

The Social Construction of Disability

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I see disability as socially constructed in ways ranging from social conditions that straightforwardly create illnesses, injuries, and poor physical functioning, to subtle cultural factors that determine standards of normality and exclude those who do not meet them from full participation in their societies. I could not possibly discuss all the factors that enter into the social construction of disability here, and I feel sure that I am not aware of them all, but I will try to explain and illustrate the social construction of disability by discussing what I hope is a representative sample from a range of factors.

SOCIAL FACTORS THAT CONSTRUCT DISABILITY

First, it is easy to recognize that social conditions affect people's bodies by creating or failing to prevent sickness and injury. Although, since disability is relative to a person's physical, social, and cultural environment, none of the resulting physical conditions is necessarily disabling, many do in fact cause disability given the demands and lack of support in the environments of the people affected. In this direct sense of damaging people's bodies in ways that are disabling in their environments, much disability is created by the violence of invasions, wars, civil wars, and terrorism, which cause disabilities not only through direct injuries to combatants and noncombatants, but also through the spread of disease and the deprivations of basic needs that result from the chaos they create. In addition, although we more often hear about them when they cause death, violent crimes such as shootings, knifings, beatings, and rape all cause disabilities, so that a society's success or failure in protecting its citizens from injurious crimes has a significant effect on its rates of disability.

The availability and distribution of basic resources such as water, food, clothing, and shelter have major effects on disability, since much disabling physical damage results directly from malnutrition and indirectly from diseases that attack and do more lasting harm to the malnourished and those weakened by exposure. Disabling diseases are also contracted from contaminated water when clean water is not available. Here too, we usually learn more about the deaths caused by lack of basic resources than the (often life-long) disabilities of survivors.

Many other social factors can damage people's bodies in ways that are disabling in their environments, including (to mention just a few) tolerance of high-risk working conditions, abuse and neglect of children, low public safety standards, the degradation of the environment by contamination of air, water, and food, and the overwork, stress, and daily grinding deprivations of poverty. The social factors that can damage people's bodies almost always affect some groups in a society more than others because of racism, sexism, heterosexism, ageism, and advantages of class background, wealth, and education.

Medical care and practices, traditional and Western-scientific, play an important role in both preventing and creating disabling physical damage. . . . Lack of good prenatal care and dangerous or inadequate obstetrical practices cause disabilities in babies and in the women giving birth to them. Inoculations against diseases such as polio and measles prevent quite a lot of disability. Inadequate medical care of those who are already ill or injured results in unnecessary disablement. On the other hand, the rate of disability in a society increases with improved medical capacity to save the lives of people who are dangerously ill or injured in the absence of the capacity to prevent or cure all the physical damage they have incurred. Moreover, public health and sanitation measures that increase the average lifespan also increase the number of old people with disabilities in a society, since more people live long enough to become disabled.

The pace of life is a factor in the social construction of disability that particularly interests me, because it is usually taken for granted by non-disabled people, while many people with disabilities are acutely aware of how it marginalizes or threatens to marginalize us. I suspect that increases in the pace of life are important social causes of damage to people's bodies through rates of accident, drug and alcohol abuse, and illnesses that result from people's neglecting their needs for rest and good nutrition. But the pace of life also affects disability as a second form of social construction, the social construction of disability through expectations of performance.

When the pace of life in a society increases, there is a tendency for more people to become disabled, not only because of physically damaging consequences of efforts to go faster, but also because fewer people can meet expectations of "normal" performance; the physical (and mental) limitations of those who cannot meet the new pace become conspicuous and disabling, even though the same limitations were inconspicuous and irrelevant to full participation in the slower-paced society. Increases in the pace of life can be counterbalanced for some people by improvements in accessibility, such as better transportation and easier communication, but for those who must move or think slowly, and for those whose energy is severely limited, expectations of pace can make work, recreational, community, and social activities inaccessible.

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Pace is a major aspect of expectations of performance; non-disabled people often take pace so much for granted that they feel and express impatience with the slower pace at which some people with disabilities need to operate, and accommodations of pace are often crucial to making an activity accessible to people with a wide range of physical and mental abilities. . . .

Much of the public world is also structured as though everyone were physically strong, as though all bodies were shaped the same, as though everyone could walk, hear, and see

well, as though everyone could work and play at a pace that is not compatible with any kind of illness or pain, as though no one were ever dizzy or incontinent or simply needed to sit or lie down. (For instance, where could you rest for a few minutes in a supermarket if you needed to?) Not only the architecture, but the entire physical and social organization of life tends to assume that we are either strong and healthy and able to do what the average young, non-disabled man can do or that we are completely unable to participate in public life.

A great deal of disability is caused by this physical structure and social organization of society. For instance, poor architectural planning creates physical obstacles for people who use wheelchairs, but also for people who can walk but cannot walk far or cannot climb stairs, for people who cannot open doors, and for people who can do all of these things but only at the cost of pain or an expenditure of energy they can ill afford. Some of the same architectural flaws cause problems for pregnant women, parents with strollers, and young children. This is no coincidence. Much architecture has been planned with a young adult, non-disabled male paradigm of humanity in mind. In addition, aspects of social organization that take for granted the social expectations of performance and productivity, such as inadequate public transportation (which I believe assumes that no one who is needed in the public world needs public transportation), communications systems that are inaccessible to people with visual or hearing impairments, and inflexible work arrangements that exclude part-time work or rest periods, create much disability.

When public and private worlds are split, women (and children) have often been relegated to the private, and so have the disabled, the sick, and the old. The public world is the world of strength, the positive (valued) body, performance and production, the non-disabled, and young adults. Weakness, illness, rest and recovery, pain, death, and the negative (devalued) body are private, generally hidden, and often neglected. Coming into the public world with illness, pain, or a devalued body, people encounter resistance to mixing the two worlds; the split is vividly revealed. Much of the experience of disability and illness goes underground, because there is no socially acceptable way of expressing it and having the physical and psychological experience acknowledged. Yet acknowledgement of this experience is exactly what is required for creating accessibility in the public world. The more a society regards disability as a private matter, and people with disabilities as belonging in the private sphere, the more disability it creates by failing to make the public sphere accessible to a wide range of people.

Disability is also socially constructed by the failure to give people the amount and kind of help they need to participate fully in all major aspects of life in the society, including making a significant contribution in the form of work. Two things are important to remember about the help that people with disabilities may need. One is that most industrialized societies give non-disabled people (in different degrees and kinds, depending on class, race, gender, and other factors) a lot of help in the form of education, training, social support, public communication and transportation facilities, public recreation, and other services. The help that non-disabled people receive tends to be taken for granted and not considered help but entitlement, because it is offered to citizens who fit the social paradigms, who by definition are not considered dependent on social help. It is only when people need a different kind or amount of help than that given to "paradigm" citizens that it is considered help at all, and they are considered socially dependent. Second, much, though not all, of the help that people with disabilities need is required because their bodies were damaged by social conditions, or because they cannot meet social expectations of performance, or because the narrowly-conceived physical structure and social organization of society have placed them at a disadvantage; in other words, it is needed to overcome problems that were created socially.

Thus disability is socially constructed through the failure or unwillingness to create ability among people who do not fit the physical and mental profile of "paradigm" citizens. Failures of social support for people with disabilities result in inadequate rehabilitation, unemployment, poverty, inadequate personal and medical care, poor communication services, inadequate training and education, poor protection from physical, sexual, and emotional abuse, minimal opportunities for social learning and interaction, and many other disabling situations that hurt people with disabilities and exclude them from participation in major aspects of life in their societies.

For example, Jongbloed and Crichton point out that, in Canada and the United States, the belief that social assistance benefits should be less than can be earned in the work force, in order to provide an incentive for people to find and keep employment, has contributed to poverty among people with disabilities. Although it was recognized in the 1950s that they should receive disability pensions, these were set, as were other forms of direct economic help, at socially minimal levels. Thus, even though unemployed people with disabilities have been viewed by both governments as surplus labour since at least the 1970s (because of persistently high general rates of unemployment), and efforts to increase their employment opportunities have been minimal, they are kept at poverty level incomes based on the "incentive" principle. Poverty is the single most disabling social circumstance for people with disabilities, since it means that they can barely afford the things that are necessities for non-disabled people, much less the personal care, medicines, and technological aids they may need to live decent lives outside institutions, or the training or education or transportation or clothing that might enable them to work or to participate more fully in public life.

Failure or unwillingness to provide help often takes the form of irrational rules governing insurance benefits and social assistance, long bureaucratic delays, and a pervasive attitude among those administering programs for people with disabilities that their "clients" are trying to get more than they deserve. . . .

I do not want to claim or imply that social factors alone cause all disability. I do want to claim that the social response to and treatment of biological difference constructs disability from biological reality, determining both the nature and the severity of disability. I recognize that many disabled people's relationships to their bodies involve elements of struggle that perhaps cannot be eliminated, perhaps not even mitigated, by social arrangements. But many of the struggles of people with disabilities, and much of what is disabling, are the consequences of having those physical conditions under social arrangements that could, but do not, either compensate for their physical conditions, or accommodate them so that they can participate fully, or support their struggles and integrate those struggles into the cultural concept of life as it is ordinarily lived.

CULTURAL CONSTRUCTION OF DISABILITY

Culture makes major contributions to disability. These contributions include not only the omission of experiences of disability from cultural representations of life in a society, but also the cultural stereotyping of people with disabilities, the selective stigmatization of physical and mental limitations and other differences (selective because not all limitations and differences are stigmatized, and different limitations and differences are stigmatized in different societies), the numerous cultural meanings attached to various kinds of disability and illness, and the exclusion of people with disabilities from the cultural meanings of activities they cannot perform or are expected not to perform.

The lack of realistic cultural representations of experiences of disability not only contributes to the "Otherness" of people with disabilities by encouraging the assumption that their lives are inconceivable to non-disabled people but also increases non-disabled people's fear of disability by suppressing knowledge of how people live with disabilities. Stereotypes of disabled people as dependent, morally depraved, superhumanly heroic, asexual, and/or pitiful are still the most common cultural portrayals of people with disabilities. Stereotypes repeatedly get in the way of full participation in work and social life. For example, Francine Arsenault, whose leg was damaged by childhood polio and later by gangrene, describes the following incident at her wedding:

When I got married, one of my best friends came to the wedding with her parents. I had known her parents all the time I was growing up; we visited in each other's homes and I thought that they knew my situation quite well.

But as the father went down the reception line and shook hands with my husband, he said, "You know, I used to think that Francine was intelligent, but to put herself on you as a burden like this shows that I was wrong all along."

Here the stereotype of a woman with a disability as a helpless, dependent burden blots out, in the friend's father's consciousness, both the reality that Francine simply has one damaged leg and the probability that her new husband wants her for her other qualities. Moreover, the man seems to take for granted that the new husband sees Francine in the same stereotyped way (or else he risks incomprehension or rejection), perhaps because he counts on the cultural assumptions about people with disabilities. I think both the stigma of physical "imperfection" (and possibly the additional stigma of having been damaged by disease) and the cultural meanings attached to the disability contribute to the power of the stereotype in situations like this. Physical "imperfection" is more likely to be thought to "spoil" a woman than a man by rendering her unattractive in a culture where her physical appearance is a large component of a woman's value; having a damaged leg probably evokes the metaphorical meanings of being "crippled," which include helplessness, dependency, and pitifulness. Stigma, stereotypes, and cultural meanings are all related and interactive in the cultural construction of disability. . . .