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Exploring the critiques of the Social Model of Disability: The transformative possibility of Arendt's notion of power.

The social model of disability: introduction and critique

The social model of disability has demonstrated success for disabled people in society, challenging discrimination and marginalisation, linking civil rights and political activism; enabling disabled people to claim their rightful place in society. Its creation has been akin to a New Social Movement whereby disabled people can gather together and challenge their experiences of oppression through political activism (Finklestein 1990, Oliver 1990). Activists argue that it is a powerful tool to produce social and political change (Thomas, 2004, Oliver 2009, Anastasiou and Keller 2011), to discuss the socio-historic oppression of disabled people (Oliver and Barnes 1998, Longmore 2003), and as a driver for emancipatory research (Walmsley 2001, Walmsley and Johnson 2003, Booth and Booth 1996, 1998).

These positive moves forwards have been enshrined in the doctrines of rights and equality; highlighting the importance of removing social barriers to the inclusion and participation of disabled people, simultaneously placing the responsibility for these issues onto society. Within the UK especially, the social model of disability originated through a series of discussions in 1975 between the Disability Alliance and the Union of the Physically Impaired Against Segregation (UPIAS). Their aim was to consider ways in which disabled people could become more active and involved in their affairs (UPIAS and Disability Alliance 1975). UPIAS viewed disability as an artefact of society rather than something inherently within, or a product of the body.

If society did not create dependency then disability would disappear. Focusing on society as the root cause of disability, not impairment; using the terms ‘social and individual models of disability’, has arguably become a double edged sword. It has been used successfully for political activism; simultaneously creating conflict and tensions within disability studies, sociology, and sociology of the body (Shakespeare and Watson 1995, 2010, Thomas 2004, 2007). Critical disability studies seek to move away from the materialist basis of the social model of disability, but so far there has been no consensus on a way forward.

For the UK social model, disability is a social construct, and any differences are defined by whatever label applied. An individual is evaluated and labelled through a process of power which then serves to separate them from mainstream society, education, work, or social interaction, because they deviate from the dominant norm and difference is not valued. What becomes apparent is the rigidity of the definition of disability for the UK social model in particular; focusing exclusively on oppression and linking capitalism as the causative factor. What this linking has failed to recognise is that whilst forms of oppression share similarities they simultaneously exhibit important differences.

The focus of this paper is not to discuss the ways in which a social model of disability may be developed; it is to shed light on the confusion that surrounds it by discussing the historical emergence of what are essentially different forms of the social model. This is followed by an analysis and evaluation of the key criticisms of the various models. The paper then goes on to explore the relevance of different forms of power to the current discourse on disability that has emerged through critical disability

studies, before proceeding to explore in depth what might be gained from the approach of one particular theorist on power; Hannah Arendt.

The different forms of the social model of disability: a brief history

The first thing to note about the social model of disability is that there are pluralities of approaches. Recently, Carol Thomas (1999, 2001, and 2007) has suggested reframing the UK social model of disability as the ‘social relational model of disability’. We will return to the social relational model of disability in the section on Arendt.

The ‘Nordic social relative model of disability’ evolved from the 1960s onwards more along the lines of what might be termed a salutogenic approach which rejects the medical model dichotomy between illness and health (Antonovsky 1979, 1987). In Sweden particularly, the social relative model of disability developed as the result of the welfare state which evolved focusing on the entry of women into the labour market and family policies (Berg 2004). The individual is seen as interacting with their environment and whilst the environment is considered as a factor, functional aspects of impairment and their consequences for the individual are also recognised as being of importance. Disability exists on a continuum shifting between the individual and their environment; focusing on activities and abilities, rather than being the defining characteristic of the individual (Söder 1982). Whilst the UK social model clearly divides impairment and disability, the Nordic social relative model sees impairment and disability as interacting with one another on a continuum, but simultaneously views disabled people as flawed and unable to perform in social roles in the same way as non-disabled people (Berg 2004). The basis of the Nordic social

relative model appears to have been employed by the World Health Organisation (WHO) and used to expand and construct the International Classification of Functioning Disability and Health (ICF, WHO 2001), but a recent critique of the ICF using the UK social model of disability is that it merely uses different terms for disability and handicap and infers that the main cause of disability is impairment (Barnes 2012). One aspect of the ICF is that it includes participation as one of its constructs, and this perhaps requires more clarification as to the ways in which disabled people may be enabled to participate and develop skills concerning their health needs, hopes, and aspirations.

The North American social model of disability is linked to the Disability Rights Movement (DRM), developing in tandem with the Civil Rights Movement from the 1960s onwards against the racial segregation and discrimination of black people (Frum 2000). Civil rights concepts were then applied to the segregation of and discrimination against disabled people. Disability stemmed from 'the failure of a structured social environment to adjust to the needs and aspirations of citizens with disabilities, rather than from the inability of the disabled individual to adapt to the demands of society' (Hahn 1986, p.128), mirroring arguments surrounding the segregation and discrimination of black people. An expansive body of work by rights based theorists followed exploring important social, cultural and political dimensions of disability (see Albrecht 1992, Albrecht et al. 2001, Albrecht and Devlieger 1999, 2000, Amundson 1992, Davis 1995, 2010, Hahn 1985, 1986, 1988a, 1988b, Olkin 2009, Pledger 2003, Rioux 1994, 1997, Rioux and Bach 1994, Roth 1982, 1983, Roth and Sugarman 1984, Wendell 1996, Zola 1982, 1989). This work challenged the medicalised constructions of disabled people and looked more towards the social as a

factor for disability. Discontent with the model's theoretical limitations emerged mainly through the work of activist and historian Paul Longmore, who famously burnt one of his books in 1988, in front of the federal building in Los Angeles, symbolically representing the injustices that the American government had extended towards disabled people and their talents, repeatedly turning their 'dreams to ashes' (Longmore 2003, p. 258), by denying them full access to the opportunities to participate and contribute to their communities and country.

In the 1990s the Disability Rights Movement took on the slogan 'Nothing About Us Without Us' which comes from the Latin *'Nihil de nobis sine nobis'*. This phrase originates from, and was used specifically, in Polish foreign policy in the 1930s to communicate the idea that no policy should be decided by any representative without the full and direct participation of those whom the policy affected (Smogorzewski 1938). What was actually meant by full and direct participation when this policy was written remains unclear and open to interpretation.

The difference between the North American social model of disability and the UK social model of disability is that North America uses a minority group rights based approach, with political action being 'based on the individualization of disability' (Siebers 2002, p. 49), and therefore tends to omit the UK social model materialist focus on oppression. Another argument is that 'by concentrating on human rights, the problems faced by disabled people may be further exacerbated rather than solved' (Meekosha and Soldatic 2011, p. 1385). The vast body of work in North America explores important social, cultural and political dimensions of disability, but does not distinguish between impairment and disability akin to the UK social model. One

further argument concerning North American and UK differences is that they reflect the ‘intellectual/political problems faced in these societies’ (Meekosha 2004, p.722). For example, the UK is more focused on issues of ‘equality in political and material participation’, whilst North America is more focused on issues of ‘psychology, identity, personal affirmation and moral development’ (Meekosha 2004, p.722).

We can clearly see that the development of the different forms of the social model of disability originates from similar time frames, but from diverse historical, intellectual, and political positions, creating contrasting interpretations. A key aspect of all forms of the social model of disability discussed is the issue of disabled people’s participation; whether in their everyday lives, health care, or in policies that may affect everyday lives.

The social model of disability *‘model’*

The UK social model of disability is not really a ‘model’ because it only possesses 2 components; oppression and disability (Altman 2001), and appears to lack definition. One inelegant description of a model is: “A model is a simplified picture of a part of the real world. It has some of the characteristics of the real world but not all of them. It is a set of interrelated guesses about the world. Like all pictures a model is simpler than the phenomena it is supposed to represent or explain” (Lave and Gardner 1993, p. 3). There is obviously a plurality of approaches for the social model of disability, and using Lave and Gardner’s definition of a model, it appears that the Nordic social relative model of disability is the closest to what may be termed a model because it proposes concepts and relationships between the individual and their environment and some mechanism of exchange or interaction.

Criticisms of the social model of disability

The criticisms of the social model of disability may be divided into three different points of observation; embodiment, oppression, and an inadequate theoretical basis (see attached table Appendix 1).

The UK social model of disability portrays illness and impairment as being distinctly separate entities, and in doing so neglects to consider the social relational nature of impairment and illness. For example, some people may have an illness long before they receive a diagnosis which may then constitute impairment, and others may be impaired but receive a diagnosis of illness long afterwards (Charmaz 2010, p. 16).

Impairment may also become disability through the experience of ‘structural oppression; cultural stereotypes, attitudes, bureaucratic hierarchies, market mechanisms, and all that is pertaining to how society is structured and organized’ (Thomas 2010, pp. 42-43). There is currently no mechanism within the social model of disability that accounts for the variety of ways disability may be experienced.

One argument is that the meaning of illness can be defined in terms of its ‘consequences’ or the impact illness has on the everyday life and relationships of an individual, or in terms of ‘significance’ or the cultural connotations and beliefs that surround the diversities of illness and disability (Bury 1991). For example, impairment in the form of chronic illness or pain may curtail activity and participation to the extent that ‘the restriction of the outside world becomes irrelevant’ and impairment will remain without disabling barriers (Crow 1996:9 and 209). Work around chronic illness (Locker 1983, Bury 1988, Scambler 1989, Williams 1993,

Kelly 1991, Carricaburu and Pierret 1995, Edwards and Boxall 2010, amongst others), describes the same issues, namely, when people are physically impaired but simultaneously ill. Furthermore, the work of Beresford (2004) around mental distress argues that the social model of disability has not engaged with the mental health field and issues of deviancy and dissent. These works move away from a focus on the 'sick role', or the diseased body, towards aspects of meaning for the individual whilst representing illness, impairment and disability as the product of 'social relationships over time' (Williams 1998).

Defining impairment and disability may exclude people with cognitive impairment, acquired impairment, and fluctuating impairment; failing to consider that their experiences of externally imposed restrictions may not be similar to those of people with physical impairments. Alternatively, the 'disability paradox' where people are impaired but do not experience disability (Albrecht and Devlieger 1999), is vigorously disputed by Koch (2000) on the grounds that how people cope with change is not considered (private accounts of impairment and disability), nor are normative assumptions about difference. What is important here is who defines disability and for what purposes. Defining is a social practice and carries with it an exercise of power and some people identifying as disabled are not considered by medical, other professions and the public because they fail to 'recognise their disabling conditions [...]'

 (Wendell 1996, p.23-25).

The majority of the criticisms of the social model of disability appear to be centred on a social constructionist interpretation of disablement which argues for the inclusion of embodied experiences in disability accounts. One argument is that the social model

of disability does not engage with embodied experience, and although separating the body from culture has meant political gains it has been at the cost of disabled people's identities (Hughes and Paterson 1997); 'gifting' the body to medical interpretation. Another argument is that it focuses on physical impairment and does not take difference into consideration (Chappell 1998). For example, people with learning difficulties may be excluded from a social model analysis because adjusting the social environment is not always possible, leaving personal and social differences unacknowledged and undifferentiated, rendering the social model of disability essentialist (Corker 2002, Terzi 2004), and limiting understandings of disability (Williams 1999), highlighting differences, and excluding experiences.

The social model of disability appears sufficient as a basic, albeit extremely successful political tool, but its uses need to be expanded in order to create more enabling platforms, and improve its explanatory power (Corker 1999, Finklestein 2001). Indeed, critical disability studies are one area that has developed partly in reaction to the dominant materialist stance (Meekosha and Shuttleworth 2009). What may assist with the further development of critical disability studies is building a conceptual model that will enable an appreciation of difference and embed plurality into a frame of action.

Solidarity and oppression

The politics of disablement in some critiques focus on oppression as the main component of disability. Oppression is a nebulous concept, poorly understood and under theorised, indeed, little is known of how oppression moderates the relationships

between culture, language and socialisation (Shakespeare 1994, Imrie 1997, Hughes 1999).

In this sense, the social model of disability resists transformation and fails to adequately theorise disabled people's experiences of impairment, resting on the praxis of solidarity in the interests of liberation. In solidarity people may gather and challenge oppression, but there is also little room for recognition of the individual body because this undermines the very ethos of solidarity. One contention about analysing oppression is that it then points to essential differences between the lives of disabled and non-disabled people (Abberley 1987, p.7). In its current form, the UK social model of disability presumes all disabled people experience oppression, and ignores lived experiences of impairment. Exploring experiences means that differences between disabled people will emerge, for example differences between people with learning difficulties and physically impaired people, reinforcing the individual (medical) model. More complexity then arises because disability is diverse and there has been a lack of appreciation of the mechanisms producing disability. Risking reifying oppression into one form; the physical. A clearly agreed theoretical approach can facilitate building solidarity and consensus and recognising difference can enable a better appreciation of why consensus may be difficult to achieve.

Oppression and power

Oppression is present in different forms according to different epistemologies of power; Giddens (1976) denoting power as dependency and domination; Parsons (1967) equating power with authority; Foucault (1977, 1980) and the inherently productive quality of disciplinary power; Arendt (1972) and the plurality of power;

and Lukes (1974, 2005) three faces of power which concentrate on the exclusion of others through governmental decision-making, non-decision-making and ideological power.

Only one understanding of the social model exists under the concept of oppression in that attention is directed towards social and political environments giving rise to the politics of disablement (Smith 2010). This permits exploration of social and political processes which construct discrimination by excluding disabled people, but simultaneously ignores their lived or private experiences of impairment.

Thomas (2007) produces a comprehensive account of social oppression using the writings of Young (1990) and Fraser (1985, 1995, 2000). Young's five faces of power are criteria used to determine ways people are oppressed. Construed within a capitalist and essentialist paradigm; concentrating on equating power with domination; proposing the logical and empirical implication of power to and power over. Using analyses of power, we may explore the mechanisms of power, arguing that relations of power and oppression constitute social relations in modern societies. This is not as simple as it may appear because disability is not an absolute dichotomy, and there is a strong relationship between disability, social practices, and impairment.

The sociology of power

From the late twentieth century 'power as a phenomenon has become a matter of theoretical contention'; through the processes of post modernisation and globalisation there have been shifts in contexts, and transitions in thinking (Drake 2010, p.26).

Within the existing sociological analysis of power there are different theoretical perspectives, thematically these may be broadly divided into; Marxism, pluralism, and elitism. We can also argue that sociology as a discipline has been organised to privilege the public realm and there has been an under theorisation of the private in sociological thought which has implications for power.

The various theorists have already been explored in depth in the existing literature; therefore I will address Marxism which underpins the social model of disability, contrast this approach with pluralism, and then focus on the ideas of Hannah Arendt. I suggest that Arendt's conception of power may provide the bridge between impairment and disability. It may also offer disability studies a model of theorising disability that accounts for difference without privileging impairment or disability.

Marxism and the social model of disability

Marxism has been the key underpinning force for the UK social model of disability in particular. This has a tendency to concentrate more on the social and political whilst occluding the private from capitalist production. The consequence for disability studies is that disabled people's experiences remain excluded because the underlying theoretical framework has not been thoroughly addressed. In concentrating on economic relationships and conflicts using Marxism there is a tendency to either overlook other forms of (non-economic) conflict or attempt to explain these conflicts as ultimately having economic roots. Confusion within and around disability studies then remains because Marxism examines social relationships in terms of their conflictual basis; reifying oppression.

In splitting impairment and disability and shifting the focus on impairment towards the social as being oppressive and consequently disabling towards disabled people, the social model of disability politicises disabled people's struggles; raising awareness and challenging the established norms in society. One way of unpicking this could be to use the work of Foucault (1980, 1982, and 1988), although Foucault does not totally conceive of power in coercive terms, he perceives power as providing people with the ability to do things and that it only operates when people have some freedom. This then portrays power in terms of action because people need to have freedom to exercise power. For Foucault, people's private worlds are governed by a public/political world of knowledge and power and the private world reflects the political.

A recent convincing Foucauldian analysis of disability "showing a causal relation between impairment and disability" has been proposed (Tremain 2010 p.11). We can also suggest that social constructions may criticise, challenge, or destroy some area that they dislike in the established social order of things, but in doing so they merely describe relations rather than change them (Hacking 1999, p.7). Therefore we could argue that social constructions do not always liberate because they are dealing with an 'end product'.

Social constructionists do not take into consideration the diversity of disabled people, and as a result can almost reify a medical model approach. For example, some analyses of the body envisage it as an 'object that is produced and regulated by political, normative and discursive regimes and is therefore a location for the

transmission of the regimes and all subject to them' (Shilling 2012, p.242). Bryan Turner (1984, 1995) proposes that embodiment is a process and we become embodied through our interactions with historical, cultural, and societal formations. Turner suggests that bodies change over time, and function differently within fluctuating social spaces; an interactional process that constitutes the 'whole'. Arguing against separating the body and society he proposes societal understanding and appreciation of the embodied individual. Although Turner's work is effective in highlighting how the body is a location for the transmission of power, he remains silent about the lived experience of embodied agency and does not elaborate further, or provide any suggestions as to how understanding and appreciation may proceed. As such it becomes difficult, if not impossible to build on his earlier points leaving the body a powerless object.

Social constructionists challenge the essentialist notions that disabled people can have a singular and unproblematic identity, but this simultaneously challenges accounts of a collective identity based on a set of core features shared by members of a group and no others (Calhoun 1994). This point has already been articulated by disability researchers and critical disability studies in that the social model of disability ignores the importance of culture, cultural processes, and fails to analyse the socio-political contexts in which attitudes and values towards disability are constructed, omitting the importance of agency and social practice (Shakespeare and Watson 1997, Imrie 1997, Corker 1999, Corker 2002, p.24, Thomas 2010, Meekosha and Soldatic 2011). The importance of agency and production is further emphasised by Connell;

‘To understand social embodiment we need to recognise the agency of bodies, not only their materiality as objects, but also their productive power in social relationships [...]’ (Connell 2011, p. 1371).

Using a Marxian or social constructionist approach may also unintentionally construct all disabled people as passive victims of dominant discourses presenting a negative and somewhat powerless conception of disabled people.

Pluralism and disability

In contrast, pluralism claims to explain the nature and distribution of power within Western democracies and there is a general acceptance that the state exercises legitimate rather than coercive power, through a fixed amount of power distributed throughout society. This is in opposition to Parson’s (1960, 1967) functionalist approach where there is a variable-sum of power held by society as a whole.

Pluralists do not accept that members of society share common interests and values towards all issues; they recognise diversity, and disability as an analytic category is routinely omitted from understandings of diversity (Davis 2011). The notion of plurality brings in the notion of diversity and allows for sameness (which is not necessarily coterminous with identity) in difference between disabled people.

Engaging with pluralism emphasises mediation between different groups and the interests of one particular group are not afforded permanent prominence/dominance. Democratic interests and action are foremost and all sections of society and different political opinions may be represented, reflecting the diversity of groups in the human population. Power in this sense is more closely aligned with social relations, and is probably aligned very closely with constitutive power which is the power of members

of society to act; emphasising their agency (Drake 2010, p. 49). This focus on social relations, democratic interests, and diversity would appear to 'fit' more positively with the politics of disabled people.

Arendt, plurality and power

Hannah Arendt argues that there are three realms to social life; 'political, social and private' (Arendt 2003, p. 211). One suggestion is that keeping the social and political distinct and in their place is problematic because it may serve to legitimise material inequality (Bowring 2011). For example, disability, unlike gender or race, is generally not considered to be a relation of social power in which everyone is implicated. Using Arendt's three realms means that we have the potential to engage with an intersectional and politically informed position to analyse disability and impairment. Within sociology, there is a renewed focus on the private as the significance of the public realm increases, and awareness that there is a mutuality of the private and public with one constituting the other by a set of powerful discourses (Bailey 2000). In contrast, the social model of disability appears to focus mainly on the political and touches on the social but pays little or no attention to the private, synonymous with its Marxist underpinnings.

Arendt's notion of political power is distinguished from teleological models that render it synonymous with coercion. Instead, Arendt conceptualises political power through a more democratic means derived partly from the work of Habermas in which a common will is formed in a 'communication directed by reaching agreement' (Habermas 1994, p. 212). Bowring (2011) suggests that Arendt would differ slightly

from Habermas in the suggestion of a 'common will' because she did not envisage collective action as a pursuit of common will, but more in terms of the persuasive power of action through logical reasoning, or autonomy over consensus. Using this position, Arendt would endorse the political movement of the social model of disability because she argues that "[...] Power is never the property of an individual; it belongs to a group and remains in existence only so long as the group keep together" (Arendt 1972, p.143). For Arendt, diversity is important because she suggests that community cannot be divorced from the individual because of the essentiality of community to freedom. For example, an attack on disabled people would be an attack on human diversity. Simultaneously she would also disagree with the silencing of the private realm of disabled people which she would envisage as conflicting with the preservation of plurality and heterogeneity as a condition of their freedom.

For Arendt, disabled people are united because they should occupy the same public world as all of us in which we encounter each other politically as equal citizens. We are all mutually committed to its continuance, but politically can see the world from different aspects. This approach enables polyphonic experiences, feelings, and behaviours to emerge emphasising the coexistence of different relational forms and the multifacetedness of social relations. It has already been argued that there is a 'tremendous conceptual gap between being impaired and being disabled', and using the term disabled immediately adds a political element (Davis 1995, p. 10). This infers that social relations are important for exploring that conceptual gap.

Critical realism has also been proposed as bridging the gap between chronic illness and disability, and a way of avoiding arguments over the social and medical models (Williams 1999, Shakespeare 2006, 2014, Watson 2012). Although there is some argument over its interpretation, critical realists claim that ‘it is the mediatedness of knowledge that is stressed’ (Sellars 1927, p. 238), and focus more on plurality and different relational forms. There are three levels of reality: an empirical level consisting of our experiences; an actual level consisting of events and phenomena; and a real (or deep) level consisting of a multitude of mechanisms and structures that sustain and generate actual events and phenomena (Bhaskar, 1975: 56). We can perhaps suggest a link here with Arendt’s political, private, and social that is worthy of further exploration.

If we return briefly to the social relational model of disability which seeks to make room for impairment within disability studies using the concept of impairment effects (see Thomas 1999, 2001, and 2007), although some may argue that impairment effects actually over complicate an already complicated situation (Shakespeare and Watson 2010). More recently, others have tried to use the concept of impairment effects but struggled to identify where the boundaries of disability and impairment began and ended, and suggest that analysing the public and private dimensions of living with a chronic condition enabled them to better ascertain where the boundaries lay (Owens et al 2014).

For the social relational model, disability is viewed as ‘a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being’ (Thomas, 1999: 60). The model identifies pathways of oppression which operate at

both the structural and psycho-emotional level, and in part emphasises the coexistence of different social relational forms, but keeping oppression as its foundation may limit its use.

One important nuance in Arendt's conception of power is that of plurality. This emphasises diversity in the lives of human beings, generating the potential of a constructed community through speech and action. Difference within the social model of disability could be revised because Arendt's conception of plurality recognises human beings' diversity. This may overcome the conflation of power and identity with disabled people forming 'marginalised or disadvantaged groups'. Marks (1999a, 1999b) is amongst critical disability studies theorists who share a view of disablism using Marxian theory but have also begun to recognise that marginalization is a relational concept, emerging through the interactions between non-disabled and disabled people, and frequently experienced through internalised experiences of oppression and what has been termed 'psycho-emotional disablism' (Reeve 2002, 2004, 2006). Marks (1999b) argues that oppression occurs because disabled people disrupt cultural, political, and social perceptions of the normative body. In contrast, Arendt suggests the 'allowance for difference' is built on the notion of difference being ascribed to various political identities. Her agonistic conception of action would allow a denaturalisation of disabled identities revealing them to be unstable and therefore revisable. This mirrors the fluid social body of Shildrick (2009) who argues against a biological/social division and, instead, recasts the body as a complex site of cultural and corporeal production. Shildrick forces us to think about the disabled body in productive ways which challenges normative thinking. Through reflection, non-normative bodies become denaturalised and revised enabling a narrative of bodily

potential (Overboe 2007). There are echoes of Arendt who focuses on struggle as part of action, but is in opposition to the Marxian focus on materialism because for her the outcome is positive and does not focus on oppression.

Arendt defines plurality both as equality and distinction in that we are all separate individuals, this sameness in difference allows for elaboration of the complexities, contradictions and common aspects of disabled people's experiences, instead of incorporating them into one collective understanding that excludes aspects of each person's experience. Reeve's (2002, 2004, 2006) expanded concept of psycho-emotional disablism has already opened up a discursive space, and partly mirrors this approach because she argues that not all disabled people experience oppression, and calls for pathways of oppression operating at both the public and personal level. This concept is a valuable contribution towards expanding the social model of disability. One additional suggestion may be that if we move the focus away from its materialistic underpinnings and use the political, social and private, then theoretically we have a more productive and communicative position from which to argue. This may solve the issues that disability and sociology theorists experience with embodiment and the social model of disability.

This returns us to the issue that the social model of disability is merely a concept and one suggestion may be that work needs to be done to develop a workable model. For example, we could introduce the realms of the political, social and private. The private realm in particular needs greater emphasis and bringing into the public realm; rather than this having a negative impact on the identity of disabled people because the private would still remain private inasmuch "[...] Private problems do not turn

into public issues by dint of being vented in public; even under public gaze they do not cease to be private [...]” (Bauman 2000, p. 70). What Bauman appears to be saying here is that social policy can only be formed if private problems are made public because if a problem is seen as a private issue, then public responsibilities are forgotten. When they are seen as public problems then action ensues. An example of private problems being made public has promoted the development of accessible spaces and work environments for disabled people through the use of legislation.

Using Arendt’s three realms would allow us to explore the contexts in which disabled people experience rather than automatically assume oppression in all contexts. Work in critical disability studies has already begun in this area but may benefit from the insights of Arendt and enable us to define oppression more distinctly by identifying the relations that lead to this construct. It would also open up a discursive space whereby the private realm could be considered and issues such as health disparities explored without objectifying and disabling people with impairments.

Conclusion

It appears that the confusion surrounding the social model of disability results partly from the presence of different forms. Although these different forms developed at roughly the same historical time, they simultaneously have diverse historical and political positions which contribute to the muddle. Layered on top of this is the issue that the social model of disability is not a model as it stands but the potential is there to develop a workable and useable model. Then the Marxist notion of power presumes and envisages oppression as a class or economic phenomenon, but becomes counterproductive. Critical disability studies have begun to discursively challenge

these older ways of thinking and to some extent have moved the disability debate forwards, but perhaps we are not quite there yet. This paper adds to the discussion in suggesting that there may be merit in drawing on Arendt, illustrating some of the benefits in providing a more nuanced idea of the pluralist body and experience. Using Arendt's conception of power may further provide us with a way to engender more collective action through solidarity and consensus.

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Appendix 1

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Table 1: Criticisms of the Social Model of Disability

Point of observation	Authors date and page number	Examples of Criticisms of the social model of disability	Interpretation of all Criticisms
EMBODIMENT	Hughes and Paterson (1997, p. 330, 326, 329), Edwards (2008, p.26), Thomas (2004, p. 579)	“The social model of disability has not entertained debates that problematise the body [...] presupposes an untenable separation between body and culture” (Hughes and Paterson 1997)	Does not engage with embodied experience and although separating the body from culture has meant political gains it has been at the cost of disabled people’s identities. This ‘gifts’ the body to medical interpretation.
	Chappell (1998, p.213), Dewsbury et al. (1998, p.146), Taylor (2005, p.505), Humphrey (2000, p. 81), Shildrick (2005, p. 767), Vedder (2005, p. 107, 113, 116), Edwards, (2008, p.26)	It focuses on the body as the site of physical impairment and excludes people with learning difficulties from its analysis, thus privileging one form of impaired identity over another, ignoring difference.	Focus is on physical impairment, and does not take difference into consideration; creating a hierarchy of impairment. This also ignores people with chronic illness and/or fluctuating impairments, delegitimizing their status as disabled. Research may reify this position because it ignores impaired experience.
	Williams (1999, p.803), Morris (1991, p.10), Pinder (1995, p. 605), Terzi (2004, p. 155), Corker (2002, p. 23), Young (2001, p. xiii)	“A form of essentialism [...] concerning the body creeps in through the back door [...] which eschews any discussion of impairment or functional limitation [...]” (Williams 1999, p.803) “[...] physical restrictions are entirely socially created [...]” (Morris, 1991, p.10)	Is essentialist because it ignores embodied experience reifying the social; thereby limiting understandings of disability because personal experiences and social barriers remain undifferentiated.

	<p>Morris (1998, p. 13), Swain and French (2000, p.571), Clear and Gleeson (2001, p. 41-42), Shakespeare and Watson (1997, p. 298, 299), Crow (1992, p.7)</p>	<p>“If we clearly separate out disability and impairment, then we can campaign against the disabling barriers and attitudes [...]. However, in focussing on the external barriers we have tended to push to one side the experience of our bodies [...].” (Morris 1998, p.13)</p>	<p>Engaging with the politics of disablement favours a materialist/Marxist worldview which means ignoring disabled people’s embodied experiences.</p>
<p>OPPRESSION</p>	<p>Shakespeare (1994, p. 296)</p>	<p>“[...] The Social Model needs to be reconceptualised: people with impairment are disabled, not just by material discrimination, but also by prejudice. This prejudice is not just interpersonal; it is also implicit in cultural representation, in language and in socialization [...].”</p>	<p>Oppression is present in society but it takes different forms both explicit and implicit, but when and how these forms materialise is unclear. Oppression may also be transmitted by culture, but little is known of how oppression moderates the relationships between culture, language and socialisation.</p>
	<p>Imrie (1997, p. 267)</p>	<p>“[...] 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 [...].”</p>	<p>Oppression is a somewhat nebulous concept because it is not understood how attitudes become translated into actions, and if indeed this actually occurs.</p>
	<p>Hughes (1999, p.160), Abberley (1987, p.7)</p>	<p>“[...] The model is dualistic [...] the role of impairment in the constitution of oppression is limited by the very focus which makes it such a powerful tool [...].”Hughes (1999)</p>	<p>Oppression is poorly understood and therefore any further development of the social model is limited by the lack of conceptualisation.</p>
	<p>Shakespeare and Watson (2001, p. 10, 14)</p>	<p>“Its strength has become a problem [...] People are disabled by both social barriers and their bodies [...] the British social model approach, because it ‘over-eggs the pudding’ risks discrediting the entire dish”</p>	<p>In concentrating entirely on oppression the social model of disability has become a straw man and is at risk of doing a disservice to disabled people.</p>

	Corker (2002, p. 24), Shakespeare and Watson (1997, p.304), Meekosha and Soldatic (2011)	It focuses on structure and the built environment at the expense of ‘agency’ and ‘social practice’ and fails to recognise “the way in which structure and agency are intrinsically knit together”	Disability is not an absolute dichotomy and there is a strong relationship between disability, social practices, and impairment.
	Shakespeare (2010, p.270)	“It assumes what it needs to prove: that disabled people are oppressed”	Displays a priori thinking concerning oppression, applying it to all disabled people in defining disability as oppression.
	Williams (1999, p.812)	“[...] endorsement of disability solely as social oppression is really only an option, and an erroneous one at that, for those spared the ravages of chronic illness [...]”	Using oppression in one form ; the social, is a mistake because it reifies disability as the physical
INADEQUATE THEORETICAL BASIS	Corker (1999, p. 629), Longmore (2003)	“[...] instead of ‘trying to stretch the social model further than it intended to go’ with totalising claims about its explanatory power, we should view it as one strand [...] and consider that there may well be other strands, some of which have not yet been fully developed” (Corker 1999)	The social model of disability needs to be further developed in order to fully explain disabled people’s experiences.
	Finklestein (2001, p.10)	“The social model does not explain what disability is. For an explanation we would need a social theory of disability.”	The components of disability need to be further conceptualised in order to improve the explanatory power of the social model.

