

**Disability Studies: An Introduction**  
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**Lecture: 3**

**Social Model of Disability: Part 1**

Hello all and welcome back. We last time had a chance to analyse and discuss the medical model of disability and the power of medicine in determining one's health, capacity, disability and well-being. But today we are going to do something very opposite. This lecture will be in two parts and I call it 'social model of disability'. Well, that is not my coinage; social model is a quite prevalent worldview, originally coming from Britain. What is it? Let me give a few examples and that will help you to get what it exactly is.

I give this example to my students in the class and let me repeat that for you all. I went to a microwave shop when sometime I was in UK. So, I wanted to buy microwave and the young lady who should be around the microwaves said, "*Sir, the microwave on the left side is inaccessible, on the other hand the right one are.*" Do you know what she was trying to say? She was trying to say that the microwaves on the left side or the ones that she told are inaccessible are made up of feather touch. A blind person can definitely not use a feather touch microwave, maybe with some adaptation but not easily. But microwave on the right have a dial with them. One can just rotate and adjust degrees, intensity and so on. Look at the word 'accessibility'. She used the word 'accessible'. By an act of saying that something is accessible and something is not, she lifted the burden of usage, i.e. the burden of competence from me to the company that made the microwave. This is in a nutshell 'social model approach'. For example, we have steep staircases that elderly people cannot climb. I have my classes normally on the second floor and because I work for a government institution there is a lift. There are lifts everywhere nowadays. The lifts need not be just usable by people with a disability, but also elderly people, young children, people carrying a heavy suitcase and so on. They can happily get to the second floor and attend my lecture. I'll be very pleased if people come that way. So what are we saying? Disability is pretty much an incapacity to see, an incapacity to move, an incapacity to regain a lot of things, and incapacity to speak. All that exist can exist but if things are not made accessible,

i.e. if social organizations, such as architecture, classroom style of teaching, traffic arrangements, buildings, policies and all the rest are not taken into account, you create disabilities for people with varying capacities and limitations. Let me put it even more clearly, impairment is what one has — incapacity to see and the rest. But disability is what is imposed on it by inaccessible or unaccommodative social arrangements. For example, I have a Braille sheet in front of me where I can check notes and give you a talk. If Braille sheet doesn't exist, then I will be hard pressed to memorise everything. It is an artificial barrier.

There used to be one more favourite example which I share with my students. Imagine yourself in a 100 meter running competition. What if one of you comes from a privileged background and is put on the 50th meter already before the bell goes. And somebody else is on the zero or the beginning. Somebody else is at zero but without shoes. There is yet somebody else at meter zero or meter 10 without food in the tummy. He did not eat at all for last two days. There is somebody else also who is out of the field altogether at -20 meters, even receding. In an unequal society like ours this can potentially happen. If barriers like this exist then when somebody says ready steady go, you can definitely predict the guy or the person at the 50th meter will almost reach the point. The person who is with hunger, she may have almost lost. So what is the crux of social model? Social model which emanates from Britain says that impairments are naturally occurring phenomenon, like an incapacity to walk and the rest. But it is a badly organised social structure that imposes disability on people. So that's what it is.

Now, what is the big deal about it? Well, first of all it is a great contrast to the medical model that I have been talking about in the previous lecture. The medical model or the so-called medical model assumes that one's impairment and its definition is final. It can potentially say that once you are born blind and the rest, nothing can happen — it can be a final definition and a final worldview from which it is very hard to escape. So in some sense social model argument can give a sense of pride, can be the moment of liberation, can, if you like, shift the onus of disability from the person concerned to administration, policy structures, learning environments and the rest. So that is a remarkable achievement of the social model. If you have got some training in feminist thought, it may already ring a bell. Feminists (especially the first and second generation feminists) make a distinction between sex and gender. Well, one is either a man or woman, or a boy or a girl and so on. When born as a boy or girl, sexual differences are anatomical, as they would say. It is a biological fact of human existence. One can even include

transgender in the scheme of things. But gender, they argue, is a socially sanctified, created and cultivated idea. Constant circulation of patriarchal views make 'sexed identities' (like a boy and a girl), 'gendered identities'. For example, if you say the word 'girl', one may associate that with shyness and incapacity to pursue technology studies or inability to play cricket. She may be asked to be confined to domestic space, committed to caring, hospitality, and on and on and on. This is a gendered view. There is no natural connection between being a girl and all these attributes. But one makes these connections because of the peculiar cultural circumstances that do the rounds in the social memory. Feminists would call that patriarchal attribution. Now, it is natural to see some parallels happening here. Why? Say, one can be potentially born without the hand or cannot use a capacity to use a hand because of an accident. But once that happens and then if one is not given a chance to be productive and engage in a culturally productive life because there is no sense of accommodation in our learning environments, family, society and so on, we create disability similar to sex and gender binary. This is a very useful way to see how things exactly work in the social model idea.

Having said that, I would like to bring your attention to the ideological aspect of the social model. By and large, one can say, social model argument resonates well with Marxist approach. What is a Marxist approach? Marxist approach assumes that due to aggressive capital and market environment, human labour becomes alienated. You need to throw away, in some sense, or scuttle or even reengineer capitalism in such a way that there is some potential for labour freedom. Take examples from our life. When you open your eyes, open your ears, look around, listen around and immerse yourselves as you look around (instead of chatting or ticking away on your mobile) on the road as you pass by, you will see child labour. You will see a man in the corner of a Xerox shop turning pages after pages, churning 1000 pages a day. You will see an automobile repairman fixing just the wheel from the day in and the day out. They all will be working with no connection whatsoever with the job that they are doing. It can induce a sense of alienation. Suppose, I don't connect to what I'm teaching then I will hate all this, even the studio which looks very good. I need to be not alienated from the stuff that I'm doing. So, Classical Marxism, which talks about alienation, also talks about the removal of barriers to human flourishing. For example, it pleads for a share in the capital for labour. It pleads for humanity's equality. It pleads for an end to inequality artificially created by industrialisation and rapid growth of capitalism.

Now, why do I say that social model of disability has a Marxist orientation? This you may be wondering by now. Let me talk about Western countries for a moment and then come to our situation later on. For example, streets in London have a traffic light. Britain's National Health Service (NHS) has a free universal health policy, that means if you are a resident in Britain for a time of six months and more, you are eligible for free treatment. Universities in those places make accessible books, magazines and journal articles for the students. For example, they may make available e-books. If a book is in print, I cannot see and read it. So that means I have to convert it to an accessible format by scanning the book with a device, making it available in Braille or recording it all in an audio tape or a CD and so on. Similarly people with other disabilities, maybe learning disabilities, they would require special apps and software to highlight a particular text so that it can aid memory and concentration and so on. Similarly people who reach old age, have a pension and have free education for children. When these things exist impairments may not matter much or at least to the extent that it can lead to human flourishing.

Now, I don't want to give an impression that I am kind of singing praise of Western world while sitting in India. Not at all! For that reason, let me quickly come back to our part of the world. In our part of the world, money is tight. There are competing commitments. It is not normally easy to always allocate resources and so on. And still social model argument happens in pockets. For example, nowadays access to school is a right. As a consequence many states in India have implemented mid-day meal scheme so that children don't come to class with a hungry stomach. Even if they don't learn anything one day, they atleast have food to sustain for life so that they grow and even take up learning as they progress from one stage to another. In fact, this NPTEL platform itself is an example of the social model argument where you enable learning beyond Ivy towers — special pockets of education such as the IITs and so on. Needless to say, social model has a limitation and it cannot always be implemented because it needs a lot of resources. Also, one cannot always talk about human rights and human rights are not the only solution to solving problems. I hope this part one of an introduction to social model of disability gives you the idea of looking at an approach to disability. It is not only a policy approach, it is also of potential framework in disability studies as a discipline; thanks to social model you can see how oppressive structures work across the world in making and circulating disabilities. For

example, the framework of patriarchy has come very handy for a feminist scholarship to understand social oppression connected to gender and social model can potentially act that way.

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