

Chapter 13 -The Social Model of Disability (Tom Shakespeare)

This article is suggesting that the social model of disability offers progressive steps to help inform our thinking on inclusion, specifically with those who are disabled. For so long, people have viewed those with disabilities as a separate (excluded) entity; meaning their disability defines their identity and their voice. I learned that this is a type of oppression. The social model sheds light on this oppression that those with disabilities face. It instructs us to not interact with disabled people with pity or charity, rather we should dismantle the barriers and enable disabled people to participate. The social model of disability reflects ideas that are effective in boosting self-esteem and helping those disabled create a positive identity. I agree that barriers and pity lead to oppression in this context, but what about a disabled person's impairment; where does one's impairment fit into the ideas expressed in the social model? I learned that there is a difference between impairment and disability. 'Impairment is individual (private) and disability is structural (public)'. This difference is important in evaluating the social model and comparing it to the medical model.

The social model accepts the individual's impairment, but also seeks to remove barriers that are associated with their disability. The strength of the medical model is that it puts emphasis on the individual, the rehabilitation, the healing aspects. The weakness of the medical model of course is its rejection of the oppressing nature society places on those disabled.

One point I find interesting is the distinction between disabled people and other marginalized groups (ethnic minorities, women, etc.), and the word intrinsic is used. Disabled people are the only ones that experience bias and intrinsic limitations. Due to this distinction, we

have to look beyond the social model. In class, we watched a video about disabled people in Ghana being shackled. In many of our minds, we thought that this was an inhumane and deplorable solution to their impairment, and definitely creating a socially exclusive climate. However, there is more to the story. After watching the video, I looked up online about the situation and discovered an article in *The Guardian*. In it, Stephen Asante says to the reporter “Since we ran out of medication, the only thing on offer is the chain”. This is a powerful statement. It got me thinking, what if there is more to it than just social oppression and discrimination? What about the oppression they face when it comes to medical treatment? Places like Ghana are in need of medication, yet in Canada we have access to the medication that some in the disabled community need. I believe there is the need to balance the social model of disability, with inequality of treatment for impairment.

References

Davis, L. J. (2017). *The disability studies reader*. New York: Routledge.

McVeigh, T. (2020, February 03). 'All we can offer is the chain': The scandal of Ghana's shackled sick. Retrieved July 07, 2020, from <https://www.theguardian.com/global-development/2020/feb/03/all-we-can-offer-is-the-chain-the-scandal-of-ghanas-shackled-sick>

Chapter 6 - Understanding Privilege Through Ableism

Internalized dominance; internalized oppression (Sensoy & Diangelo, 2017, p. 80). These are words used to describe the topic of privilege. Personally, I don't like discussing privilege, because it feels uncomfortable. I feel good about understanding my own privilege, but when other people define my privilege, I get defensive. From reading this article, I see that this feeling is common in understanding privilege and I must reflect on my thinking about it.

What I learned from this article, are the external and structural dimensions of privilege, what is "normal" and "abnormal" for those with privilege, the invisibility of privilege, and the internal and attitudinal effects of privilege. Academics define privilege as "... the rights, advantages, and protections enjoyed by some at the expense of and beyond the rights, advantages, and protections available to others" (Sensoy & Diangelo, 2017, p.81). When privilege exist, a dominant group exist. This leads to the dominant group defining what is normal and abnormal and leads to a system that favors them. A dominant group numerical majority is not a major factor in this, but the institutional power that is created is a major factor. For example, white men are considered privileged for their race and gender, although the number of white males is decreasing (due to immigration and the growing diverse groups in North America). This decrease in white males, does change the fact that they still have institutional power. This is the external and structural challenges that exist with privilege. In addition, we cannot excuse the concept of ableism, when discussing privilege. Our access to buildings and transportation proves that our abled selves are privileged to those with disabilities (Sensoy & Diangelo, 2017, p. 84). When considering all the physical attributes about yourself, at what point is your body not considered normal? (Sensoy & Diangelo, 2017, p. 85). This is a question and an exercise that helps us see that "normal" is socially constructed (Sensoy & Diangelo, 2017, p. 85).

To reflect further on privilege, as a teacher, even my own system/curriculum has privilege, because we are taught how to educate “normally”. This is because it is challenging for one teacher to differentiate support to each student in the classroom. This is also the reason why we have expectations and standardized test; to measure what is normal outcomes for students.

When we are privileged, it is common for us to not hear minorities voices. They are invisible. We excuse privilege with our talk about our hard work, our merit, our story. Privilege does not mean your hardwork and merit is invalid, it means that we have to humble ourselves and see that marginalized groups may work just as hard but are fight a system that does not consider them “normal”. Our internal attitudes about privilege is something for which we are responsible. For example, the lack of humility that is common when an abled body person tells the inspirational story about someone who has suffered from an accident and is able to work hard and do amazing things now as a disabled person (Sensoy & Diangelo, 2017, p. 95). We exert our superiority when we take a minority’s story and tell it ourselves.

To conclude, I ask myself this question. Do we all have privilege? Based on this article, I will say ‘yes’. The article states that we occupy many social groups (Sensoy & Diangelo, 2017, p. 98). Whether it be our race, religion, gender, etc., we all experience privilege in some capacity. The solution is for us to discover our unique privilege and work hard to build bridge for those marginalized and be responsible in how we use our language when interacting with them. This requires using language that promotes humility instead of superiority and being careful of communicating negative stereotypes.

Reference

Sensoy, O., & Diangelo, R. (2017). *Is Everyone Really Equal? An Introduction to Key Concepts in Social Justice Education. Second Edition. Multicultural Education Series* (pp. 80-101). <http://search.proquest.com/docview/2013525432/>