I. The social model of disability
   A. makes a distinction between
      1. a physiological condition that limits an individual’s functioning
         (which Shakespeare calls a limitation and the film and Wright
         call a disability—it’s the difference in language usage in the
         U.K. and the U.S.)
      2. and the social context a person lives in that causes (disability in
         Shakespeare, handicap in Wright) those limitations to be more or
         less a source of
         a. disempowerment,
         b. economic disadvantage,
         c. social dependency
         d. internalization of stigma into identify and one’s conception
            of self.
   B. Parallel to the concept of learning disability, the social model recognizes
      that individuals with limitations (Shakespeare’s term)
      1. have capacities and abilities that could allow them to function
         normally and independently
      2. but the structure of institutions and of the physical environment
         imposes expectations that people must perform routine tasks in
         certain ways, so that inability to perform in that way creates
         failure
         a. so in terms of learning disability, a child who cannot
            translate messages from a vertical surface (the blackboard)
            to a horizontal one (her desk) may be unable to carry out
            basic school learning tasks (and we can identify many
            specific, task-related conflicts between institutional
            demands and individual capacities)
         b. similarly physical barriers (stairways) can make a person
            with mobility impairment (being in a wheelchair) unable to
            access basic facilities (our classroom if we did not have an
            elevator)
      3. “Normal” people usually are unaware of the ways that usual
         features of the social, physical, and task environment block
         people with impairments from social access and create stigma
         while they do not much affect the “normal”
         a. there is a tendency for normals to relate to disabled people
            with rejection, fear, and stigma.
         b. there also are socially structured exclusions of disabled
            people from facilities, activities, jobs, and opportunities
            that can be understood as oppression of the handicapped
c. The disability rights movement represented by organizations like ADAPT
   1) recognize that the internalization of stigma into an identity where people position themselves to be dependent and do not explore ways of being independent
   2) define handicaps as a condition of oppression that requires social movement political action that can be aggressive.
   3) argue that for disabled people to identify with the handicapped political movement is an important step in their changing their identities to be more optimistic and “abled”

C. While the social model is important for showing how handicaps are socially constructed, Shakespeare argues that it is an excessively relativistic perspective.
   1. That is, he thinks the social model defines away physiological and medical issues that make limitations/disabilities uncomfortable, dangerous, and personally significant
   2. One problem with the political analysis perspective is that disabilities/limitations are so diverse in nature
      a. that it is hard to see specific economic or institutional conditions that are responsible for making them handicapping
      b. (although this is not so true with learning disabilities that are structured by the institution of schooling)
   3. This leads to the ambiguity, however, of whether we should consider disabilities/limitations “bad”, so that if society could prevent them from happening we should do that.
      a. this is a core issue in genetic screening
      b. where disabled advocates and right to life people would say that genetic variation (even if it leads to limited independence) is part of personal humanity and should not be exterminated.