**The Social Model of Disability**

In the 1980s disabled people developed the social model of disability.

The old model, the medical model, believes disabled people are defined by their impairments, and need to be treated, fixed or cured to function correctly so we fit within the structures and ‘norms’ constructed within capitalist society

The social model says its society’s laws, attitudes and barriers which disable people, and those are what need to be fixed for society to function correctly. There is nothing “wrong” with us – it is society that needs to change.

The social model does not deny impairment in that it does not discount the pain or distress that disabled people experience. It is not a perfect theory of disability but was never intended to be: the social model is a tool for social reform that enables a group of people to collectivise around a shared experience (the shared experience being not our impairments but the discrimination and oppression that we face as people living with impairments disabled by society) and fight.

Disabled people don’t want pity. We want to organise.

**Social Model language**

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| **Do’s** | **Don’t’s** |
| disabled people | the disabled  people with disabilities  handicapped  cripples  spastics |
| people with impairments | people suffering with disabilities  people afflicted with… |
| non-disabled people | able-bodied people |
| Disabilism | Able-ism (NB this term does get used but does not fit within a social model analysis because it focuses on the ‘privilege’ of non-disabled people rather than the oppression experience by disabled people |
| people with learning difficulties (this is the term preferred by people with LD themselves although learning disabilities is also sometimes used) | the learning disabled  subnormal  backwards  mentally deficient |
| neuro-diverse  people with autism/Asperger’s/ADHD | autistics |
| wheelchair users | wheelchair bound |
| people with mental health support needs | the mentally disabled |
| blind people  people with visual impairments  people with sight loss |  |
| deaf people (NB Deaf people with a capital ‘D’ is the preferred term for people who use British Sign Language. They identify as a linguistic minority according to the cultural model of Deafness rather than as disabled people. This analysis is in conflict with the social model of disability. However due to the limited availability of communication support it’s really, really difficult to actually have the political debate!!)  people with hearing loss  people who are hard of hearing (this denotes people with some hearing loss but who are not completely deaf) |  |
| people with hidden/invisible impairments | people who look like there’s nothing wrong with them |
| fluctuating conditions |  |
| support workers/Personal Assistants | carers |
|  | inspiring  brave  heroic  rewarding |
|  | vulnerable  tragic  pity |

**Offensive language**

Terms that denote impairment or disability are still commonly used as terms of abuse, for example words that are associated with people with learning difficulties. Many of these terms derive from the social control and institutional abuse of disabled in the past and therefore have distressing connotations, for example the words ‘idiot’ and ‘moron’ derive from the classification of mental deficiency which was devised in the late nineteenth century and is connected with the rise of eugenics and social control where disabled people were forcibly and routinely institutionalised, sterilised, incarcerated away from their families and communities and exposed to daily physical, sexual and emotional abuse.

Terms referring to mental health are also commonly used in a derogatory way, for example “nutter” or “loon”. It is particularly striking how often politicians use mental health related invective to criticise their opponents.

**Disabled people’s campaigning slogans**

Concepts key to the disabled people’s rights movement can be summarised by a look at the traditional slogans used since the 1980s:

**Piss on Pity** – being disabled is not a tragedy. Disabled people do face barriers but those are the result of oppression and the barriers society creates. Feeling sorry for disabled people implies there is something wrong with us – we are not inherently ‘vulnerable’ although society can make us vulnerable by not meeting our needs.

**Rights not Charity** – giving charity involves a power imbalance between the giver and the receiver. In order to achieve equality we need rights not pity. The national charities gain financially from central/local funding to provide services to disabled people, usually on the most patronising, exploitative, disempowering terms and fundraise by playing on pity images of disability, thus perpetuating the idea of disability as tragedy. A large percentage of their funds go on paying enormous CEO salaries and they run like corporations, in partnership with the private sector while purporting to speak on behalf of disabled people and legitimising neoliberal government policies.

**Professionals on Tap Not on Top** – professional careers rest on the medicalisation of disability. Disabled people may need and want treatment when living with an impairment but it should be up to us to access treatment when and how we choose rather than it being forced on us either directly or indirectly through prevailing attitudes that people with impairments are less good than others and need to be normalised.

**Nothing About Us Without Us** – traditionally disabled people have been marginalised and segregated from society and their lives dictated by others from the simplest of everyday decisions such as what to eat and what time to go to bed up to major policy decisions impacting on thousands of people. A common experience for disabled people with visible impairments is to be spoken about rather than to (the **“does he have sugar?”** experience). Self-determination and choice and control over their everyday lives are major rights that disabled people still fight for. Denial of those rights is partly down to attitudes and a lack of understanding but for some disabled people with certain impairments it is also about communication support not being provided. The disabled community is therefore extremely sensitive to anything that smacks of people doing things for and about them but without properly involving them.

**Aktion T4**

Aktion T4 was the name used after World War II for Nazi Germany’s non-voluntary euthanasia programme called "Gnadentod", which translates to 'mercy death', under which physicians killed thousands of people who were "judged incurably sick, by critical medical examination". The programme officially ran from September 1939 to August 1941 during which 70,273 people were killed at various extermination centres located at psychiatric hospitals in Germany and Austria. After the official termination of the programme physicians in German and Austrian facilities continued many of the practices that had been instituted under the program right up until the defeat of Germany in 1945. This 'unofficial' continuation of the Aktion T4 policies led to more than 200,000 additional deaths. In addition, technology that was developed under Aktion T4, particularly the use of lethal gas to effect large scale murder, was transferred to the medical division of the Reich Interior Ministry, along with transfers of personnel who had participated in the development of the technology (for example Karl Brandt). This technology, the personnel and the techniques developed to deceive victims were used in the implementation of industrial killings in the extermination camps. The name T4 was an abbreviation of *Tiergartenstrasse 4*, the address of a villa in the Berlin borough of Tiergarten, which was the headquarters of the body that led the programme.