions

The different theorizations of disability are, in their own ways, reductionist and unable to do justice to the multidimensionality of disablement. Whether one takes a biomedical perspective, or a materialist position, each, as Bickenbach[24] notes, 'tries to extend and stretch an important intuition about the nature of disablement in order to distil a complex notion down to one of its core components' (p. 178). Thus, whereas the biomedical approach emphasizes the importance of the physical impairment, and the need for a medical response, the social constructivist position situates impairment in a wider context of sociopolitical relations which discriminate, and thereby 'handicap', people with disabilities. In this context policy ought to be about transcending oppressive sociocultural values and related institutional practices. Yet, as Birkenbach[24] powerfully notes, such conceptions are inherently weak because they

> deny the interactional character of disablement. Perhaps this is understandable given the limitations of the metaphor: it strains one's imaging powers to try to locate disablement in a relationship between a medical and functional problem and the social

responses to it, as the concept of disability requires (p. 178).

The idea that disability is somehow akin to a medical condition is still a powerful underpinning of official attitudes and responses to disability, however. In the context of the built environment it tends to reinforce the notion that the body must be 'fixed' to fit the environment, thus emphasizing cure and rehabilitation. Sociocultural prejudices are ignored; disablism does not exist. The converse is reflected in academic subjects such as geography and planning, which are largely underpinned by forms of environmental determinism, or the notion that professionals, e.g. architects and planners, can re-design spaces and places to reduce the problems of access and mobility facing disabled people. Thus, as Golledge[37] (quoted in ref. 21, p. 19) argues:

> if society as a whole wishes to provide some semblance of normal independent life for these populations, significant investments must be made both in terms of modifying the environment and in terms of getting information to disabled people (ref. 37, p. 70).

However, this perspective tends to suggest that if you change the (physical) configuration of the (built) environment you can change the experiences of people with disabilities. Such transformations, in and of themselves, will do little or nothing to eradicate the underlying, disablist, values of society, or the institutional structures within which most disabled people have to lead out their lives. The reverse is more likely because such perspectives de-politicize the very essence of 'being disabled' as either an individual condition or one connected to the policy practices of policy institutions. Wider structural conditions are lost sight of while the body is conceived of (if at all) as ephemeral. Indeed, as Hahn[18] concludes, while rehabilitation, planning, architectural, and other social service programmes, have some role to play in creating the conditions for disabled people to achieve some measure of equal opportunities in society, of much greater significance is the pursuit of civil rights, and of the implementation of disabled people's legal and constitutional rights. However, in the UK at least, we are a long way off from addressing such issues.

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