### 2AC Disability K – Norms Good

#### Deliberative norms increase complexity of thinking which decreases dogma and increases self-reflexivity.

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Deliberative Conversational Norms and Complexity of Thinking

Deliberative democracy is supposed to be, at its core, inclusive, consequential and authentic (Dryzek 2009). While inclusiveness and consequentiality rely on design features and are critical in systemic approaches to deliberation, the authentic requirement refers to what takes place inside the ‘black box’ of deliberative conversations (Gerber et al. 2016). It denotes the quality of deliberative exchanges and is contingent on citizens’ actual adherence to, and internalisation of, deliberative norms in political exchanges (Rosenberg 2014).

Even though the specifics of the nature of deliberative conversations are still the subject of debate (Bächtiger et al. 2010), there is general agreement on the significance of reasoning and listening dimensions in deliberation (Black et al. 2010; Mansbridge et al. 2012; Morrell 2010; Steiner et al. 2004).

The reasoning dimension specifies how deliberative citizens should engage with the topic of discussion. Deliberative citizens are expected to state their claims and be ready to explain and justify them when asked to by other participants. But deliberation involves not only claim-stating but also encountering novel information and facts about the topic of debate, including fellow citizens’ standpoints and beliefs. Citizens are expected to carefully weigh and consider new information, even information and claims that contradict the own opinions. Through this process citizens improve their understanding of the issue and get new insights into competing opinions and perspectives. As a result, citizens’ preferences become updated and well informed, and citizens acquire a greater understanding of the complexity surrounding political issues, which in turn opens up for balanced and nuanced reasoning on the topic of debate (cf. Black et al. 2010; Steenbergen et al. 2003).

The listening dimension involves norms of interpersonal conduct. Citizens and politicians alike are supposed to engage in deliberative exchanges in a respectful manner characterised by listening, perspective taking and empathy (Goodin 2003; Morrell 2010). Deliberative listening goes beyond simply hearing the other (for instance, by being silent when others speak), as it demands a particular open-minded, responsive stance in discussions (Dobson 2012). Through listening, citizens develop a deeper understanding of others and learn to empathise with their experiences and situations, which stimulates them to recognise the complexity and multidimensionality of political and social issues (cf. Bohman 1996; Dryzek 2016).

Some scholars have already recognised the conceptual correspondence between deliberative conversational norms (involving reasoning and listening dimensions) and complexity of thinking in the way both theories ’attempt to capture the epistemic weight and quality of human thought and communication’ (Wyss et al. 2015: 641; see also Brundidge et al. 2014). When deliberative citizens constructively deal with the uncertain, tentative and contingent nature of political communication, without reverting to dogmatic, closed-minded and prejudicial thinking (reasoning), while continuously listening and being responsive to others (listening), they demonstrate complexity of thinking (Wyss et al. 2015). Thus, complexity of thinking is here claimed to be an underlying component in both reasoning and listening performances in deliberation.

The conceptual correspondence between the deliberative norms and complexity of thinking is relevant to deliberative scholars as the construct of complexity can be used to inform how to conceptualise and operationalise deliberative norms in a way that makes it empirically observable and measurable on an individual level of analysis.

Below, I present a more detailed description of the method of integrative complexity, which is a validated measurement of individuals’ complexity of thinking. This is followed by a discussion that seeks to establish why the IC approach is particularly promising when it comes to conceptualising and measuring deliberative quality.

Integrative Complexity Scale

Overall, the psychological construct of complexity of thinking draws on a cognitive theory of individuals’ (verbalised) information processing, reasoning skills and decision-making. Broadly defined, complexity of thinking is a cognitive style associated with ‘flexibility, high levels of information search, and tolerance of ambiguity, uncertainty, and lack of closure’ (Suedfeld 2010: 1670). There are various theories and instruments available to assess complexity of thinking, and the one preferred in this context is the theory of integrative complexity (IC).

IC assesses the constitution of individuals’ thought processes and belief systems, especially when dealing with information containing inconsistent, competing views. The IC measure is used to reflect two major components of cognition: differentiation and integration. These dimensions are building blocks, which means that differentiation must be in place before integration can emerge. Differentiation denotes the ability to recognise more than one legitimate point of view and/or relevant dimension of the topic of debate. Integration refers to the ability to identify and make sense of conceptual links, trade-offs and similarities among perspectives, and the ability to reconcile or incorporate the information within a higher-level system (Suedfeld et al. 2011).

A critical feature of IC is that it is intended to capture the underlying conceptual structure of positions rather than the actual content of statements. This means that the construct is valid neutral and ‘the coding system does not rest on assumptions concerning the logical, pragmatic or ethical superiority of any particular school of thought’ (Baker-Brown et al. 1992: 402-403). Another key feature of the IC is that it explicitly accounts for integration and not only differentiation, which is not the case with all measurements of complexity (Conway et al. 2014).

Another benefit of IC is that it encompasses a relatively broad understanding of complexity, recognising both its dialectic and elaborative forms (Conway et al. 2014). Dialectic complexity refers to a willingness to consider multiple views. Elaborative complexity recognises ‘several complex arguments in defense of a particular perspective’, involving elaboration of a specific viewpoint without additional information input (Conway et al. 2014: 605).1

Low integrative complexity is associated with salience of a single dimension or aspect of an issue in reasoning, and with a greater tendency towards stereotyping, prejudice, dogmatism, and closed-mindedness (Suedfeld 2010). High complexity, in contrast, connotes reasoning that adducts multiple perspectives, supported by the activation of higher-level principles that provide a normative structure to complex issues (Suedfeld 2010). It is associated with balanced and comprehensive evaluation of available information, reducing the risk of biases in promoting better judgment and decision outcomes (Gruenfeld and Hollingshead 1993).

In sum, IC measures individuals’ receptiveness to new information and alternative perspectives and the ability to incorporate these into their own reasoning. Given that the same type of cognitive processes are demanded of deliberative citizens, increases in citizens scores of complexity of thinking as a result of deliberation can serve as an indicator of deliberative norm compliance. It would be oversimplifying to try to connect the deliberative dimensions to either one of the two aspects of complexity (differentiation and integration) by saying, for instance, that reasoning corresponds to differentiation of perspectives or vice versa. What is assumed, however, is that high complexity involves both reasoning and listening dimensions. As such, IC can be used to draw inferences about citizens’ compliance with the listening and reasoning demands of deliberation (cf. Brundidge et al. 2014; Wyss et al. 2015) and thereby inferences can be made about the deliberative quality of political discussions.

Since IC denotes a particular mental stance, adopting IC as a measurement of deliberative quality also makes sense given recent suggestions that deliberation refers to a particular deliberative mindset or stance (Morrell 2010; Owen and Smith 2015). The idea of a deliberative stance gives increased attention to the listening dimension in the form of the ‘right’ kinds of attitudes, affects and cognitions as key to deliberation (Morrell 2010; Owen and Smith 2015), and there is a need to identify methods to assess the extent to which citizens cultivate a deliberative stance in political discussions.

What is more, the IC measure can potentially further the understanding of the formation of meta-consensus, i.e. the ability to attain inter-subjective understanding and agreement regarding the relevant issue dimensions irrespective of actual disagreement on preferred outcomes (Dryzek and Niemeyer 2006), which is claimed to be the outcome of successful deliberative conversations.

Next, I demonstrate how IC as a psychological construct contributes important insights regarding the question of how to cultivate deliberative norm compliance in political discussions.

Cultivating Deliberative Norms (and Complexity of Thinking)

Understanding what factors affect the cultivation of deliberative norm compliance in formal deliberative settings is vital as deliberative processes can be ‘seen as more or less deliberative depending on how deliberative norms are put into practice’ (Black et al. 2010: 325). Deliberation is commonly used as a vehicle for citizens to acquire basic political skills, to learn about political issues (Gastil 2004) and to develop reasoning abilities (Rosenberg 2014). This ‘transformative’ dimension is realised through citizens’ active engagement in conversations when they develop a distinctly deliberative way of reasoning about politics (Warren 1992), which I equate with improved complexity of reasoning. However, developing these capacities is far from automatic. It requires careful attendance to social, psychological and contextual factors thereby creating a supportive environment for the emergence of complex thinking.

Contextual Factors

A standardised feature of deliberative design that addresses these dynamics involves the use of facilitators to stimulate and encourage citizens to adopt a deliberative style of reasoning (Burkhalter et al. 2002). Most commonly, facilitators are given the prominent role of introducing participants to the deliberative norms at the beginning of processes (often by reading out loud rules of the discussion) and guiding participants throughout the interactions (e.g. Grönlund et al. 2010). In this way, facilitators take deliberative norms into practice and function as rule-setters and rule-keepers, ‘a kind of personification of discourse rules, whatever these rules are in the given case’ (Landwehr 2014: 77).

Nevertheless, given the demanding norms of deliberation, it is to be expected that deliberative processes will vary in effectiveness in inducing deliberative norms, resulting in greater levels of discordant dogmatic views and closed-mindedness. Some of this variation is likely attributable to the style of facilitation, where some forms of facilitation might even discourage deliberative transformation (and hence decrease complexity of thinking).

Styles of facilitation range from active to passive, and they also vary in terms of the degree to which the focus is on the specific task performance (reasoning) or on managing relationships (listening) (Mansbridge et al. 2006). All have particular strengths and weaknesses with respect to inducing norm compliance. However, evidence suggests that more active facilitators are preferable (Rosenberg 2014). Unless an active and balanced facilitation strategy is adopted –recognising the importance of both reasoning and listening dimensions –deliberation might give rise to intuitively desirable ‘side effects’ such as knowledge gain (Grönlund et al. 2010) or the halo effect of a ‘group hug’ (Curato et al. 2013) without necessarily strengthening the deliberative quality or participants’ complexity of thinking.

An active facilitator attending to the reasoning and listening demands is potentially better placed to help individuals overcome the tendency to hold on to prior commitments and evoke a sense of security and trust among participants. The assumption applied to the design of the case study cited below is that facilitator intervention must be ‘clearly substantial’ in order to accomplish the expected transformation of participants’ political reasoning (Rosenberg 2007).

Similarly to deliberative scholars concern about situational variables, research on integrative complexity has traditionally been concerned with contextual factors that affect individuals’ tendency to engage in complex reasoning (Gruenfeld 1995). In particular, IC has been discussed as an effect of being informed about an issue, the type of issue being discussed and expectations on participants in discussions. For example, studies on complexity have demonstrated that when subjects have made a prior commitment (by expressing a view on the topic) they are less likely to engage in complex reasoning (Krupnikov et al. 2007).2

Of particular relevance here are findings demonstrating how integrative complexity increases when individuals try to solve important problems – as is ideally the case for deliberation. Alternatively, where this ‘deliberation’ is interrupted – if the problem appears unsolvable, if a decision has already been made, or if there is a lack of resources to implement a solution – the situation reaches the level of ‘disruptive stress’, and decreasing integrative complexity is observed (Suedfeld et al. 2011).

These findings suggest careful attention to the deliberative context. Settings that might otherwise be deliberative can reproduce the aforementioned negative dynamics. Complex political issues might appear unsolvable, increasing levels of stress as dialogue pushes against time pressures and fatigue. Certain conditions might induce anxiety among citizens, such as when they are asked to remain open to the unfamiliar, uncomfortable and radically different (Bickford 1996; Morrell 2010). To enter into political discussions with a listening, open and pragmatic stance means that what takes place in the discussion has the potential to profoundly change, or even undermine, one's existing views, opinions and even identity (Beausoleil 2014). Consequently, there is a constant risk of backlash of deliberation when participants resort to stereotypical and prejudicial thinking and established scripts of mind because it ‘reduces the burden of understanding complex social environments’ (Lillis and Hayes 2007: 390). Reverting to defensiveness, bias and motivated reasoning tends to induce simplified reasoning for otherwise complex processes and events to maintain a sense of stability and security. Improving IC (thereby cultivating deliberative norm compliance) involves addressing these challenges, for example by providing enough time for discussion among participants and the use of experienced facilitators that can make the process smoother.

### 2AC Disability K – Political Engagement Good

#### Overly pessimistic frames of disability deconstruction preclude future resistance and weaken political gains achieved by disability activists.

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Robert McRuer’s (2006) Crip Theory contends that the systemic factors which enforce compulsory able-bodiedness in society are not just thoroughly interwoven with compulsory heterosexuality, but these are mutually contingent upon each other. Crip Theory has taken the emancipatory message of a disability politics embraced by cross-disability organizations in the latter half of the twentieth and early twenty-first centuries and centered that message as one which can be the basis for examination of the forces which cause the oppression of marginalized social groups. Early disability organizing in the United States was not always done across disability groups and scant resources necessitated competition amongst some groups (Nielsen 2012). A collective disability consciousness does not necessarily even exist, or exist in the ways in which scholarship purports it to (Watson 2002; Engel and Munger 2003; Heyer 2015). While I acknowledge and encourage the uncovering of systemic, biopolitical forces which produce the corporeal able-bodied standard, or normate, subject, a thorny problem presents itself: does a coherent disabled identity or even an identifiable disability identity exist? An identity which McRuer relies heavily on in his presentation of the notion of a ‘queer/disabled’ subject. Contributions of Crip Theory and subsequent texts which explore cultural locations of disability like Alison Kafer’s (2013) successful and groundbreaking Feminist, Queer, Crip rely on this logic to articulate a pan-disability social identity.

Political science as a discipline largely ignores disability. Public opinion polling rarely includes discussion of people with disabilities. Two examples, an online Harris Poll from 2015 referencing the passage of the Americans with Disabilities Act (ADA) and a 1999 Pew Millennium Survey question on the status of disabled people compared to 50 years ago, both found those surveyed thought disabled people were better off than in the past (Pew Research Center 1999; Shannon-Missal 2015). Literature on electoral participation by Lisa Schur has found disabled people are over time (since 1998) participating at rates comparable to non-disabled people (Schur et al. 2002; Schur et al. 2017). Political theory has recently developed a burgeoning interest in disability centered around issues of care, vulnerability, inclusion and exclusion, and incorporation into frameworks of capability (Knight 2014a, 2014b; Clifford 2012, 2014; Simplican 2015; Hirschmann 2012; Arneil 2009). This article largely deals with literature and debates outside of the purview of political science but that does not mean its content is not germane to the politics of disability, and the lives of disabled people.

Perhaps crip theory’s most important contribution is its attempt to address the pluralism which exists amongst the disability community and highlighting of the shared oppressions which disabled people feel. Embracing all perspectives is key to intersectional political movements where those whose opinions and lived experiences are doubly and triply marginalized (non-white, straight, articulate, male, etc., disabled people) are actually valued. With this being acknowledged, I fear the academic sub-field of Critical Disability Studies’ over-reliance on social deconstruction of disability and impairment could have disastrous consequences for disability rights movements in the future, and a weakening of the political claims and gains those who are disabled have advocated for and won. Throughout this article I am referring to the book by McRuer and the academic literature which uses a similar post-structuralist articulation of the identity category. I am not challenging popular culture articulations of coming out crip or of crip as a social identity.

This article proceeds in three sections. The first lays out central components of disability theory as it reflects social movements around disability rights and subsequent academic theory based on these articulations including the materialist ‘social model’ of disability and the post-structuralist ‘crip theory.’ The second section presents the case against extreme ‘social deconstruction’ of disability. The final section presents two empirical examples of how crip theory can obfuscate disability politics. One is the highly publicized rape case of a man who was unable to consent legally to sexual contact. The second case, broadly conceived, contends that disability visibility is central in the fight for rights concerning access for people with disabilities. Concluding thoughts ask the reader to consider disability studies which takes the study of politics seriously.

Here I make a note on language choice as well as choosing to disclose my close personal connection to the subject of this article. ‘Disability’ is often used in reference to a social category assigned to people who are viewed as not possessing desirable traits. This ‘disablist’ understanding of disability, that it is a social trait that one does not want to possess, dominates how people think about disability. Rarely do able-bodied people think of themselves as only ‘temporarily able-bodied,’ which we all are (Knight 2014b). While I often focus on the ‘negatives’ of being disabled I do not mean to overshadow the positive, emancipatory politics and embrace of the disabled identity. I identify as being disabled (I am legally blind) and not having a strong cross-disability consciousness. This identity and my participation within and in the study of the Paralympic movement certainly play a part in my arguments. Previous work (Deal 2003; Jenks and Jenks 2016) also shows that disabled people themselves create hierarchies, and blindness is not seen as ‘desirable’ or a condition which is necessarily identifiable as being particularly disabling. This also influences my decision to discuss disability which is ‘discernible’ rather than ‘visible’ when the opportunity presents itself. I do not observe disability like other people do, with their eyes. This influences how I think and write about disability which is not discernible to others. I do discuss ‘visibility’ as a separate concept in the third section of this article.

#### Progress is possible. Anything else ignores large-scale political change effectuated by radical disability activists.

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Crip theory and the obfuscation of disability politics

What are disability politics? How do they relate to my central theses: impairment matters in disability politics and social deconstruction obfuscates and potentially harms disability politics? This section first provides a brief overview of the disability rights movement and the simultaneous evolution of literature in disability studies. This is done in order to show how disability studies scholarship from the 1980s and 1990s reflects the social movements of the past and present. The section then moves to McRuer’s book and the intriguing and insightful parallels he draws between the ways in which disabled and queer (or queer/disabled) bodies have been created over time. Based on interpretivist inquiry and recreation of genealogies of disability, one can learn a great deal about the social construction of disability and deviancy, as well as practices of control over those bodies labeled as such.

The disability rights movement in liberal welfare states

The story of disability politics is often one told about shared experiences of oppression, marginalization, and a struggle which cross-cuts impairment groups. Americans Disabled for Accessible Public Transit (ADAPT) and other cross-disability organizations like the American Association of People with Disabilities or the Disability Rights Education Defense Fund certainly have impacted positive changes in the broader disability community around questions of accessibility, accommodation, and anti-discrimination. Most notably, members of these groups impacted passage of the Rehabilitation Act of 1973, the ADA of 1990, and the ADA Amendments Act of 2008. Oliver and Barnes (2012) discuss the rise of a broadly focused, loosely associated Disabled People’s Movement in the 1970s to its height in the 1990s as a formative era in what can be thought of as the beginning of an era of ‘disability politics.’ Figure 1 delineates different ‘eras’ of understandings and reactions to disability by the state and later by activists.

Figure 1. Eras of disability from a Global North perspective.

Note: Adopted from Cameron and Valentine (2001).

Historically, disabled people have been objects of pity, shame, extermination, and reverence (Stiker 1999). The rise of the modern nation-state in Europe and North America saw the creation of segregated spaces for people with any number of impairments – physical, sensory, intellectual, developmental, mental health, and so forth. Often when these individuals did not have families, or their families could not care for them, they were pushed into institutions to be cared for by state or church-run institutions (Stiker 1999). Major shifts occurred with the rise of the Eugenics movement in the early 1900s, where states attempted to medicalize impairment and disabled people became more visible (Siebers 2008; Stiker 1999; Dolmage, 2014). After the Second World War, another shift occurred. Rehabilitation became the focus, as disability became less of an unfortunate malady which affected those who were sick or weak, but a broader issue where fit, young, men were the ones impaired as a result of war (Cameron and Valentine 2001). Finally, the shift toward a new era of understanding disability, considered emancipatory by Disability Studies scholars and activists alike, is termed ‘post-medicalization’ (Cameron and Valentine 2001; Neufeldt 2003) This was a time when disabled people began to affect large-scale change in the politics that governed their bodies. Social movements made up of people with disabilities in the United States, Canada, and the United Kingdom are well documented. These movements helped usher in the current wave of disability politics (Barnartt and Scotch 2001).

The need to define disability has historically been one felt by the state. Oliver and Barnes (2012, 16) note that the United Kingdom did not begin to officially use the term ‘disabled’ to describe some its citizens until after the Second World War. Throughout much of human history, disabled people have been treated as objects of pity and charity, generally pushed to the margins of society (Stiker, 1999). The rise of an introduced global capitalist system has since reinforced the practice of valuing bodies based on how much they can produce. Thus, bodies rendered sick, ill, or weak have been considered less meaningful and able to contribute to a productive society. Neoliberalism further contributed to the devaluing of the disabled body, a resurgence of practices from the industrial revolutions in early industrializing nations like the United States and the United Kingdom (Hughes, 2012). Neoliberal rationality and economization of the individual has permeated nearly all facets of human life, where economic rationality dictates that certain bodies are less valuable than others (Brown 2015).

The late 1960s and early 1970s saw the rise of the independent living movement in Berkley, California, as disability activists insisted on an act which protected their civil rights, similar to the social protections offered under the 1964 Civil Rights Act (Barnartt and Scotch 2001). Reactions from members of disabled communities in the United Kingdom like the Union of the Physically Impaired Against Segregation (UPIAS) to the forced institutionalization into group homes of people who used wheelchairs became a focal point for a new disability politics (Oliver 1986; Oliver and Barnes 2012). This emancipatory politics of disability was an attempt to shift understandings of disability from a phenomenon residing within the body of the individual, to one located in the conditions which disable people in society. The differentiation between this new understanding of disability and the government’s traditional understanding of disabled people’s issues became a focal point for the emerging field of disability studies in the 1970s.

The social model of disability

Widely referenced within disability studies, early articulations of the social model of disability place emphasis on the notion that disability itself is not natural, but a social construction based on how impaired bodies are unable to navigate the world around them (Oliver, 1983; Wendell 1996). This separation of the bodily impairment from socially constructed disability is credited to a political moment in the 1970s where organizations like the UPIAS opposed their members being warehoused based on their physical disabilities. This was a not a new revelation, but a major turning point in disability politics as disabled people worldwide began to oppose the medical model of disability, which views disability as being some condition of the individual which must be fixed, eradicated, or lived with. Jenks notes:

the medical model emphasizes changing the person to fit the environment, whereas the social model emphasizes changing the environment to fit the person … those fighting for the rights of the disabled argue that disability is not the main barrier to participation in society for disabled individuals: society’s practices construct the barriers. (2005, 152)

Disability studies scholars and disability activists point to societal misconceptions, that have become institutionalized, as being one of the most important barriers to overcome (Oliver and Barnes 2012; Hughes, 2012; Campbell 2009). Ableism, defined as ‘a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as perfect, species-typical and therefore essential and fully human’ (Campbell 2009, 4), is pervasive and disability studies literature regularly identifies and critiques the ways in which it presents itself. Structures of ableism work to reinforce, and are reinforced by, the ideal body type valued by the capitalist state. These neoliberal materializations of the ‘good’ corporeal body exist in official policies, as well as ways of thinking about and knowing what disability is. Eugenics, which included the classification as undeserving or of being less than human because someone was deemed to have ‘genetic’ qualities which were undesirable, is a product of, and helped produce, ableist discourse and thinking. Similar lines can be drawn for the construct of heteronormativity. McRuer (2006) makes these connections by way of a Foucauldian, interpretivist perspective on the disciplining of the body.

#### A social deconstruction of disability fails. It erases difference and forecloses progressive social policy.

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Negotiating disability identity: the case against social deconstruction

Law professor Bruce Pardy’s (2016) contention that students with disabilities who are allowed accommodations of extra time by Queen’s University on law school examinations have an unfair advantage caused a stir. Equating the extra time on an examination to a ‘head start’ in the 100-m sprint in the Olympics, Pardy (2017) questions the realness of those students’ disabilities. Implicitly, he is arguing that some impairments are less ‘real’ than others. Pardy would not, for instance, suggest that a student who was blind and needed to take examinations with a school-supplied reader should not be entitled to extra time. So, what makes a disability real? Disability politics, as originally articulated in the 1970s, was based on the premise that disability itself is a social creation. The issue Pardy is highlighting here is not about whether a disability is real, but whether these students have an impairment which is real.

Credited to Mike Oliver (1983) and others, the scholarly work which produced the social model of disability would be challenged by sociologists and scholars from other disciplines in the 1990s and those whose work fits under the umbrella term Critical Disability Studies. Sherry argues that ‘Impairments are often surrounded by quite specific medical and cultural discourses which need to be carefully analyzed to identify the multiple layers of power in which they are embedded’ (2016, 734–735). The distinction between impairment, some physical condition of the corporeal self which limits function, and disability, the inability or difficulty participating in social, political, and economic life, is thus obfuscated and challenges the basis for the emancipatory politics of 40 years ago.

But what is the basis for disability? After all, means testing is still used in the legal definition of disability in the United States. The ADA, as amended in 2008, uses the verbiage of ‘a physical or mental impairment that substantially limits one or more major life activities’ as the first prong in defining disability. The language of impairment is interwoven with the layperson’s conception of disability. The ‘medical model of disability,’ which the social model simultaneously opposes and builds off, considers disability as an individual medical condition. Coinciding with the professionalization of the medical profession in the early twentieth-century, western understandings of disability as a condition of the individual body, impairment served as the basis for labeling people as disabled. Labeling of a body as impaired meant the individual was occasionally entitled to social welfare from the state, while simultaneously acquiring the ‘privileges’ of their disabled status. While the ways in which ‘disability’ as a concept is socially constructed, and the labeling of individuals as disabled has often led to marginalization, interrogation of the social construction of impairment has created a serious rift in the study of disability.

An ontology of impairment

Hughes and Patterson (1997) argue that a phenomenological lens must be used to deconstruct what has been posited as the form of impairment which jumps to the forefront of discussion on disability: functional limitations of the body. As an example, at the individual level, speech impairments and impediments only present themselves when one must interact with another individual. The lebenswelt, or life-world, is embodied (Hughes and Patterson 1997, 604). Norms of communication are also, then, embodied. Disabled speech or communication is something which does not exist independent of social interaction, and is thus socially constructed. This example challenges the social model of disability in its postulate that disability can be separable from impairment because there is not something physically or observably ‘wrong’ with an individual who speaks in a way considered abnormal. This condition is disabling when it presents itself. Speech impediments as a disability, again, only present themselves in the context of human social interaction. What about those impairments that UPIAS members had where they argued so vociferously for an emancipatory politics which separated their individual corporealities from the barriers society constructed around them?

Sherry’s (2016) call for not only an examination of the social forces which produce impairment, but also those which produce diagnoses, questions the ‘realness’ of impairment which has been so integral to the politics of and policies around disability in the latter half of the twentieth century. The work of Simo Vehmas, a philosopher who is a self-proclaimed critical realist, has provided a counter to a deconstructionist trend in much of disability studies scholarship in the past 20 years. Vehmas has questioned the deconstructionist, post-structuralist, and interpretivist nature of which much disability studies scholarship has trended toward. I use the term ‘deconstructionist’ to differentiate the newer vein of disability studies scholarship which goes beyond elucidating the social construction of disability, and labeling it as such, like social model proponents did. It goes further in deconstructing relations of power and the construction of terms like access (see Titchkosky 2011), the creation of ableism (Campbell 2009), and the concept of the dis/ability (Goodley, 2014). This can be problematic for the application of these emancipatory statements in relation to the creation of social policy.

How can we renegotiate the impairment/disability divide without relying on materialist distinctions between individual corporealities and the built environment? Or worse, how can we lose progress made by those who have affected social change by arguing for the social constructionist view? Vehmas & Mäkelä (2009) attempt to theorize impairment using John Searle’s work. Distinguishing between what is epistemologically subjective (this article is an example of fabulous scholarship submitted to this journal) and epistemically objective (this is an article submitted to this journal), Vehmas and Mäkelä reiterate Searle in saying these distinctions are but a matter of degree. However, the distinction between what is ontologically objective and ontologically subjective is more germane to this discussion:

In the ontological sense, objective and subjective are predicates of the entities in the world, types of entities and their mode of existence. Objective entities exist independently of any perceiver or mental state, whereas subjective entities are dependent on perceivers and mental states. So, in the ontological sense, pains are subjective entities because their existence depends on the subject’s experience.

But mountains, for example, are ontologically objective because their mode of existence is independent of any perceiver: mountains would remain in the world even if all the humans and other subjects with senses disappeared from the earth. (Vehmas & Mäkelä, 2009, 46)

They go on to make the distinction between intrinsic and observer-relational qualities of the realness of things. The example of a wheelchair is presented by the authors. Wheelchairs as a thing are epistemically objective, but ontologically subjective, as they are only ‘wheelchairs’ because of their relational character. So, what does this have to do with disability and impairment?

Searle distinguishes between two kinds of facts. Brute facts are intrinsic. They exist independent of human naming, social construction, and so forth. They do not require naming for their existence. Institutional facts are those which must be named. The ‘fact’ that a couple is married is offered as an example of an institutional fact (Vehmas & Mäkelä, 2009, 48). The authors use the example of Down’s syndrome to illustrate the ontologically objective, or brute fact, that someone has an extra chromosome 21. This is not Down’s syndrome in a world of brute facts, but its realness as Down’s syndrome is undoubted. This brute fact imparts a great deal of meaning on the life of that person, and the decisions made regarding how they will be educated or treated socially. The ‘brute fact of a body often determines an individual’s institutional life in a way that can be depicted as brutal’ (Vehmas & Mäkelä, 2009, 49). While Vehmas’ work has been criticized for having a ‘western-centric gaze’ by Soldatic (2013, 753), who focuses on the ways in which disability in the Global South has been influenced by western concepts, which do not necessarily reflect disability in non-North states, the notion that there is some kind of ontologically objective impairment challenges current trends in Critical Disability Studies. Thus, my comments and this article should be understood in the context of the United States and not as an attempt to speak universally to disability politics.

Figure 2 shows where the various models discussed, thus far, fit along a continuum from a positivist, empiricist approach to an interpretivist, socially deconstructed approach. This illustration shows how the project of social deconstruction McRuer engages in is nearly purely interpretivist and should be recognized as being at an extreme of a continuum. This purely interpretivist model is favored by ‘critical disability studies’ and is focused on elucidating power relationships by way of socially deconstructing impairment and disability. The focus on social deconstruction, I argue in the final substantive section of this article, obfuscates disability politics at best, and at worst harms it. I will advocate for a return to focusing efforts in disability studies on educating the public (and public officials) on the utility of the social construction of disability, as it pertains to issues of impairment.

Figure 2. A continuum of three types of models of disability.

Note: CDS, Critical Disability Studies.

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Why disability politics needs impairment

Disabled people, in 2018, both exist and are often in better physical states relative to a hypothetical universe without medical intervention. They exist in the sense that diseases, infections, and conditions which would have meant certain death just a century ago are countered with expert medical care. Backlash toward the medical model of disability was focused on its efforts to hide disabled people, to warehouse them, strip them of their rights, and make them less than full citizens because of their corporeal embodiments. Practices like these, based on eugenic principles, still happen. They affect people who are poor, women, racial and ethnic minorities, queer, indigenous, and members of other minority groups at horrifyingly disproportionate rates. People with disabilities fill our jails and do not receive adequate medical care. I am not endorsing these practices. However, I want to stress that impairment matters, especially in the context of disability politics. In this final substantive section, I raise two recent examples of disability-related action and activism. The first concerns the impacts an extreme deconstructionist understanding of disability can take in the case of the scholarly commentary on the Anna Stubblefield rape trial. The debates around this case, especially on a disability studies listserv, show the consequences of an extreme interpretivist understanding of disability and impairment. The second is the recent protests around the defunding of the Affordable Care Act which depends on visibly impaired people to frame its political message. I frame this in a broader history of the visibility of disability in the public sphere, arguing that disability protests and social movements are not possible without making claims based on impairments.

Reactions to the Anna Stubblefield case

Response to the 2015 rape trial of Anna Stubblefield illustrates how support for a purely social deconstructionist understanding of disability can raise serious ethical concerns for the lives of people with disabilities. A well-regarded, white, able-bodied philosophy professor and advocate for persons with disabilities, Stubblefield was accused of raping a Black, disabled man, who was also the brother of one of her former students in a 2015 case. The victim, John Roe, has multiple disabilities and is unable to speak or use an assistive device in order to communicate. The defense argued Roe consented to sex acts with Stubblefield through the use of facilitated communication. Stubblefield was originally sentenced to 12 years in prison. This sentence was overturned in 2016 as the judge in the original case had thrown out expert testimony on whether Roe could have consented using facilitated communication (Engber 2018).

Facilitated communication is a controversial practice where people who are unable to communicate verbally have their hands guided by someone else in order to type what proponents of the practice say are the words of the disabled person (Sherry 2016b, 974). Sherry (2016b) recounts the horrifyingly unapologetic posts on the primary disability studies listserv in the United States, for the Society for Disability Studies, where facilitated communication and Stubblefield were defended unblinkingly. I do not bring this last point up in order to perform any kind of academic mudslinging. However, many scholars of disability suggested the Society for Disability Studies fully support Stubblefield in this case. The inclusion of this case in this article was influenced by the unwavering support for someone who has committed an action which she later admitted was a criminal offense. Stubblefield has since pleaded guilty, in a retrial of this case, to aggravated assault in the third degree and was sentenced to four years in prison. This most likely means she will serve no more jail time (see Engber 2018). While Stubblefield’s conviction had been overturned on the grounds that the judge in the original trial unfairly excluded all testimony concerned with the validity of facilitated communication, a much more serious problem exists. It goes beyond the arguments Mintz (2017) makes in a response in Disability & Society which revolve around the court not allowing testimony from the victim himself and its implications for the agency of people with intellectual impairments collectively. There is no doubt the judge was hasty in their decision to not allow any evidence of the utility of facilitated communication. Expert knowledge often uses terminology which can be extremely offensive to people with disabilities, especially activists and scholars. Sherry elaborates:

Disability studies scholars have been on stronger ground when critiquing the language used in the case. In court documents, John Roe was described as ‘suffering’ from cerebral palsy and ‘mental retardation,’ with ‘the mental capacity of a toddler.’ Unfortunately, the language of the court system is often disablist. Given that the courts need to use the specific language of the criminal code in their verdicts, alternative language to the term ‘mental retardation’ was not possible in this case, but it would have been possible to use an alternative word other than ‘suffering’ to describe the experience of having cerebral palsy. (Sherry 2016, 978)

As Sherry (2016b) notes, the labeling of disability as ‘severe,’ extreme, total, and so forth is highly problematic for disabled people because experts have done a lot of harm to people with disabilities historically. Furthermore, in the context of the North American disabled person’s experience, centuries of warehousing, needless experimentation and torture, and sterilization perpetrated by state officials makes claims of disability experts questionable in many instances. Much of the work critical constructivist disability studies scholarship has done revolves around breaking down the logic that an individual’s capability for participating in public life is so easily determinable based on impairment (see Bérubé 2003, 2009). Even the parents of a disabled person have at times not had the best interests of their child in mind. Parents do not always protect the rights of their disabled children, or represent their best interests. For example, the case of Tracey Latimer, a disabled Canadian girl who was murdered by her father in the 1990s because he believed it would end her suffering. His ‘decision’ was found to be popularly supported in a public opinion poll at the time (Stienstra 2012). In another case, an American court considered the case of the hysterectomy, hormone therapy, and removal of breast buds of a small child with developmental disabilities, ‘Ashley X,’ in the 1990s in Seattle, Washington. An investigative report concluded this surgical intervention was in violation of the child’s civil rights and there was no legal right for her parents to have authorized these procedures (Carlson & Dorfman, 2007). Discussions of sex and disability that revolve around mental age and ability to consent are complicated, to say the least. Sherry continues:

Disability studies scholars have convincingly critiqued the notion of ‘mental age’ and identified its disablist underpinnings (Gill 2015). These scholars would also undoubtedly be concerned about any conflation of physical impairment with cognitive capacity. However, to be fair, there was distinct testimony about communication and cognition during the trial. John Roe’s guardians asserted that he was physically, intellectually, and legally incapable of consent. (Sherry 2016b, 978; emphasis added)

Sexual assault of people with disabilities is a real, tangible, political problem. Like all cases of sexual assault, it can be assumed that reports of sexual assaults occur at much lower rates than the assaults themselves (Barger et al. 2009). Regardless, rates of sexual assault amongst people, especially women, with intellectual disabilities are staggeringly high (Sobsey and Doe 1991; Barger et al. 2009; Davis, 2011). Perpetrators are often relatives or care workers (Davis, 2011), victims face barriers when reporting crimes to police (Keilty & Connelly, 2001), and sometimes need to seek help in being able to articulate their experiences with assault (Hollomotz, 2009). An examination of sexual assault in Taiwan showed reported cases amongst people with disabilities increasing over time at a rate much higher than the national average, with cases of intellectual disability making up more than half of those reported overall (Lin et al., 2009).

Professional (medical expert/practitioner) literature on the topic of sexuality and people with intellectual disabilities is often critiqued for its ableist assumptions concerning the ways in which disabled people should act. Michael Gill’s Already Doing It (2015) tackles what he calls ‘sexual ableism’ around subjects who are intellectually disabled. Major foci include dispelling ableist myths of the asexual disabled person, documenting the tools of control which have been used to force birth control and sterilization on people of all ages, and the ‘problem-led’ approach within a ‘service-centric risk-hierarchy’ within which many people with intellectual disabilities interact in the form of group or community homes (2015, 17–18). Sexual agency is as important to Gil’s story as is the ability for individuals to communicate their desires to others. Mintz (2017), centering his bodily experiences with both severe cerebral palsy and sexual assault, advocates for the right of the victim to be able to communicate, and the normative need for the justice system in the United States to make this a possibility. As a response to Sherry (2016b) Mintz cites Nussbaum’s (1999) capability framework’s ‘freedom of sexual satisfaction and affiliation’ as the reason for stating that justice will not be done until the non-verbal man at the center of this case is given the opportunity to be heard. Both Mintz’s direct response and Gill’s book do not help us navigate the reality of the situation. The intellectually disabled subjects Gill studies, and Mintz’s own experience as someone with ‘severe’ cerebral palsy, have something John Roe lacked according to the court, the ability to legally consent to sex. I recognize this has serious implications for the control others have over the agency of a disabled individual. However, universal application of this work to all disabled people’s experiences is dangerous.

Disability visibility and impairment-based claims for access: not just identity politics

Just as feminist scholar Cynthia Enloe asks us to think about the question ‘where are the women?,’ we must similarly ask ‘where are the disabled people?’ De jure examples of ‘unsightly beggar ordinances’ from the streets in the early twentieth century hold some answers to where the disabled are not (Schweik 2009, 9), and de facto exclusion from the public sphere has existed for centuries. Discernible impairment makes people ‘unsightly.’ While these laws extended to cover many disabled people, not just the discernibly disabled, social movements over time have relied on disability visibility to promote social change.

The PBS film Lives Worth Living (Gilkey and Neudel 2011) captures the imagery that the disabled people’s movement in the United States capitalized upon to achieve the passage of disability rights legislation. Claims were not based on a marginalized identity. People chained themselves to inaccessible buses, held sit-ins at inaccessible offices established under the 1973 Rehabilitation Act, spent nights in jail cells that were not equipped for their power chairs, and performed countless other acts to show lawmakers that social policy needed to change (Barnartt and Scotch 2001). The image of Jennifer Keelan struggling to make it to the top steps of the Capitol building in Washington, DC was captivating. The eight year old who has cerebral palsy, which affects the functioning of her limbs so that she cannot walk, moves in a determined manner. She uses every part of her body to inch upward, including her chin, twisting and flopping and heaving her small body, with ambulatory off-screen participants providing her sips of water from a cup. ‘I’ll take all night if I have to,’ she exclaims (Gilkey and Neudel 2011).

Historically, some of the most visible disability organizations, including user-led organizations (like the Autism Self-Advocacy Network) as opposed to professional-led organizations (like Easter Seals or Special Olympics), are single-disability or similar-disability organizations which organize around the shared experience of individuals who identify as having similar impairments. The National Federation of the Blind in the United States, for example, does not advocate for the rights of all disabled people, and neither does the Canadian National Industries for the Blind in Canada. Both of these groups have advocated for provisions solely for the blind in disability social policy in their respective countries, which oftentimes occurred many years before inclusion of other groups or still exist as blind-only policies (Crichton and Jongbloed 1998; Erkulwater 2006).

While a pan-disability consciousness may exist amongst members, these organizations function much more like political interest groups which must fight for their particular members’ interests, sometimes in contradiction to other single-disability organizations. Articulations of crip theory, which presuppose a disabled identity based on shared feelings of societal oppression, fail to capture this reality of the landscape of disability interest group politics, which has existed since the early parts of the twentieth century (Nielsen 2012). Watson (2002) notes that having an impairment becomes part of the everyday experience of the disabled person. One’s notion of their self is not always based on discursive practice, as Butler (1993) would suggest. These kinds of academic claims of an identity which are not necessarily based on anything other than discursive practice which set up antagonisms (self/other, us/them) are often not felt by disabled people (Watson 2002; Engel and Munger 2003). In fact, claiming this identity, even under protection of civil rights law, is often consciously avoided (Engel and Munger 2003). This is how crip theory bends the empirical reality of the lives of disabled people and forms it into a neat exploration of the sites of shared oppression.

#### Their model over generalizes. Political engagement creates contingent forms of progress based on different embodiment of impairments.

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A study of disability politics that engages with politics?

A view that acknowledges the material basis of impairments is useful and, indeed, necessary for individuals with these conditions because their conditions have a physical grounding that require a physical response. There are cases where people do need the medical model of impairment; they need facts about the physical consequences of impairment or any other medical conditions they may have (though not all impairments are medical conditions in the sense that they would require medical attention). In plain English, people need tablets, operations, therapies, and other remedies that should be based on medical facts. Millions of competing texts, discourses and representations are not much of a comfort for people who are in pain. (Vehmas & Mäkelä, 2009, 53; emphasis added)

The recent ADAPT protests over attempts to repeal the Affordable Care Act are not about maintaining disabled identity. ADAPT, a disability rights organization which engages in radical political action to accomplish its goals, holds annual ‘actions’ where demonstrators protest the conditions of disabled people in the United States, often until members are arrested. The organization, with roots in Colorado, was responsible for early demonstrations against inaccessible public transit and recently made news headlines after police forcibly removed members from the offices of US Senators nationwide. Colorado Senator Corey Gardner’s office was the site of one such sit in, where police physically, forcibly removed people protesting for their medical care (Worthington 2017). These messages are not effective simply because police are handcuffing individuals who are protesting. They are effective because these people are arrested while using wheelchairs, breathing from ventilators, and using canes. The visibility of impairment in these situations, where political claims are made because people will die without the healthcare they currently receive, is central to the politics of disability.

In this article I have shown how the social deconstructionist nature of articulations of disability based on crip theory has the potential to obfuscate disability politics. This is not a debate over semantics, as the lives of people with disabilities are affected by their impairments. These impairments and their effects remain, in many cases, the basis for how law subjugates people with disabilities and labels them as second-class citizens, allowing for government and expert control over their bodies. Yet with both the negative past and current transgressions made upon the lives of disabled people, there is an important place for impairment. It allows people with disabilities to demonstrate to those who are temporarily able-bodied the ways in which the world must be made more accessible. People need Medicaid to live. That is an impairment-based claim. Buses need to be accessible, this is an impairment-based claim.

Disability experience cannot be universalized amongst the general population, otherwise it becomes trivialized (McRuer 2006). Similarly, the devaluation of impairment has dire consequences for the political claims of disabled people. I have acknowledged my position at the beginning of the article and again want to touch upon this. Part of why I care about this issue is because impairment dictates my life. I cannot drive a car. I also cannot serve in the military. Part of producing knowledge where the line between researcher and participant is blurred is that we privilege our own embodied experiences. I do not make the argument against extreme social deconstructionist work because it offends or affects me personally. My claims are based on the recognition that the social model of disability plays an important role in all lives in producing disability due to discernible corporeal difference. When Vehmas and Watson (2014) ask us to consider what is so critical about critical disability studies?, they are expressing genuine concern for the lack of normativity involved in the social deconstructionist project. Whether it revolves around the case of an intellectually disabled person not consenting to sex, or the need for disability visibility in framing political demands, disability politics needs impairment.

### 2AC Disability K – Cede Political

#### Critical disability studies ignore material difference and cause serial policy failure.

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Critical disability studies and justice

The influence of CDS and its challenge to the assumption that disability is a uniform condition have enabled the emergence of new ideas on disability. In particular, this has enabled the development of a theory that can take account of not only impairment effects but also can include class, ethnicity, sexual orientation or cultural identities. It has also argued for the re-emergence of a new political identity, one where a solidarity that was previously built on a common single identity is replaced by one that incorporates multiple voices including representatives from across the range of constituencies. The politics that it seeks to develop will be the ending of the single interest group identity of the disability movement to be replaced by single-issue groups campaigning for different social issues. To paraphrase Lister (1998, 74), if disability and impairment are simply to be ‘deconstructed into a kaleidoscope of shifting identities’ and ableist discourses, there will be no disabled people left to either fight for the right to be, or to be a citizen.

If the principles of CDS are evaluated critically in the light of disadvantage, its analytical and political value becomes questionable. Its relativism and its suggestions that impairments are ethically and politically merely neutral differences are false. Impairments often have very tangible effects on people’s well-being, many of which cannot be explained away by deconstruction (for example, Shakespeare 2006; Thomas 1999). Recognizing impairment effects is necessary in order to secure proper treatment and social arrangements that enhance disabled people’s well-being and social participation. CDS runs the risk of dismissing not only the personal experiences of living with impairment, but also the significance of the differences between socially created disadvantages. These disadvantages that often result from oppressive social arrangements, are very much real and take place in different ways for different disadvantaged groups.

Disabled people typically experience disadvantage in relation to the market and capitalism, and they have to a large extent been excluded from employment and from equal social participation, respect and wealth (Wolff and De-Shalit 2007, 26). On top of these materialist disadvantages, disabled people are stigmatized as deviant and undesirable, and also subordinated to various oppressive hierarchical relations. For disabled people to achieve participatory parity, they require more than recognition; they need material help, targeted resource enhancement, and personal enhancement (Wolff and De-Shalit 2007). Disability is rooted in the economic structures of society and demands redistribution of goods and wealth. In contrast to some other oppressed groups, disabled people require more than the removal of barriers if they are to achieve social justice. This extra help might be small – for example, allowing a student with dyslexia extra time in an examination – through to complex interventions such as facilitated communication, a job support worker or 24-hour personal assistance. Whatever the size, it is an extra cost both to employers and to the state. These are real needs and represent real differences. Without an acceptance of these differences it is hard to see how we could move forward. Whilst these ‘real differences’ can be presented as the result of dominant ableist discourses where disabled people’s needs are regarded as extra cost, this does not solve the problem. The problems disabled people face require more than ideological change, and ideological change is of little use if it does not result in material change.

CDS fails to account for the economic basis of disability and offers only the tools of deconstruction and the abolishment of cultural hierarchies to eradicate economic injustice. This, as Fraser (2000) has argued, would be possible in a society where there were no relatively autonomous markets and the distribution of goods were regulated through cultural values. In such a society, oppression based on identity would translate perfectly into economic injustice and maldistribution. This is far from the current reality where ‘marketization has pervaded all societies to some degree, at least partially decoupling economic mechanisms of distribution from cultural patterns of value and prestige’ (Fraser 2000, 111). Markets are not controlled by nor are they subsidiary to culture; ‘as a result they generate economic inequalities that are not mere expressions of identity hierarchies’ (Fraser 2000, 111–112). The disadvantage related to disability is to a great extent a matter of economic injustice, and before this injustice can be corrected we have to be able to identify those individuals and social groups that have been disadvantaged by social arrangements. Whilst this does create and foster categories and binaries between groups of people, it also requires some sort of categories to start with; namely, the various categories of disadvantage.

Both the social and physical mechanisms that produce human diversity are real, and they produce tangible differences that cannot be challenged, let alone abolished, merely by pointing out the wanton nature of difference, and deconstructing the meanings attached to disability. Changing the social conditions that disadvantage and disable some people demands that the diverse, sometimes dualistic, reality of social advantage and disadvantage between different groups of people is recognized. This is exactly why group identities based on, for example, impairment, gender, or sexuality have been invaluable tools in the resistance against discrimination and oppression – in the fight against socially produced disadvantage. Confident, positive disability identity has enabled many disabled people to actively challenge the status quo that disadvantages them and to claim rights and power and participation in dominant institutions. Being different from the so-called normal majority is no longer considered to conflict with a good life, equality and respect. Quite the opposite, positive realization of one’s difference has been liberating and empowering to many disabled people (Shakespeare 2006; Morris 1991). For a radical and active disability movement to emerge and for disabled people to take action on their own account, they have to see themselves as an unfairly marginalized or disadvantaged constituency and a minority group (Shakespeare and Watson 2001). The category disabled/non-disabled is a good abstraction that can enable the development of communities of resistance, and without it is hard to see how these could develop.

CDS is premised on the idea that difference acts as a precursor to the normalizing of behaviour and a requirement to treat people differently and, importantly, less favourably. There is, however, no evidence to suggest that the categories that are applied to disabled people create an unnecessary divide between disabled and non-disabled people. You could equally make the point that without these categories we would not know what it is we have to do, what actions we have to take or what services we have to put in place to include disabled people. Indeed, for many disabled people the disadvantages they are subjected to arise not as the result of domination but through neglect and the denial of services and through society failing to take responsibility for those in need. As Wolff (2009, 114) points out: ‘anti-discrimination policy needs to identify a group to be protected.’ In other words, it is impossible to fight the oppression of a group of people that does not exist. Recognition of impairment is also crucial regarding legislation and policy that aim to protect disabled people against discrimination. The point of anti-discrimination legislation is to protect people from discrimination on the basis of their physical and mental properties, not on their opportunity to achieve equal participation and respect. Thus, ‘the parallel to race and gender is not disability but impairment’ (Wolff 2009, 135).