A brief history...

Since the mid 1970s, disabled people in Britain have challenged their isolation and marginalization, & have developed radical responses to the situation in which they have found themselves. This development, centred on a self-organised movement, is paralleled with experiences around the world. Disabled people are ‘speaking for themselves, demanding civil rights, & refusing to tolerate exclusion and silencing’ (Shakespeare et al 1996: 3).

Critical Disability Studies: the academic movement which parallels activist contexts, seeks to interrogate ablest assumptions about disability and develop its own understanding of disability as a positive contribution to society.

The Medical Model

The Medical Model reduces disabled people to their bodily impairment & ‘defines disability as an individual’s defect lodged in the person, a defect that must be cured or eliminated if the person is to achieve full capacity as human being’ (Siebers 2000: 3). Thus, power is maintained by medical professionals who seek to ‘define, control and treat disabled people’ (Oliver 1996: 24).

Under this rubric, ‘material deprivation and political disenfranchisement continued unabated, whilst institutional discrimination and social stigmatization were exacerbated by segregation’ (Humphrey 2000: 63).

The Social Model

Created through disability rights movements, the Social Model is based on the ideology that people are disabled by society, rather than by their bodies and impairments.

Disability is a social construct, as or Barnes suggests, is the loss of or limitation of opportunities to take part in the ‘normal life’ of the community on an equal level with others due to physical & social barriers (1991) - thus not a medical or biological status.

This reinterpretation radically shifts the attribution of ‘disability’ from the individual (and body) to society, ‘which is reluctant to accept disabled people’ (Morris 1991: 34).

Two-fold definition: Thus disability is a social injustice and a cultural identity.

A new shift?

An alternative model of disability, currently emerging through contemporary debates, argues that the social model has become an outdated ideology which does not attend adequately enough to the subjective and embodied nature of disability (Meekosha 1998; Thomas 1999).

Such debates revolve around an acknowledgement of impairment (as the physiological aspect of disability) and embodiment (see Crow 1996; French 1993; Thomas 1998); thus serving to bring the (disabled) body back into definitions of disablement (Morris 1991).

Positions disability as an embodied, lived, & material, bodily state that is equally socially constructed through structural, cultural & physical barriers within society.

What about disabled women?

Morris states that ‘feminist theory has been broadened, & redefined, by the placing of issues of class & race at the heart of feminism as a philosophy & as explanation’ (1991: 7): it has, however, not extended this to disabled women (see Keith 1990; Thomas 1999; Lonsdale1990; Wendell 1996). Thus much of feminism has excluded the concerns of disabled women from its ‘theory, methodology research and politics’ (Morris 1993: 57).

Queer Theory, too, makes little or no reference to disability & impairment despite having significant overlap with Disability Studies (Sherry 2004). For example both, ‘Problematize the public & the private, the social & the biological, difference, stigma & deviance, & the construction of identities. And both engage with the lives of people who can experience high levels of discrimination, violence and intolerance’ (Sherry 2004: 769).

In its beginnings the Disability Rights Movement was predominantly controlled by disabled men who opted for what Shakespeare describes as ‘macho politics’ (2000: 160) rather than a focus on more ‘domestic issues’, thus further marginalising the needs & rights of disabled women. The movement ‘consciously tapped into the tradition of labour movement organizing, paradigms of trades unionism and socialism, rather than those of consciousness raising and feminism’ (Shakespeare 2000: 159).

A way forward...

Further consideration of disability as a social identity; alongside class, race, sexuality & gender.

The acknowledgement that disability theory can enrich other areas of sociological theory & thus has relevance outside of Critical Disability Studies - & to non-disabled people.

Oakland-Thompson suggests that feminist issues that are intricately entangled with disability, but this is seldom acknowledged (2002).

I propose that disability studies and feminist theory can benefit from each other, we are fighting similar goals: ‘ending discrimination, developing a consciousness among women of how they are disadvantaged, & attempting to reshape and restructure society along feminist lines’ (Lonsdale 1990: 161).

We also need to foster a Feminist Disability Theory which ensures that feminism has a firm place within Critical Disability Studies.

By beginning to understand the experiences of many different types of women, & to consider disabled women alongside others, we can begin to not-only make links between bodies of literature & theory, but between disabled & non-disabled people.