Beyond the far too incessant schism: special education and the social model of disability

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Special education critics' vigorous appraisals of the social model of disability, along with their analysis of its implications for special education, provide a valuable forum for meaningful dialogue about how educators are to understand the nature of disability. In this article, we offer our response to their recent articles. As advocates of the social model, we find their critiques intriguing, at moments a bit provocative, but more importantly we find in their work an opportunity to advance beyond the far too incessant schism between those who support the medical model of disability and those who endorse its alternatives.

Keywords: disability; inclusive education; special education

> For years now this social model of disability has enabled me to confront, survive, and even to surmount countless situations of exclusion and discrimination. It has been my mainstay, as it has been for the wider disabled people's movement. It has enabled a vision of ourselves free from the constraints of disability (oppression) and provided a direction to our commitment to social change. It has played a central role in promoting disabled people's individual self-worth, collective identity and political organization. I don't think it is an exaggeration to say that the social model has saved lives. (Crow, 1996, 206–207)

For people with disabilities, disability advocates, and scholars in disability studies, Crow's words eloquently capture the emancipatory significance of the social model of disability. In fact, to say that the social model has revolutionised, and continues to revolutionise, the world of disability is not to overstate the case. It should come as no surprise, therefore, that along the way the social model and the new field of disability studies it wrought has attracted its share of detractors. Disability studies, Longmore (2003) wrote, 'has encountered strong opposition. Some critics condemn it for pushing parochial ideologies and political agendas, for lacking intellectual credibility, and for contributing to the "balkanization" of learning' (5). To fundamentally alter the way disability is understood, as the social model has done, can understandably be troubling to traditional special education scholars and professionals. Perhaps because disability studies in education is a more current extension to the broader field of disability

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studies, it is only recently that scholars within special education have taken direct aim at the social model of disability.

In a set of articles published in *Exceptional Children* (2011) and *Remedial & Special Education* (2010),[1] special education scholars Dimitris Anastasiou and James Kauffman presented a critique of the social model, contending, for example, that the model is based on physical disability and indiscriminately overgeneralises to other disabilities. Consequently, the social model improperly 'speaks' for all people with disabilities, according to their critique. And, because the social model is predicated on the 'very abstract and general concept' of disability writ large, it also, in their view, 'conceals the heterogeneity of various disabling conditions' (2011, 375), mistakenly mirrors the error of simplistic biological determinism by treating disability as a purely sociological subject, thereby committing the error of cultural determinism (2010/2011), fails to acknowledge that disabilities are intrinsic or 'primarily intrinsic' (2010/2011), ignores the role of biology (2010/2011), and ignores the reality of the normal curve and statistical norms (2010). These *errors* or *fallacies* have, in their view, some unfortunate and deeply troubling implications.

First, Anastasiou and Kauffman expressed concern that the social modelists' framing of disability as a form of social oppression 'separates people with disabilities from professionals who could help to maximize functioning or overcome much of their disablement (e.g., medical and paramedical professionals, special educators, engineers who develop assistive technologies)' (2011, 377). Second, they charged that proponents of the social model unjustly condemn special education as segregationist 'based on flawed premises and a romantic concept of social inclusion' (2011, 367), and that 'the constructionist [social] model of disability may contribute not only to a zealous pursuit of inclusion at the expense of effective instruction but also to the demise of special education' (2011, 368).

Anastasiou and Kauffman augment their critique of the social model by implicating social model scholars on a range of what they considered to be chinks in their academic armour, among other shortcomings. For example, disabled social model scholars are implicated for elevating their 'personal truths' over scientifically rigorous 'public truths', the latter of which to their way of thinking unambiguously signifies the superior of the two. Oliver (1996), along with others they reproved, 'clearly stated that they constructed their own personal truths, their unique perceptions and interpretations, because no person without a disability can better represent the likes and interests of people with disabilities' (2011, 369). They further objected to social model scholars' contention that disability labels are arbitrarily defined, and countered that, 'Those who decry labeling' are themselves 'labeling what they write about' (2011, 374) as apparent evidence of discrediting incoherency. Finally, specifying to published debates over the social model's distinction between disability and impairment, Anastasiou and Kauffman pointed to what they considered to be a discrediting lack of consensus among disability studies scholars (see French 1993; Shakespeare 2006; Shakespeare and Watson 2002). Citing Shakespeare and Watson (2002) and Shakespeare (2006), they approvingly portrayed Shakespeare as a reformed social modelist or, in their words, one who was 'a defender of the social model in the past … but also has strongly criticized it, calling for a more balanced approach' (2011, 369). This 'more balanced approach' is one that might be reckoned as closely corresponding their own understanding of the nature of disability and one informed, as is Shakespeare's book (2006), by the philosophical framework of critical realism.

Anastasiou and Kauffman's vigorous appraisals of the social model of disability, along with their analysis of its implications for special education, provide a valuable forum for meaningful dialogue about how educators are to understand the nature of disability. This issue indisputably informs every aspect of research and practice in special education. Consequently, we are appreciative of their critique and their willingness to engage in what has been an ongoing concern among disability studies scholars. As advocates of the social model, we find their critiques intriguing, at moments a bit provocative, but more importantly we find in their work an opportunity to advance beyond the far too incessant schism between those who support the medical model of disability and those who endorse its alternatives.[2]

For those less familiar with the social model, we begin with a brief background of its tenets and historical significance. Next, we address Anastasiou and Kauffman's concerns about the social model, its implications, and their critiques of social model scholars. As Anastasiou and Kauffman rightly observed, considerable deliberation among disability studies scholars has surrounded the social model very nearly since its inception. As we will clarify in the following section, the discussion involves not simply whether the medical model or social model best captures the *true* nature of, or how people experience, disability. It was and still is not a matter of one versus the other. Rather, this vibrant exchange represents an extended inquiry meant to push the boundaries of understanding about the phenomenon we call *disability*. Our examination of this debate then brings us to Shakespeare's (2006) recent contributions wherein he makes a case for a critical realist perspective on disability that appears (at least on the surface) to parallel Anastasiou and Kauffman's. This ostensive meeting of the minds provides an opportunity for us to probe the adequacy of critical realism's account of disability and to offer a different account, which we hope contributes to this vital discussion. To close, we explore the implications this different account might hold for education in general and special education in particular. Throughout, we address the concerns raised by Anastasiou and Kauffman's recent work.

The social model of disability: its background and significance

In the not-too-distant past, the meaning of the term disability was thought to be universally self-evident – the inability to do something that most others can do as a result of a specific impairment in physical, psychological, or intellectual functioning. Subsequently,

> [t]o have an impairment was regarded as a 'personal tragedy' – a conclusion which united service providers, policy makers and the wider public. It seemed to dictate a life of passive 'victim' characterized by social exclusion and disadvantage, and by dependency on assistance from family and friends and a 'safety net' of state welfare benefits and services. (Barnes, Mercer, and Shakespeare 1999, 10)

But all of this was about to change as disabled people led the way in challenging the public and professionals' taken-for-granted image of them as defective, deficient, and dependent. During the 1950s and 1960s, the Civil Rights Movement in the USA emphasised the need to recognise and address inequalities based upon race, gender, and sexuality. Similarly, people with disabilities and their allies mobilised to pass bills, change laws, increase access to all aspects of society, claim rights, and define themselves (Fleischer and Zames 2001).

In the UK, the Disabled People's Movement was launched in 1972 through the efforts of the Union of Physically Impaired Against Segregation (UPIAS). In their statement entitled, *Fundamental Principles of Disability*, UPIAS activists took specific aim at the traditional understanding of disability as a problem or set of problems directly and solely attributable to the individual who 'has the disability', stating that 'In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society' (UPIAS 1976, 3).

Building from this statement, Oliver (1990) elaborated and promoted what is broadly known as the social model of disability. Rather than conceiving of disability as an 'individual problem', the social model sought to make clear that the problems of disabled people derive from society's collective response to their impairments. Barriers and restrictions of all kinds stemming from discrimination enforce conditions of unemployment, poverty, isolation, segregation, and dependency, among others. In sum, the social model of disability constituted a reframing of the very concept of disability that

- defined impairment (physical, cognitive, sensory, emotional) as distinct from disability;
- viewed disability as a result of restrictive social practices imposed upon people with impairments (in sum, a form of oppression);
- recognised the imbalance of power in relationships between people with and without impairments throughout society;
- challenged the dominant model of disability (medical), which viewed disability as something that needed to be fixed or cured;
- advocated that people with disabilities have an active involvement in research about themselves; and
- trusted the experiences of people with disabilities, as individuals and as a group, over institutionalised or professional knowledge (Oliver 1990).

During the late 1970s in the USA, the American counterpart to the UK's early social model emerged. Explicitly drawing from lessons learned from the Civil Rights Movement, the early US social model claimed that people with disabilities were a minority group who were

- accorded less status than non-disabled citizens;
- subjected to significant, ongoing inequalities in most aspects of life;
- subjected to widespread discrimination; and
- relentlessly misrepresented and actively stereotyped in the media (Shapiro 1993; Zola 1982).

Both UK and US models confronted 'the idea of defective citizenship by situating disability in the environment, not in the body. Disability, from this point of view, requires not individual medical treatment [or other forms of "intervention"] but changes in society' (Siebers 2008, 73). It is important to note that the 'environment' Siebers referred to includes not only the physical surroundings but also the cultural, economic, institutional, and educational practices that impose significant restrictions on individuals with disabilities. It is likewise important to add that since its original founding, the social model has been extended to include all disabilities, including

those classified as intellectual, learning, or emotional disabilities (see, for example, Goodley 2001).

Central to the social model of disability is the conceptual framework of constructivism, or as Anastasiou and Kauffman termed it, 'social constructionism'. And at the heart of this framework is the recognition that everything we humans know about the world is inevitably imbued by our experiences, values, language, and so on. Correspondingly, human knowledge is culturally constructed rather than objectively discovered; and what we know about the world is the product not of direct observation of 'how things really are' but observation prepossessed by cultural values and individual beliefs. This understanding of knowledge runs counter to our deepest instincts, given a centuries' long tradition of carving up knowledge into neat categories of facts versus values (opinions), objective versus subjective, and the like. But as counter-intuitive as it is to some, this tradition has failed to survive the careful scrutiny of philosophers of science in the past several decades (see Gadamer 1975; Hanson 1958; Hazelrigg 1989; Kuhn 1962; Rorty 1979, 1989, 1991). As a group, what these scholars have demonstrated, and demonstrated convincingly, is that every human observation, including a scientific one, is influenced by our selected methods and tools of inquiry as well as our personal background and dispositions. What is out there in the world cannot be known separately from what we believe about it: none of our knowledge is mind-independent or value-free. We can only see the world from our place within it.

It is fairly easy to grasp this understanding when one considers learning disabilities, mild intellectual disabilities (ID), and behavioural disorders – the so-called judgmental categories of disability. Identification of these disability categories requires the drawing of arbitrary lines and distinctions. Moreover, none of these categories could exist absent a cultural context that *values* literacy, that elevates certain markers of 'smartness' over others, and that stipulates expectations for personal deportment. But when physical or sensory disability categories come into play, the social model's application seems far more elusive. Not much seems arbitrary or judgmental about observing that some people cannot see, hear, or walk, even if some arbitrary lines must be drawn to mark these categories, too. Blindness, deafness, and paralysis provide biological, observable, tangible referent points onto which we anchor certainty that our knowledge about them accurately reflects what is, what really exists, apart from our interpretations or opinions.

Yet, can these seemingly objective observations ever occur in the complete absence of interpretation, without some value judgement? The answer is no, because human observation must mean something, it must signify something. That is why the observation that someone is blind, deaf, or using a wheelchair triggers some sense of misfortune, however benevolently intended. But, even if it is not met with a sense of misfortune, some meaning (or combination of meanings) is inexorably created. Observation and interpretation are inseparable: to have one is, simultaneously, to have the other.

To rephrase the points, the social model holds that disability is socially constructed because an individual's attributes cannot be detached from the social, cultural, and physical environment that makes them meaningful. The contention here is not whether people differ from one another. Of course we do. The question is – what *meaning* is brought to those differences? How do those differences come to make a difference as a consequence of the way others interpret and subsequently respond to them? Just as interesting are the various differences that are not given equal weight. How do we understand a moderate hearing loss, requiring hearing aids differently than a moderate vision impairment that requires glasses? Why is skin tone given

more metaphoric weight than eye colour? Why are some differences perceived differently than others? And, who decides which differences matter in a particular social context?

The social model invites an unpacking of the term disability along many dimensions. Recognising the range of human diversity, whether it is physical, sensory, cognitive, emotional/behavioural, or any given combination, also prompts us to recognise that as these disparate conditions coalesce they all share the same location – placement outside the parameters of normalcy (Davis 1997). At its core, social model questions the parameters of normalcy, including who defines and enforces those borders, and most crucially the repercussions for those both inside and outside of these culturally drawn and fluctuating lines. In troubling our notions of normalcy, related concepts such as 'standard', 'average', 'typical', or 'able-bodied' are also reconsidered because these concepts are what define abnormal, substandard, below average, atypical, and, ultimately, disabled people themselves (Brantlinger 2004; Dudley-Marling and Gurn 2010).

To state it more pointedly, the seemingly benign category 'normal' is, in fact, a powerful notion that defines who is inscribed within and who is positioned outside of its circle. Scholars working within the social models recognise that from the moment of birth when Apgar scores are recorded, human beings are continually subjected to culturally potent rules, practices, regulations, and cultural beliefs in order to gauge whether they fit the mould of normal. Thus, the social model does not treat normalcy as a 'given' but instead, like disability, as socially defined, context specific, and subject to change. Indeed, it is the dynamic symbiotic relationship of normalcy and abnormalcy – and how each defines the other – that forms the core of the social model.

Anastasiou and Kauffman on the social model, its scholars, and its implications

While the social model of disability is often thought of as a conceptual monolith, it is more appropriately understood as a constellation or multifaceted approach towards engaging the experience of disablement. That said, various renditions and interpretations of it impart a common theme we described earlier – disability (and therefore disablement) is a socio-political construction. It is here that Anastasiou and Kauffman's main dispute with the social model appears to lie when they asserted that the social model 'ignores the role of biology', fails to understand that disabilities are 'primarily intrinsic', and 'invokes a simplistic cultural determinism'.

Although they acknowledged the role of social constructionism in the creation of ethnic, racial, gender, sexual, and social class categories, Anastasiou and Kauffman contended that '"intrinsic factors" (i.e., socialized biological factors) are the best explanation of disabilities' (2011, 379). For them, the visible, and in some cases presumed, biological differences that denote disability have at least some correspondence to a mind-independent reality which stands over and apart from any social context or cultural beliefs, even though those biological differences are, as they acknowledge, '*socialized* biological factors'.

We agree entirely with them when they denounce sexism, racism, homophobia, and the like as forms of prejudices based on the socialisation of human variation, but would like to point out that disability is also based on this very same phenomenon. This situation leaves us wondering how Anastasiou and Kauffman can make good on their insistence that 'socialised biological factors' can serve as a proper foundation for grounding the 'reality' of disability but an improper one when used to ground, for example, gender

and race. This is particularly so when we consider the long history and intersectionality of all of these forms of oppression (Ferri and Connor 2005, 2006). And, as Baynton (2001) has conclusively documented, disability has long played a central role in legitimating discrimination against women, immigrants, and ethnic/racial minorities. Women, for example, were denied education, property rights, and the vote because they were deemed to lack 'higher reasoning' and were thought to be subject to 'hysteria' (hence the medical term 'hysterectomy'). Denial of civil rights, education, and economic opportunity for ethnic and racial minorities was justified on the conviction that they were 'feeble-minded' and 'disease-prone' (Baynton 2001).

Further, we are reminded that not until 1973 did the *Diagnostic and Statistical Manual II* (DSM-II) remove homosexuality as a mental disorder in and of itself and replaced it with the category of Sexual Orientation Disturbance, a category arrived at to serve as a compromise between professionals who insisted that homosexuality be understood as a mental disorder and those who viewed it as normal human variation. In the 1980s, controversy continued to surround the DSM-III category of Ego-dystonic Homosexuality, to 'diagnose' people who experienced distress about their sexual orientation, thus pathologising people for experiencing emotional pain as a result of their oppression. The 1986 DSM-III R removed Ego-dystonic Homosexuality and replaced it with 'Sexual Disorders Not Otherwise Specified'. The DSM-IV (APA 1994) and the DSM-IV-TR (APA 2000) included 'transvestic fetishism' and 'gender identity disorder' as officially recognised disorders. DSM V is currently in consultation, and the term 'gender incongruence' appears to be the selected term to further construct a category of people pathologised by the difference between their assigned gender and their experienced/expressed gender.

The significance of this continual reconstruction of the category of disability is that it has *not* resulted from the discovery of a better depiction of reality based on scientific (or scientist) investigation, but rather from a changing moral sensibility, a point to which we will return later. Siebers (2008) summarised the situation aptly when he stated that 'The presence of disability further feminizes the female other, further racializes the racial other, and further alienates the alien other. In each case, the association of disability with a particular group justifies exclusion from the community of rights-bearing people' (180). Clearly, the struggle for civil rights is far from over and, as Siebers reminded us, the issue of disability is ground-zero in this struggle (see also Davis 2002).

Although Anastasiou and Kauffman's account of 'socialised biological factors' as a vehicle for separating the biological (intrinsic) from the social (extrinsic) may have a common sense appeal, it raises an important question – how is one to separate the 'socialised' part of the disability from the 'biological' part, the supposed 'thing itself' from one's beliefs about 'the thing itself'? If we cannot make this distinction when it comes to gender, race, and so on, how is disability any different? For Anastasiou and Kauffman, this distinction seems possible because under their stated philosophical framework of critical realism, truth or reality can be known, if not completely then certainly in 'rough approximations' (2011, 373). In acknowledging that disability and thus all disabilities are concepts, they stated:

> Undoubtedly, *concepts* are mental constructs that are built in society and baptized in cultural representations. Sometimes concepts are in direct correspondence to external realities and can be rough approximations to the truth; sometimes they are simply weak correlations with the natural and social worlds and, under certain circumstances, can

lead to strong stereotypes and prejudices (e.g., sexism, racism, nationalism, homophobia). (2011, 373, emphasis in original)

Of course, this statement clearly and immediately leads to difficulties concerning the basis upon which they distinguish the 'direct' from the 'weak' and from the 'stereotypes'. There must be some criteria for making these distinctions. The question is – would these criteria be scientific or moral? The problems involved with distinguishing and thereby with their position at its core become apparent when we look at how it plays out in the area of ID. In the midst of deriding social constructionists for asserting that ID is a socially created category, Anastasiou and Kauffman actually end up substantiating the position of social constructionists when they challenged as follows:

> For example, instead of asking, 'What is intellectual disability (ID)?', social constructionists are more likely to raise questions about the validity of the 'official' definition of ID and the relevance of the social context of ID (or any label). Mercer (1973) described such questions as non-sensical; the definition of *intellectual disability* (in Mercer's time *mental retardation*), like other definitions, is not absolute, but a *social consensus* (emphasis added here). Thus, how intellectual disability is understood and, consequently, who is disabled, depends on the underlying paradigm or theory. (2011, 372)

Why, like Mercer, they think it is 'non-sensical' to question the validity, official definition, and social context of ID is entirely unclear when they agree that disability definitions are a matter of social consensus and depend on 'the underlying paradigm [world view] or theory'. Given their analysis here, it appears that the social model may be more telling than they are able to admit. It would seem to follow that if the underlying theory or paradigm changes, so must the official definition. Kuhn (1962), often accused of leading us into relativism, could not have put it any better.

Their entanglements are far from resolved, but rather made more complicated, when Anastasiou and Kauffman attempted to explain further that

> The borderline between ID and normal range of intelligence depends certainly on cultural representations and social values, but it cannot be avoided (Kauffman and Lloyd 2011). Even more important, drawing this line depends on political priorities (tolerance, willingness to offer educational and other services, opportunity to work, etc.). Though the issue of 'borderline' is not trivial, as it applies most obviously to people with milder ID, the essence of cognitive disability goes beyond ambiguous borderlines. Moderate, severe, and profound ID are usually defined by restrictions in learning speed or in the need for assistance; *these restrictions can be set at almost any level we may choose.* (2011, 373–374, emphasis added)

There are several issues at hand here. First and most obviously is Anastasiou and Kauffman's concession that the borderline between ID and normal range of intelligence unavoidably depends on cultural representations and social values, political priorities, tolerance, and willingness to offer services and opportunities. Again, this point would appear to support, and support unambiguously, a social constructionist perspective on disability. Second, though they also conceded that the arbitrary drawing of the 'borderline' is not trivial, they specified that it is most obvious when it pertains to milder ID and went on to assert that the 'essence' of cognitive disability transcends the ambiguity of borderlines. Here one might suggest that the situation should be reversed, such that the obvious judgements involved in the concept of mild ID reveal the less obvious ones involved in the concepts of moderate, severe, and profound ID. The presence of greater social consensus achieved when judging individuals as

having moderate, severe, or profound ID does not obviate that these disability designations rely no less on the socio-political. Put differently, the presence of a preponderance of social agreement makes the judgement no less social. As Trent's (1994) history of ID illuminated, cognitive disability, including those categories now referred to as moderate, severe, and profound, cannot be essentialised, but rather situated in historical contingency and socio-political contexts.

Anastasiou and Kauffman somehow are able to cordon off disabilities as a special class of human variability, one that is real or at least partially real in the sense that our social judgements about disabilities can be anchored, however approximately, to the hard biological rock of an objective reality. Unlike gender, race, ethnicity, and other socially created categories, they asserted that disabilities possess an epistemological and ontological status all their own. This is so, they claimed, because:

> Apart from cultural, gender, and class differences, individuals differ in how well they perform critical activities in everyday life, critical in terms of the evolutionary history of human species. The abilities to hear, see, walk, speak, learn, communicate, and socialize are *critical* and enormously important because they have been acquired in the course of the evolutionary history of the human species. People with disabilities have restrictions in performing critical evolutionary abilities. (Anastasiou and Kauffman 2010, 3, emphasis in original)

Advocates of the social model of disability, on the other hand, have endeavoured to confront the invidious comparison expressed in this claim. The necessity of being able to hear, see, walk, speak, learn, communicate, and socialise like most other people is nothing other than an imposition of a set of social values, no different than making a certain skin colour or any other biological or mental characteristic socially indispensable. We might also note that skin colour was, in an earlier era, thought to be evolutionarily significant. That contemporary culture may judge certain abilities to be of critical importance does not mean it must forever and always be thus. Certainly in the current context of technological advances, it could be said that any one of these so-called evolutionarily significant abilities will be, if they are not already, up for grabs.

Changing the status quo is the goal of the social model – ending the tyranny of being considered less than human along with the subjugation that inevitably results in being so viewed. It is to end the existential rejection inherent in the conviction that some human differences must be subjected to all of the 'help' provided by experts bent on fixing and remediating people with particular differences until they are, if not fixed or cured, at least shaped into reasonable facsimile of the 'rest of us'. If some view this perspective as a case of ingratitude towards a well-meaning and compassionate society, it is because that society has, however inadvertently, overlooked the consequences of being subjected to some forms of 'help' (Blomgren 1993; Hunt 1998). It is also a bid on behalf of disabled people to speak for themselves as a counter to the society and its experts who have for so long spoken for them (Charlton, 1998). This, as it must, includes Anastasiou and Kauffman who, while accusing disabled social modelists of speaking for others, somehow missed the fact that they and other professors of science have long taken the liberty to affirm their personal truths about disability as public truths.

As Anastasiou and Kauffman correctly noted, the social model of disability has generated controversy and disagreement almost since its inception. Most of these debates stem from epistemological and ontological questions, most specifically the distinction between biological differences and the social meaning of those differences. Here the

authors are not alone in their no doubt genuine effort to make sense of these very challenging questions. In what follows, we recount the substance of these debates.

Disability studies scholars on the social model: deliberations and debates

Although disability studies scholars and activists credit the British social model for disrupting the dominance of the medicalist perspective on disability and thereby creating a space for disabled people to mobilise politically, some have also voiced concerns about aspects they believe are its inadequacies. At the centre of these objections is the social model's distinction between disability and impairment. This distinction was based on the UPIAS (1973) statement quoted earlier which specified that disability is a set of restrictions and barriers imposed upon people who have impairments, a distinction which parallels Anastasiou and Kauffman's socialised biology. Impairments, under this model, are understood as an ontologically objective reality whereas disability is socially constructed. This disability versus impairment distinction, while politically useful, has unfortunately generated a conceptual muddle of some consequence among several scholars.

As Anastasiou and Kauffman noted, some disabled disability studies scholars have raised concerns that the social model's account of disability as socially created promoted the denial of the individual's embodied experience, including that of pain, illness, and the emotional distress, or what Thomas (2004a) called, 'impairment effects' (see also Crow 1996; French 1993). We must note here, though, that their discussions about these conceptual issues should not be portrayed, as Anastasiou and Kauffman seem to do, as fundamentally discrediting the social model. In fact, we suspect that the disability studies scholars they cited in their effort to dispute the social model would be deeply dismayed by their rendition of the debates over these issues. Accordingly, it is important to understand that none of the disability studies scholars who have critiqued the social model repudiate its basic premise, as Anastasiou and Kaufmann appear to imply – nothing could be further from the case. For example, while Thomas (2004b) has promoted a social relational understanding of disability that accounts for 'impairment effects', she also voiced deep concern that this perspective might blunt the social model's challenge to the presumption of defective citizenship:

> The social advances achieved by oppressed groups are always of much greater significance than any loss in the clarity of ideas along the way. The social model remains, and should continue to remain, in place as a powerful organizing principle, a rallying cry, and a practical tool (Oliver 2004) for the disabled people's movement. (581)

Other disability studies scholars have taken a cue from feminist scholars who draw on post-structuralism and post-modernism to acknowledge the ways that both sex and gender are always already social and have, thus, all but abandoned the sex/gender binary as unsustainable. In other words, like feminists who have argued that there is no such thing as a pre-social or pre-cultural sex (see Butler 1990; Thomas 1999; Tremain 1998), disability studies scholars have likewise critiqued the way that the social model distinction between impairment and disability similarly obscures the ways that impairment, like disability, is constructed. Again, the goal of this scholarly critique of the social model has not been to invalidate the model, or deny that disability is constructed. Moreover, as Shakespeare and Watson (2002) acknowledged, 'for much of the time the priority remains to analyze and campaign against social barriers' (24). Instead, disability studies scholars continue to work towards a more radical and

sophisticated social model, not an abandonment of the social model or a return to the medical model. For instance, Shakespeare and Watson (2002), argued that, 'impairment and disability are not dichotomous' (24), but rather a 'dialectic of biological, cultural, socio-political factors' (24). Thus, disability cannot be reduced to either social barriers or impairment. The opposition within disability studies to the medical model stems from a refusal to be defined solely on the basis of one's impairment, yet scholars like Shakespeare and Watson also acknowledged that different levels and types of intervention are often necessary, whether they be medical/individual, social, or political.

Likewise, Shakespeare's (2006) critique of the British social model, on which Anastasiou and Kauffman appear to have relied upon rather heavily, affirmed that the ' ... benefits of the social model approach are that it shifts attention from individuals and their physical or mental deficits to the ways in which society includes or excludes them' (29). Shakespeare further endorsed its vital role in disabled people's political mobilisation and the removal of barriers. None of this is to say that Shakespeare (see Shakespeare 2006; Shakespeare and Watson 2002) has not expressed serious misgivings about the social model or that his views have not evolved over time. We do, however, question Anastasiou and Kauffman's wholesale claim that Shakespeare has 'changed his mind about the social constructionist model of disability ... ' (2011, 369). This interpretation is, in our estimation, a rather selective account of his position. That said, their selectivity is in some ways understandable because Shakespeare's discussions of disability and the social model encompass a vast array of conceptual frameworks in such a way that it is difficult to get a handle on his core position. By 'employing a plurality of approaches' that he considers 'beneficial in the analysis of disability' (54), he has drawn on post-structuralism and post-modernism, social constructionism, and feminist theory, among others. As he went on to explain:

> Rather than tie myself to one view or model, I have tried to take useful elements from different theorists. This selectivity may lead to inconsistency, but avoids the danger of trying to fit the complexities and the nuances of life into an over-rigid structure or system. (54)

For better or for worse, this plurality of approaches entailed a shifting from one conceptual framework to another that some might mistake as incoherence and others find difficult to decipher. So, while he considers the disability versus impairment distinction of the social model fundamentally flawed, it is also clear that he has not repudiated a constructionist perspective or endorsed a medical model view, quite the contrary. In fact, the disability studies scholars who have critiqued of the social model have sought more nuanced understandings of it rather than a shift back to the traditional medical model. Consider, for example, Shakespeare's use of non-realist ontology in the following:

- 'There is no pure or natural body, existing outside of discourse. Impairment is only ever viewed through the lens of disabling social relations' (Shakespeare 2006, 35).
- ' ... what counts as [a biological] impairment is a social judgment. The number of impaired people depends on the definition of what counts as an impairment. The meaning of impairment is a cultural issue, related to values and attitudes of the wider society' (Shakespeare 2006, 35).

- 'Where does impairment end and disability start?' (Shakespeare 2006; Shakespeare and Watson 2002, X)
- 'For us, disability is the quintessential post-modern concept, because it is so complex, so contingent, so situated. It sits at the intersection of biology and society and of agency and structure' (Shakespeare and Watson 2002, X).

In these examples, Shakespeare was not arguing that disability is not constructed, but rather making an even bolder claim: that impairment, too, is socially constructed. Laying out the above, Shakespeare also draws on critical realism because, ontologically, critical realism means the 'acceptance of an external reality . . . ' (54). The following statements reflect his use of the critical realist framework:

- 'Of course, some impairment/disability distinctions are straightforward' (Shakespeare and Watson 2002, X).
- 'It is impossible to remove all the obstacles to people with impairment, because some of them are inextricable aspects of impairment, not generated by the environment' (Shakespeare and Watson 2002, X).

Our aim in recounting all of this is to demonstrate the difficulties of selecting or over-interpreting only one of Shakespeare's approaches towards understanding either disability or impairment. In fact, his argument with the social model, indeed the reason that he thinks the model has outlived its usefulness, centres on its disability versus impairment distinction, which he sees as a false dichotomy precisely because disability and impairment cannot be disentangled – not because disability is not constructed. Moreover, although to his way of thinking it is sometimes useful and indeed necessary to consider the *lived* reality of impairment (how an individual interprets her or his experiences), this in no way obviates the necessity of acknowledging impairment as socially constructed. The key point here, and one that is easy to miss, is that the constructed realities we call disability or impairment are no less *real* to the individual.

We agree with his assessment that the social model's disability versus impairment distinction is indeed a false dichotomy. Yet, because Shakespeare selectively draws among a variety of conceptual frameworks, his work risks being read quite selectively, resulting in confusion and misunderstanding. Having said as much, we would very much like to recognise how very trying it is to articulate a coherent understanding of a concept as complex and as politically encumbered as disability surely is. It is also understandable why he wished to avoid 'resorting to relativism or extreme constructionism' (2006, 54), because these, too, are turbulent waters to navigate.

Critical realists have claimed a way out of this turbulence. This is certainly so with Anastasiou and Kauffman, but less clear with Shakespeare. Either way, we find their attempts to maintain an ontological and therefore epistemological foundation as a path through the entanglements of impairment versus disability to be insufficient. In what follows, we set forth our misgivings about the usefulness of critical realism. In so doing, we are not arguing against the values of pluralism. Nor are we suggesting that others should not be free to employ their preferred frameworks, multiple frameworks, or perspectives. Rather, our aim is to reason our way through the current difficulties, to contribute to the conversation in a way that we hope will move it forward.

A critique of critical realism

Critical realism is a philosophical school of thought which holds that while there is an objective, independently existing reality outside our thoughts about it, we cannot gain direct access to that reality because human thoughts and perceptions mediate our sensory experiences. For critical realists, the goal is to refine those thoughts or perceptions to reflect more accurately an objective reality. Despite the recognition that this goal can never be fully realised, critical realists believe it is possible to gain better, more accurate knowledge of the objective workings of the social world through critical reflection or the use of specialised methods of inquiry. The thinking is that their 'rough' approximations can be made less 'rough' because of these specialised methods. In rejecting the naïve realism of logical positivism, they take on the task of reconciling the gulf between their realist ontology (the nature of reality) and their subjectivist epistemology (the nature of human knowledge).

Anastasiou and Kauffman, as well as Shakespeare and several other scholars in disability studies (see Siebers 2008, for example), have taken up slightly different nuances or versions of critical realism as a path through the unsettling thicket of a constructionism that they consider to be obscure, extreme, or, even worse, relativistic. Anastasiou and Kauffman's critical scientific realism led them to accept an understanding of disability that acknowledges the role of human perception, or what is commonly thought of as subjectivity, while also characterising disability as an objective reality. Within this framework, disability is characterised as

> . . . a collective representation that may correspond, less or more successfully, to some real 'socialized biological' conditions, a representation that is partly variable in time and place, usually according to changes in cultural expectations and values, techno-science, and sociopolitical context. Despite the inherent variability of the act of representing human conditions, scientific constructs (e.g., scientific definitions of specific definitions of specific disabilities) – a special kind of collective representation – are the best way to approach truth; they are products of scientific enquiry and are scrutinized constantly for their truth and falsity by using the self-corrective methods of science . . . . (2011, 373)

For Anastasiou and Kauffman, specific disabilities (those scientifically defined) represent a 'special kind of collective representation' because specialised methods of enquiry make it possible to achieve, eventually and at least in principle, a direct connection to reality, however mediated by human perception. The end results are approximations to truth because those truths about disability are thought to correspond more closely with, and be grounded in, an objective reality.

And this is where the situation becomes problematic. Problematic, and therefore unconvincing, because the application of scientific methods is not up to the task of allowing us to transcend our individual or collective views of the world, as Gallagher (2006)[3] has argued previously. Moreover, there appears to be a contradiction entailed in their stated position because one could reasonably argue that, certainly by the standards of realist philosophies, to achieve, at least sometimes, a direct correspondence to reality would lead, at least sometimes, to truth itself and not an approximation. If they have direct correspondence to reality, but can gain from it only approximations to truth, it is incumbent upon them to explain the inherent contradictions of this position. How close is close, or close enough? Further, if the reality 'as it really is' is unknown, then there can be no referent point to judge whether one has approximated it or is flat out wrong – a point they fully recognise as per the quote above. One must know

the truth ahead of time in order to declare an approximation of it has been achieved (see Hazelrigg 1989). In the absence of a thorough explanation, it appears that the critical realism that informs Anastasiou and Kauffman's characterisation of disability backs them into that untenable position of truth as correspondence. Their qualifier 'approximations' does not allow them to escape their entanglement in this much dismissed theory of truth (Rorty 1991, Thomas 1979).

The entanglements can be clearly witnessed in the awkward confusion critical realism brings to possibly the most crucial distinction – the disability versus impairment distinction. In plain terms, this framework would have us accept the notion that disability is constructed except for the parts that are real. Which part is real and which is constructed is apparently a matter of consensus. How could it be otherwise? Such is the case for all disability categories, including those whose biological referent point is visually observable. To claim that disability is 'primarily intrinsic' cannot be sustained on the basis of attempts to separate the social from the biological. As Tremain (2002) aptly confirmed about the move to treat impairment as an objective, mind-independent reality:

> Indeed, it seems politically naïve to suggest that the term 'impairment' is value-neutral, that is, 'merely descriptive', as if there could ever be a description which was not also a prescription for the formulation of that to which it is claimed innocently to refer. Truth-discourses which purport to describe phenomena contribute to the construction of their objects. (34)

And here we reiterate – this does not mean that some people cannot walk, or see, or hear. Just as racial categories were constructed on the basis of visually observable differences in skin colour, hair form, and so on, disability has been constructed on the basis of a variety of human characteristics – some that are visible and others, which are not.

Whether those characteristics called disabilities or impairments are visible or behavioural, the observation of them is an ineffably interpretive act. They cannot, a priori, be understood as characteristics or differences until meaning, hence, evaluation, is brought to them. To say that someone is either disabled or impaired is not a neutral description. It is, inescapably, a value judgement. To claim one or the other is a neutral description requires a language that is value-free. And we as humans do not have such a language that allows us to separate neutral description from evaluation, nor any idea of how to find or devise such a language (Putnam 1981). The distinction between disability and impairment, and the realism that makes this distinction, is impossible to cash in on. Words, and therefore sentences and descriptions, mean what we want them to mean (Wittgenstein 1958).

Now, how does this situation *not* lead to a decent into chaos where there can be no legitimate judgements about whether something is meaningful or insignificant, right or wrong, or good or bad? How does this not lead, as Anastasiou and Kauffman suggested, to a world of Holocaust deniers, a world where we do not call murder what it is, and so on? And does this mean that we can deny that people feel pain and/or respond with indifference to their needs? Does it mean that people should not seek medical or other kinds of support? The answer to all of these questions is an unqualified no. These questions are only relevant under the assumption that moral action must have a foundational basis of justification, an external, mind-independent reality that adjudicates correctly between competing moral claims and one that ultimately coerces us to make the right decisions based

on something other than our always possibly flawed and temporal judgements about what is right and good. Or, put differently, these questions are based on the conviction that reality must be other than constructed if it is to be equal to the task of distinguishing between the moral and the immoral.

Life would be easier, less complicated, and certainly less anguishing if such a foundation existed, and for this reason the longing for one is certainly understandable. What we call 'hard, cold, facts' should be able to resolve our differences. That they fail in this capacity is not only exasperating but also revealing because we are ultimately left, in the end, to debate the morality of either agreeing or disagreeing about the veracity of the facts themselves. To say that what constitutes a fact is a matter of consensus then becomes a deflating prospect to some – but it may well be liberating for all of us. This is to say that we live in a world in which we are beginning to realise that foundations for our knowledge are no longer possible – a post-epistemological/post-ontological world (Rorty 1989). In a world without foundations we must engage in the task of seeing ourselves as moral beings first and foremost. The difficult task is to understand that the distinguishing between right, wrong, good, bad, and so on demands engagement and moral persuasion (Bernstein 1983; Gadamer 1975; MacIntyre 1984).

We can have our descriptions of people and their 'predicaments' (Anastasiou and Kauffman 2011; Shakespeare 2006) if it means that we recognise human needs. But, in making these descriptions we need also to affirm that what we take as a predicament is fundamentally conditioned by culture and context. This recognition requires an accounting of how we describe, towards what ends, and whose interests and welfare those descriptions serve. To go beyond the epistemological and ontological, to realise that being tied to various frameworks of knowledge is not only confusing and stultifying, but also imposes artificial and pointless restrictions on the possibilities of better ways of responding to the needs of each other. In other words, getting beyond the question of '[i]s our knowledge of things adequate to the way things really are', means we can begin asking instead how do our descriptions ' … fulfill our needs more adequately … ?' (Rorty 1999, 72). More to the point, this means that disability is a moral category.

Disability/impairment: a moral category

We humans, particularly those in affluent cultures, seem to abjure inconvenience – and nothing seems to conjure up the dread of inconvenience more than a person who needs more time in comparison with others, whose daily life seems more cumbersome than some of us think it should be, or requires resources other people covet as their own. Freedom, individualism, and independence dominate our cultural ethos to the extent that those who cannot 'keep up' or who 'burden' *others* are almost unquestioningly seen to be problematic both to themselves and to others. It is not necessarily so. The social model of disability would have us reconsider these cultural values, and perhaps even enjoin us to value the reminder that the most important things in life are not at all about convenience or independence.

Seeing disability (or impairment) as a moral category begins the work of erasing the lines between 'them' and 'us' (Sutherland 1981). In asserting the equal moral worth of all people, whether they are considered disabled or non-disabled, Shakespeare (2006) quoted MacIntyre's (1999) *Dependent Rational Animals*, wherein the latter described the cultural context of equal moral worth as

> a form of political society in which it is taken for granted that disability and dependence
> on others are something that all of us experience at certain times in our lives and this to
> unpredictable degrees, and that consequently our interest in how the needs of the disabled
> are adequately voiced and met is not a special interest, the interest of one particular group
> rather than of others, but rather the interest of the whole political society, and interest that
> is integral to their conception of their common good. (130)

Expanding on the theme that we are all limited in meaningful ways, depending on what
one considers meaningful, Davis (2002) explored the problem of re-inscribing disabil-
ity categories in the effort to eliminate them. That is why he proposed the concept 'dis-
modernism' as a way to deconstruct normalcy and to suggest that 'we are all
nonstandard'. Here he called for the ethic underlying universal design that makes the
world as accessible as possible to us all. Shakespeare and Watson (2002), too,
suggested that disability can be thought of as *the* human condition, because the
essence of being alive is to live in a body that is both vulnerable and ever changing.
It is society that minimises some limitations while exaggerating others, but this is
not to say that we all do not have limitations, that we are not all interdependent on
one another.

If our goal is to work towards, and eventually achieve, the full rights and human
dignity of all people, it will not be accomplished by continuing the reification of objec-
tivist or partially objectivist categories that invariably separate us. It requires a great
deal of rhetorical agility to insist that some people are inferior in objective and therefore
meaningful ways while also claiming to accord them equal value. As well-intended as
this approach no doubt is, it does not seem to have worked out very well. These inces-
sant discussions over epistemology/ontology, critical realism, and so on are no longer
of consequence and need no longer to be pursued. Taking the lead from Rorty (1989),
we are in a post-epistemological/post-ontological age where there can be no extra-
linguistic grounding for our claims to knowledge.

Questions about human difference have never been the province of, or susceptible
to, some specialised methods that we became fond of calling scientific. Instead, we
would argue, these questions are as they have always been – moral questions that
require human solidarity, an understanding that dispenses with the categories of
'them' and 'us'. As Rorty (1989) put it:

> [H]uman solidarity [should] be seen not as a fact to be recognized by clearing away
> 'prejudice' or burrowing down to previously hidden depths but, rather, as a goal to
> be achieved. It is to be achieved not by inquiry but by imagination, the imaginative
> ability to see strange people as fellow sufferers. Solidarity is not discovered by reflec-
> tion but created. It is created by increasing our sensitivity to the particular details of
> pain and humiliation of other, unfamiliar sorts of people. Such increased sensitivity
> makes it more difficult to marginalize people different from ourselves by thinking,
> 'They do not feel it as *we* would', or 'There must always be suffering, so why not
> let *them* suffer?' (xvi)

In his essay, *Human Rights, Rationality, and Sentimentality*, Rorty (1993) advanced the
idea that our goal should be aimed at creating an empathetic culture, a culture that is
more interested in being *with* people rather than doing things *to* them. In such a
culture, the being with people leads to an understanding that our individual well-
being is inseparable from that of others. He also suggested that we can get there and
can create this achievement of the imagination, through what he calls sentimental or
empathetic education. This would mean that we

... concentrate our energies on manipulating sentiments, or sentimental education. That sort of education sufficiently acquaints of different kind with one another so that they are less tempted to think of those different from themselves as only quasi-human. The goal of this manipulation of sentiment is to expand the reference of the terms 'our kind of people' and 'people like us'. (1)

This education of solidarity and the kinship it engenders is the starting place for improving the educational experiences for all students. It is a prerequisite for informing the kinds of provisions made as well as improving the educational arrangements and practices we use as educators.

Conclusion: in defence of disability studies in education

In responding to these critiques of the social model of disability, we hope to have clarified many of the misperceptions and misreadings of what has been a lively and ongoing dialogue within the larger field of disability studies surrounding what has been called the social model or minority group model of disability. Earlier iterations of the social model drew a very clear distinction between impairment and disability, viewing impairment as natural variation and disability as the socially constructed responses to someone who is seen as having such differences. In other words, from a social model perspective, disability is seen not so much a problem in the bodies and minds of individuals, but rather a problem of societal access and acceptance of impaired (or 'different') ways of being in the world.

In our view, Anastasiou and Kaufmann misconstrued some of the more recent and more robust theoretical iterations of the social model by Shakespeare and others, who have argued that both impairment and disability are socially constituted. This debate within disability studies should not be taken as an indictment of the social model or a reaffirmation of the medical model, but it should be taken rather as a sign that disability studies is a vibrant, multifaceted field of inquiry that is engaged in many of the debates occurring in other critical fields of study. We also draw on the work of Rorty and others to suggest some conceptual dead ends associated with a critical realist perspective.

Unfortunately, Anastasiou and Kaufmann focused on quite a narrow range of disability studies scholarship, largely ignoring scholars in the USA and, even more surprisingly, those who have been articulating disability studies scholarship within educational contexts. Thus, we want to briefly showcase some of the range of disability studies scholarship in education (DSE) and illustrate why this work is vitally important to special education practice and schooling as a whole. Rather than defend any one particular model as *the* DSE model – we seek to expand the voices, particularly within DSE, that were left out of Anastasiou and Kaufmann's piece. Even a brief introduction to this work suggests that DSE is neither static nor unitary, but rather an ever-evolving field of critical inquiry that is committed to eliminating ableism in research, theory, and practice.

As Taylor (2006) writes, 'Disability Studies in Education existed before it had a name' (xiii). Thus, if we would retrace an origin story for the field, we would certainly concur with Taylor that there have always been resistant voices within special education[4] and DSE owes much to this legacy of critical special educators and disability studies scholars. What sets DSE apart, however, is the way that contemporary scholars have come together, forming special interest groups in professional organisations, hosting yearly conferences, forging alliances across disciplinary divides, editing

special issues of journals, building an ever-expanding research base, launching book series, and fostering collaborations within the field.

A common thread in these various works[5] involves questioning taken-for-granted assumptions that are deeply entrenched within the field. As Danforth and Gabel (2006) write, the critical role of DSE is to interrogate 'rarely questioned assumptions about what disability is; what disabled people need, want, and deserve; and the responsibilities of education and educators in relation to such matters' (1). Taking up this work, scholars have questioned the necessity or usefulness of special education labels (Biklen 1992; Keefe 1996; Mercer 1973) and services (Brantlinger 2006; Dunn 1968); the construction of normalcy (Davis 1995) and the myth of the normal curve (Dudley-Marling and Gurn 2010); and the need to dismantle deficit model thinking in education (Dudley-Marling and Paugh 2010; Valencia 2010). Some of these critiques have taken aim at the epistemological grounding of the field (Danforth 2009; Gallagher 1998; Heshusius 1989), while others have written counter-histories of special education (Franklin 1987; Sleeter 1987).

Scholars have coined words like handicapism (Bogdan and Biklen 1977) and later ableism (Hehir 2002) when they ran into lexical gaps to explain the ways society stigmatises and devalues disabled ways of being in the world. Tools brought to the task of thinking about disability and education from a disability studies perspective have drawn on a range of qualitative research traditions, as well as discourse and narrative analysis, historical and archival research, and interdisciplinary and humanities-based analyses, to name just a few. Theoretical frameworks have included critical race theory, post-colonial studies, feminist studies, critical geography, post-structuralism, and more. In these works, scholars have articulated ways that disability interdepends and intersects with other social identities, such as race and social class (Blanchett 2006; Connor 2008; Ferri and Connor 2006; Harry and Klingner 2006; Losen and Orfield 2002), gender (Ferri and Connor 2009; Erevelles and Mutua 2005), and nation (Erevelles 2011). Finally, adhering to a central tenant of the disability rights movement, 'Nothing about us without us', scholars in DSE have also acknowledged the importance of centring the experiences of individuals with disabilities as sources of knowledge and insight. The following list is simply a starting point for thinking about the ways that a DSE orientation would contribute to the practice and perspective of special educators. These are the following:

- For a field like special education, which is steeped in the practice of measuring and assessing students, DSE shows us that students must always be seen as essentially unknowable; always exceeding their impairment labels or assessment reports.
- Although the social model began with a focus on impairment and disability, DSE recognises that impairment is no more real than normal is. Both normalcy and impairment are socially constructed.
- If we adhere to the tenant, *nothing about us without us*, then we must also regard the individual as the expert of their own experience. Therefore, each individual with a disability is an important source of knowledge and expertise and an equally valid consciousness.
- Presuming competence is the least dangerous assumption that we can make – to presume competence, you are basically setting forth a new Hippocratic oath for teachers (Biklen 2006).
- In this era of focusing incessantly on particular kinds of evidence of what works, DSE reminds us to always question, 'What works for whom?'

- DSE shifts the object of remediation away from the individual with an 'impairment' to the larger classroom and school context.
- Hand-in-hand with this approach, DSE honours disability-specific ways of being and operating in the world (Hehir 2002).
- The longstanding problem of overrepresentation of students of colour in special education is seen as intimately connected to racial resegregation and evidence of the intersectionality of race and disability.
- DSE recognises that inclusion is as much a moral and political issue as it is an instructional one.
- The focus of DSE extends beyond the individual student to include a critical analysis of teacher education as informed by deficit model and the need to adopt a more critical stance towards school reform efforts that have deleterious effects on students with disabilities.
- Dabbling at the edges of our discipline or working incrementally will not lead to real change, but using the tools of DSE to question the most foundational assumptions of the field can.
- We cannot be content to read narrowly within our attenuated versions of science; there is much to be gained by engaging in interdisciplinary scholarship.
- Given the longstanding problems of overrepresentation, we must *always* account for ways that race, gender, social class, and sexuality intersect with disability and engage in collaborations with other critical theories/scholars to help flesh out these effects.
- Given the lack of methodological diversity in our journals, we must expand our collective methodological toolbox to include interdisciplinary scholarship and a range of intellectual and research traditions.

Finally, we think it is time to acknowledge that for many of us, the field of special education feels stuck in a methodological and conceptual time warp. There are still many in the field, for instance, who insist on debating the relative merits of qualitative research, while the rest of the social sciences and fields of study within education have long since adopted a more nuanced and inclusive stance towards the value of embracing alternative research traditions. We have often been left to wonder why it is so difficult for those in the field to engage in respectful debate with those who have different viewpoints. We may not always find common ground, but we must recognise the value of differing perspectives as enriching the field and as having the potential to offer insights into some of our most pressing and longstanding problems in the field. We welcome this opportunity to respond to Anastasiou and Kaufmann and encourage the field to explore what is a growing and intellectually vibrant community of committed scholars in disability studies in education.

Notes
1. A third article on the social model of disability by these authors is currently in press in the journal *Medicine and Philosophy*.
2. Disability studies, as an interdisciplinary field of study, is not monolithic or static. There are various articulations of what has been called the social model of disability by scholars in the UK and the minority model by US scholars. Although scholars sometimes identify as taking either a social model or minority model approach, you will also see these terms used interchangeably. Of course, disability studies is not in any way limited to the USA or UK, and to

reduce the social model in this way is to erase the vibrancy of disability studies scholarship happening across the globe.
3.   Readers are encouraged to read the exchange between Kauffman and Sasso (2006a, 2006b) and Gallagher (2006) for in-depth elaboration on this issue.
4.   Some of the influential scholars who provided an intellectual context for the emergence of disability studies in education include Lous Heshusius, Ellen Brantlinger, Len Barton, Barry Franklin, D. Kim Reid, Christine Sleeter, Burton Blatt, Bob Bodgan, Steve Taylor, Doug Biklen, Tom Skrtic, and others.
5.   We wish to acknowledge that the scholarship we mention in this section is simply a representative cross-section of scholarly work that we would classify as DSE. We also include both foundational texts that remain influential and some of the more contemporary scholarship in DSE.

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References

APA (American Psychiatric Association) 1994. *Diagnostic and Statistical Manual of Mental Disorders: DSM – IV* (4th ed.). Washington, DC: American Psychiatric Association.
APA (American Psychiatric Association) 2000. *Diagnostic and Statistical Manual of Mental Disorders: DSM – IV - TR* (4th ed., text rev.). Washington, DC: American Psychiatric Association.
Anastasiou, D., and J. M. Kauffman. 2010. Disability as Cultural Difference: Implications for Special Education. *Remedial and Special Education*. Published online September 24. doi:10. 1177/0741932510383163. Accessed July 14, 2011. http://rse.sagepub.com/content/early/2010/09/21/0741932510383163
Anastasiou, D., and J. K. Kauffman. 2011. "A Social Constructionist Approach to Disability: Implications for Special Education." *Exceptional Children* 77 (3): 367–384.
Barnes, C., G. Mercer, and T. Shakespeare. 1999. *Exploring Disability: A Sociological Introduction*. Cambridge: Polity Press.
Baynton, D. C. 2001. "Disability and the Justification of Inequality in American History." In *The New Disability History: American Perspectives*, edited by P. Longmore and L. Umansky, 33–57. New York: New York University Press.
Bernstein, R. J. 1983. *Beyond Objectivism and Relativism: Science, Hermeneutics, and Praxis*. Philadelphia: University of Pennsylvania Press.
Biklen, D. P. 1992. *Schooling Without Labels: Parents, Educators, and Inclusive Education*. Philadelphia, PA: Temple University Press.
Biklen, D. P. 2006. *Autism and the Myth of the Person Alone*. New York: New York University Press.
Blanchett, W. J. 2006. "Disproportionate Representation of African Americans in Special Education: Acknowledging the Role of White Privilege and Racism." *Educational Researcher* 35 (6): 24–28.

Blomgren, R. 1993. "Special Education and the Quest for Human Dignity." In *Critical Issues in American Education: Towards the 21st Century*, edited by H. S. Shapiro and D. E. Purpel, 230–245. New York: Longman.

Bogdan, R., and D. P. Biklen. 1977. "Handicapism." *Social Policy* 7 (5): 14–19.

Brantlinger, E. A. 2004. "Confounding the Needs and Confronting the Norms: An Extension of Reid and Valle's Essay." *Journal of Learning Disabilities* 37 (6): 490–499.

Brantlinger, E. A., ed. 2006. *Who Benefits from Special Education?: Remediating Other People's Children.* Mahwah, NJ: Lawrence Erlbaum.

Butler, J. 1990. *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge.

Charlton, J. I. 1998. *Nothing About Us Without Us: Disability Oppression and Empowerment*. Berkeley: University of California Press.

Connor, D. J. 2008. *Urban Narratives: Portraits in Progress – Life at the Intersections of Learning Disability, Race and Social Class.* New York: Peter Lang.

Crow, L. 1996. "Including All of Our Lives: Renewing the Social Model of Disability." In *Encounters with Strangers: Feminism and Disability*, edited by J. Morris, 206–227. London: Women's Press.

Danforth, S. 2009. *The Incomplete Child: An Intellectual History of Learning Disabilities.* New York: Peter Lang.

Danforth, S., and S. J. Gabel. 2006. *Vital Questions Facing Disability Studies in Education.* New York: Peter Lang.

Davis, L. J. 1995. *Enforcing Normalcy: Disability, Deafness and the Body*. London: Verso.

Davis, L. J. 1997. "Constructing Normalcy." In *The Disability Studies Reader*, edited by L. J. Davis, 2nd ed, 3–16. New York: Routledge.

Davis, L. J. 2002. *Bending over Backwards: Disability, Dismodernism & Other Difficult Positions*. New York: New York University Press.

Dudley-Marling, C., and A. Gurn, eds. 2010. *The Myth of the Normal Curve*. New York: Peter Lang.

Dudley-Marling, C., and P. Paugh. 2010. "Confronting the Discourse of Deficiencies." *Disability Studies Quarterly* 30 (2). http://dsq-sds.org/article/view/1241/1285

Dunn, L. 1968. "Special Education for the Mentally Retarded: Is Much of it Justifiable?" *Exceptional Children* 35: 5–22.

Erevelles, N. 2011. *Disability and Difference in Global Contexts: Enabling a Transformative Body Politic.* New York: Palgrave Macmillan.

Erevelles, N., and K. Mutua. 2005. "'I am a Woman Now!': Rewriting Cartographies of Girlhood from the Critical Standpoint of Disability." In *Geographies of Girlhood: Identity In-between*, edited by P. Bettis and N. Adams, 253–270. Mahwah, NJ: Lawrence Erlbaum.

Ferri, B. A., and D. J. Connor. 2005. "In the Shadow of 'Brown': Special Education and the Overrepresentation of Students of Color." *Remedial and Special Education* 26 (2): 93–100.

Ferri, B. A., and D. J. Connor. 2006. *Reading Resistance: Discourses of Exclusion in Desegregation and Inclusion Debates*. New York: Peter Lang.

Ferri, B. A., and D. J. Connor. 2009. "'I was the Special ed. Girl': Urban Working-Class Young Women of Colour." *Gender and Education* 22 (1): 105–121.

Fleischer, D. Z., and F. Zames. 2001. *The Disability Rights Movement: From Charity to Confrontation*. Philadelphia, PA: Temple University Press.

Franklin, B. 1987. "The First Crusade for Learning Disabilities: The Movement for the Education of Backward Children." In *The Formation of School Subjects: The Struggle for Creating an American Institution*, edited by T. Popkewitz, 190–209. London: Falmer.

French, S. 1993. "Disability, Impairment or Something in Between." In *Disabling Barriers, Enabling Environments*, edited by J. Swain, S. French, C. Barnes, and C. Thomas, 17–25. London: Sage.

Gadamer, H.-G. 1975. *Truth and Method*. Translated and edited by G. Barden & J. Cumming. New York: Seabury Press.

Gallagher, D. J. 1998. "The Scientific Knowledge Base of Special Education: Do We Know What We Think We Know." *Exceptional Children* 64 (4): 493–502.

Gallagher, D. J. 2006. "If Not Absolute Objectivity, Then What? A Reply to Kauffman and Sasso." *Exceptionality* 14 (2): 91–107.

Goodley, D. 2001. "'Learning Difficulties,' The Social Model of Disability and Impairment: Challenging Epistemologies." *Disability and Society* 16 (2): 207–231.

Hanson, N. 1958. *Patterns of Discovery*. Cambridge: Cambridge University Press.

Harry, B., and J. Klingner. 2006. *Why Are So Many Minority Students in Special Education?* New York: Teachers College Press.

Hazelrigg, L. 1989. *A Wilderness of Mirrors: On Practices of Theory in a Gray Age*. Tallahassee: The Florida State University Press.

Hehir, T. 2002. "Eliminating Ableism in Education." *Harvard Educational Review* 72 (1): 1–33.

Heshusius, L. 1989. "The Newtonian Mechanistic Paradigm, Special Education, and Contours of Alternatives: An Overview." *Journal of Learning Disabilities* 22 (7): 403–415.

Hunt, P. 1998. "A Critical Condition." In *The Disability Reader: Social Science Perspectives*, edited by T. Shakespeare, 7–19. London: Cassell.

Kauffman, J. M., & J. W. Lloyd. 2011. "Statistics, Data, and Special Education Decisions: Basic Links to Realities." In *Handbook of Special Education*, edited by J. M. Kauffman and D. P. Hallahan, 27–36. New York: Routledge.

Kauffman, J. M., and G. M. Sasso. 2006a. "Toward Ending Cultural and Cognitive Relativism in Special Education." *Exceptionality* 14 (2): 65–90.

Kauffman, J. M., and G. M. Sasso. 2006b. "Certainty, Doubt, and the Reduction of Uncertainty: A Rejoinder." *Exceptionality* 14 (2): 109–120.

Keefe, C. H. 1996. *Label-Free Learning: Supporting Learners with Disabilities.* York, ME: Stenhouse Publishers.

Kuhn, T. 1962. *The Structure of Scientific Revolutions*. Chicago, IL: University of Chicago Press.

Longmore, P. K. 2003. *Why I Burned My Book and Other Essays on Disability*. Philadelphia, PA: Temple University Press.

Losen, D. J., and G. Orfield, ed. 2002. *Racial Inequity in Special Education*. Cambridge, MA: Harvard Education.

MacIntyre, A. 1984. *After Virtue*. 2nd ed. Notre Dame, IN: University of Notre Dame Press.

MacIntyre, A. 1999. *Dependent Rational Animals: Why Human Beings Need Virtues*. London: Duckworth.

Mercer, J. R. 1973. *Labeling the Mentally Retarded: Clinical and Social System Perspectives on Mental Retardation.* Berkeley: University of California Press.

Oliver, M. 1990. *The Politics of Disablement*. London: Macmillan.

Oliver, M. 1996. *Understanding Disability: From Theory to Practice*. Basingstoke: Macmillan.

Oliver, M. 2004. "If I Had a Hammer: The Social Model in Action." In *Implementing the Social Model of Disability: Theory and Research*, edited by C. Barnes, 18–31. Leeds: The Disability Press.

Putnam, H. 1981. *Reason, Truth and History*. Cambridge: Cambridge University Press.

Rorty, R. 1979. *Philosophy and the Mirror of Nature*. Princeton, NJ: Princeton University Press.

Rorty, R. 1989. *Contingency, Irony, and Solidarity*. Cambridge: Cambridge University Press.

Rorty, R. 1991. *Objectivity, Relativism, and Truth*. Cambridge: Cambridge University Press.

Rorty, R. 1993. "Human Rights, Rationality, and Sentimentality." In *On Human Rights: The 1993 Oxford Amnesty Lectures*, edited by S. Hurley and S. Shute, 112–134. New York: Basic Books.

Rorty, R. 1999. *Philosophy and Social Hope*. London: Penguin Books.

Shakespeare, T. 2006. *Disability Rights and Wrongs*. London: Routledge.

Shakespeare, T., and N. Watson 2002. "The Social Model of Disability: An Outdated Ideology." *Research in Social Science and Disability* 2: 9–28. doi: 10.1016/S1479-3547(01)80018-X.

Shapiro, J. P. 1993. *No Pity: People with Disabilities Forging a New Civil Rights Movement*. New York: Three Rivers Press.

Siebers, T. 2008. *Disability Theory*. Ann Arbor: The University of Michigan Press.

Sleeter, C. E. 1987. "Why Are There Learning Disabilities? A Critical Analysis of the Birth of the Field in Its Social Context." In *The Formation of School Subjects: The Struggle for Creating an American Institution*, edited by T. S. Popkewitz, 210–237. London: Falmer.

Sutherland, A. 1981. *Disabled We Stand*. London: Souvenir Press.

Taylor, S. J. 2006. "Foreword: Before It Had a Name: Exploring the Historical Roots of Disability Studies in Education." In *Vital Questions Facing Disability Studies in Education*, edited by S. Danforth and S. L. Gabel, xiii–xxiii. New York: Peter Lang.

Thomas, D. 1979. *Naturalism and Social Science*. Cambridge: Cambridge University Press.

Thomas, C. 1999. *Female Forms: Experiencing and Understanding Disability*. Buckingham: Open University Press.

Thomas, C. 2004a. "Rescuing a Social Relational Understanding of Disability." *Scandinavian Journal of Disability Research* 6 (1): 22–36.

Thomas, C. 2004b. "How Is Disability Understood?" *Disability and Society* 19 (6): 563–568.

Tremain, S. 1998. "Feminist Approaches to Naturalizing Disabled Bodies, or Does the Social Model of Disablement Rest upon a Mistake." Paper presented at the annual meeting of the Society for Disability Studies, Oakland, CA, June 24.

Tremain, S. 2002. "On the Subject of Impairment." In *Disability/Postmodernity: Embodying Disability Theory*, edited by M. Corker and T. Shakespeare, 32–47. London: Continuum.

Trent, J. W. 1994. *Inventing the Feeble Mind: A History of Mental Retardation in the United States*. Berkeley: University of California Press.

Union of the Physically Impaired Against Segregation. 1976. *Fundamental Principles of Disability*. London: UPIAS.

Valencia, R. R. 2010. *Dismantling Contemporary Deficit Thinking: Educational Thought and Practice.* New York: Routledge.

Wittgenstein, L. 1958. *The Philosophical Investigations*. New York: MacMillan.

Zola, I. K. 1982. *Missing Pieces: A Chronicle of Living with a Disability*. Philadelphia, PA: Temple University Press.