

Reimagining Disability Support, from a Logistical Standpoint

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Outline

- Overview: disability studies and the social model of disability
- The social model and postsecondary disability services
- Aligning student disability services in higher education with disability studies concepts
- Tentative conclusions
- Questions and discussion
- More later: The Social Model—How does that Actually Happen?
Breakout workshop 1.2 with Jhony Nelson (1:30 pm)

Disability Studies

Disability Studies (DS) is an interdisciplinary academic field that explores disability and society using overlapping perspectives from the social sciences, humanities, science, social policy, and the law.

DS scholars discuss several competing models of disability and they study aspects of history and culture that are often overlooked by mainstream scholarship.

A fundamental premise of the DS approach is that the direct experience of individuals with disabilities is primary to understanding disability.

Disability Studies

A few key concepts from DS:

- Models of Disability
- Social Construction
- Disability History & Culture
- Ableism & Ableist Language
- Narrative Prosthesis

Models of Disability

- Older Models of Disability
- The Medical Model of Disability
- The Social Model of Disability

Older Models of Disability

- Religious Models
 - Moral Model (divine punishment)
 - Divine Compensation
 - Divine Manifestation
- Personal/Family Tragedy
- Charity Model (PWD as object of pity)

The Medical Model of Disability

A.k.a. the Biomedical or Rehabilitation Model

- Emphasizes functional limitations (deficits) of individual people with disabilities, in contrast to a presumed non-disabled norm
- Conceptualizes “disablement as a personal medical tragedy” (Campbell 2009)
- Seeks individual solutions: cure, adaptation, or accommodation

The Medical Model of Disability (cont'd)

- Trained clinicians & professionals are the experts on disability
- May inadvertently “contribute to the social exclusion and dependence of disabled people” (Campbell 2009)
- Informs health care professions and social services, has also influenced postsecondary student disability services and its legal & policy basis (Longmore qtd. Ashmore and Kasnitz, 26)

The Social Model of Disability

A.k.a. the Community Model

- Emphasizes the “relational and cultural” aspects of disability (Campbell 2009)
- Views disability as “as socially produced or a neologism wrapping around and over impairment” (Campbell 2009)
- Considers disability as a social construct
- Seeks change at a societal level to allow full participation of people with disabilities

Social Construction

A **social construct** is an idea (such as race, class, gender) agreed upon by the people in a particular society.

“A social constructionist approach distinguishes between disability and impairment in the same way that early feminist writing distinguishes between gender and sex” (Campbell 2009: 227).

→ Disability : Impairment :: Gender : Sex

In this analogy, the first set of terms (disability, gender) are a socially constructed categories and the second set (impairment, sex) are based, at least in part, on biology.

The Social Model of Disability (video)



The Social Model of Disability (cont'd)

- Change must occur at the level of social structures or norms to permit full participation of people with disabilities, hence...
 - ...the organization of society must change (UK), or
 - ...the expectations and attitudes of society must change(US) in order to remedy discrimination based on disability
- People with disabilities are the experts on disability

Disability History & Culture

Topics may include but are not limited to:

- Examining history and texts from a fresh DS perspective
- The modern disability rights movement
- People with disabilities as creators and audience of the arts
- Disability narratives and cultural representations of disability

Ableism & Ableist Language

Ableism is “a set practices and beliefs that assign inferior value” and “limit the potential of persons with disabilities.” (<http://www.stopableism.org>)

According to Cherney (*DSQ* 2011), ableist language—which he calls the rhetoric of ableism—merits special attention for three reasons:

- “[A]bleist culture sustains and perpetuates itself via rhetoric; the ways of interpreting disability and assumptions about bodies that produce ableism are learned.”
- “[S]trategies already adopted by disability rights activists to confront ableism explicitly or implicitly address it as rhetoric.”
- “[A]bleism is that most insidious form of rhetoric that has become reified and so widely accepted as common sense that it denies its own rhetoricity—it ‘goes without saying’. To fully address it we must name its presence, for cultural assumptions accepted uncritically adopt the mantle of ‘simple truth’ and become extremely difficult to rebut.”

Narrative Prosthesis

“The necessity for developing various kinds of cultural accommodations to handle the ‘problem’ of corporeal difference (through charitable organizations, modifications of physical architecture, welfare doles, quarantine, genocide, euthanasia programs, etc.) situates people with disabilities in a profoundly ambivalent relationship to the cultures and stories they inhabit. The perception of a ‘crisis’ or a ‘special situation’ has made disabled people the subject of not only governmental policies and social programs but also a primary object of literary representation.”

“[P]eople with disabilities have been the object of representational treatments, but rather than their function in literary discourse is primarily twofold: disability pervades literary narrative, first, as a stock feature of characterization and, second, as an opportunistic metaphorical device. We term this perpetual discursive dependency upon disability *narrative prosthesis*.” (Mitchell and Snyder, 2013: 222-23)

What does all this mean for us?

Moving toward the social model as a profession and as individual offices of postsecondary student disability services is a long-term goal, but change is already underway.

- For instance, the concepts of Universal Design in Learning (UDL) are consistent with the social model since the emphasis is on accessible systems rather than individual accommodations
- Assistive technology is now in everyone's phones and all over campus

Disability law and policy have been shaped by the medical model, but only set the minimum that must be done; we can aim much higher.

The Social Model and Disability Services

There are many different ways to implement the social model:

- Acknowledge students with disabilities as the experts
- Include students with disabilities in the decision-making process at all levels (nothing about us without us)
- Be transparent in the operations of student disability services
- Identify and replace medical model terminology
- Work to normalize disability at your institution

Aligning OSDS with DS concepts

By the way, what do you mean by Reimagining Disability Support Services—isn't *support services* a good example of ableist language?

- Pay attention to language that may be ableist or insensitive
- Consider power and privilege in office policies and procedures
- Encourage students with disabilities to self-advocate
- Sponsor programming and events related to disability culture
- Connect with academic disability studies on your campus

Tentative Conclusions

By understanding the social model of disability and adopting useful concepts from disability studies, we can transform this profession.

- Read up on DS, then apply what we learn
- Practice explaining these ideas in our own terms to students, faculty and our colleagues
- Be leaders and resources on campus—allies will appear
- Change is already happening—we don't have to wait

Questions and Discussion

Thank you for attending! Please feel free to contact me.

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