

THE ANTI-SOCIAL MODEL OF DISABILITY

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Abstract

Social theories are usually developed to enable a clearer understanding of a situation or problem. The 'Social Model' is currently the dominant model for researching disability, addressing disability from within a socio-political framework which draws substantially on a 'social constructionist' perspective. This paper critiques some of the core sociological assumptions of the Social Model, questioning what 'work' the theory does in broadening our understanding of disability or informing the design of assistive technologies and suggests an alternative framework of analysis, supported by extensive ethnomethodologically informed ethnographic research

Introduction

The 'Social Model' has undoubtedly been the dominant paradigm in researching and understanding disability in recent years - "*redefining disability in terms of a disabling environment, repositioning disabled people as citizens with rights, and reconfiguring the responsibilities for creating, sustaining and overcoming disablism*". Although the Social Model has many manifestations at its heart is a political message about human rights - "*demonstrating that everyone - even someone who has no movement, no sensory function and who is going to die tomorrow - has the right to a certain standard of living and to be treated with respect*" (Vasey 1992: 44). Evolving from the recognition that disabled people's rights and status in society had been marginalised, the Social Model redefines perceptions of disabled people by reframing disabilities as outcomes of interaction - as a grouped entity (Barnes et al, 1999). It considers disability as intrinsically connected to people and their life choices. To contemplate disability is to consider disabled *people* not their *condition* as the primary concern. The Social Model has furnished a significant political agenda and rhetoric encouraging disabled people to embrace their disability as a politically empowering condition (Oliver 1996) allowing the contested notion of disability to become a significant political agenda influencing social policy.

Nevertheless, the utility of social theory in general is based around claims to provide a clearer understanding (often an 'explanation') of a situation or a problem. The Social Model of disability is no exception, being used by numerous researchers to locate the disabled person within the rhetoric of the socio-political framework in which disability is 'socially constructed'. It is this 'social constructionist' position that we wish to investigate for in our view the dilemmas faced by the Social Model - in terms of effecting any kind of change - arise out of this choice to attempt an explanatory account of social life. Research in this area, as with other areas that have come under the sway of social constructionist argument, has replaced assumptions from one kind of professional expertise - that of the scientist, medical practitioner, therapist, or whoever - with assumptions from professional expertise of a quite different kind - that of the sociologist. We may be a little cynical but we believe (and hope) that the days of shouting, "is there a sociologist in the house?" are still far distant. Moreover, those who set themselves up to settle explanatory questions often turn out to be more involved in questions concerned with the *form* of explanation, addressing *sociological* rather than *social* issues and producing

credentialised stories as professional improvements on everyday analysis.

This paper firstly addresses the sociological core of the Social Model, unpacking some of its assumptions in order to assess its radical claims. We question these claims and suggest that through various renderings the Social Model of disability is profoundly 'anti-social' in that, as with Sociology more generally, it ironicises ordinary experience, treating it as somehow partial and flawed in its ignorance of what is really going on. In this view, the ordinary activities of disabled people are described from a stance where social life exists in order to permit the sociologist to solve theoretical problems. Such accounts inevitably relate to specifically *sociological* rather than *social* concerns - with who has the 'best' theory and, consequently, claims to special insight are based upon concepts that contradict those used by people engaged in everyday life. Finally, whilst documenting various critiques of the Social Model as a theory and an approach to research, our main interest is in *design*. Consequently we consider, unfavourably, the value of the Social Model for designing appropriate assistive technology for disabled people. Our preference is for an alternative framework of analysis, evidenced from extensive field research deploying ethnomethodologically informed ethnographic approaches. This perspective makes the investigation of 'common sense' understandings the focus of inquiry and advances a different approach to understanding disabled people by attending to members' perspectives and, thereby, taking what we would regard as a genuinely social approach.

The Social Model of Disability

"It does not deny the problem of disability but locates it squarely within society. It is not individual limitations, of whatever kind, which are the cause of the problem but society's failure to provide appropriate services and adequately ensure the needs of disabled people are fully taken into account in its social organisation." (Oliver 1996: 32)

Accounts of disability from sociology and social policy have conceptualised the 'problem' of disability using a range of theoretical approaches. Although differing in emphasis, many sociological accounts have historically been shaped by a Parsonian paradigm with its attendant notion of the sick role where the disabled person gives over the shaping of their lives to medical professionals whose responsibility is to alleviate their 'abhorrent and undesirable' situation (Parsons 1951). However, whereas the 'sick

role' is a temporary one, the 'impaired' or 'disabled' role is one where the individual has 'accepted dependency' (Oliver: 1986). This 'medicalised' or 'individual' (Oliver: 1986) model approach further developed into the conceptualisation of the 'rehabilitation role', where the individual must 'accept' their condition, making the most of their abilities to achieve 'normality'. These 'Medical Models' of disability have been critiqued for the way in which they view disabled people as somehow 'lacking', unable to play a 'full role' in society. They also have implications for research and policy with disabled people's needs being marginalised or addressed in piecemeal fashion. Such critiques, by academics and groups such as the Liberation network led to a change in analysis towards 'social' model(s) of disability within sociology (Oliver: 1983).

It may be mistaken to talk about 'the' Social Model for there are different kinds of social model. Priestley (1998), for example, differentiates between materialist and idealist approaches - *"if we look at the social models we find that some are more concerned with structural and material conditions while others are more concerned with representation..."* suggesting that these differences have implications for both research and political agendas with materialist approaches emphasising structural and institutional barriers and cultural approaches focusing on disabling attitudes and representations. Nevertheless, 'Social Model' approaches generally argue that the disabled are excluded by unnecessary societal barriers: a wheelchair user is disabled when a building does not have ramp access; a deaf person is disabled if a service provider does not provide a minicom for them to access that service. In this view, the 'problem' is not the disabled person, but the lack of appropriate goods and services. This approach is most often stated as seeing the category of disability as a social construct, explained with reference to medical and political agendas and emphasising the historical development of institutionalised discriminatory practices (Finkelstein 1981).

Sociological Critiques of the Social Model

The Social Model, although relatively recent, has undergone a number of fundamental critiques from positions both outside and within the model. Our critique involves considering what 'work' the model does and the validity of its arguments and claims.

The Social Model as 'Radical' Sociology

Sociology has arguably always been a discipline of hyperbole, where one 'radical' model is replaced by another, as for instance when Marxism is replaced by 'radical' feminism which is in turn supplanted by social constructionist accounts which entail challenges to epistemology, to description of 'experience' and to professional expertise. We begin here by pointing to some of the rather slippery assumptions of the constructionist position in an attempt to see how they relate to the Social Model of disability. The term, 'Social Constructionism', covers a wealth of empirical studies, conceptual formulations and challenges to established positions. At the risk of over-simplifying, however, some common threads in a typical constructionist argument can be indicated. Gergen, for instance, identifies the *'troubled assumptions in the Western tradition- assumptions of self, truth, rationality and moral principle.'* (1999:47) that have led to the constructionist response and discusses four working assumptions which typify social constructionism. They are, firstly that *'the terms by which we understand our world and our self are neither required nor demanded by "what there is"'* (1999:47) Such an assumption is predicated on the challenge to correspondence theories of language embedded in various treatments of language as discourse, of which Foucauldian notions of 'power/knowledge' are perhaps the best known (and most misused). That is, we can identify ways whereby 'objective knowledge' can be seen as serving some kind of interest. Secondly, *'Our modes of description, explanation and/or representation are derived from relationship'*. This proposition derives from 'use-views' of language associated with the later Wittgenstein. According to Gergen, meanings are necessarily a product of *social coordinations or relationships*; explanations that emphasise *individualist* conceptions of the self are inadequate. Thirdly, *'As we describe, explain or otherwise represent, so do we fashion our future'*. - pointing to the normative character of the words we use and suggesting that institutions could not persist without the discourses that underpin them. This has an apparent relationship with Searle's (1995) notion of 'institutional facts' as by definition normative, and contrasted with 'brute facts' which are not, but actually carries a rather different connotation since social constructionism admits of no exceptions. As he puts it, *'...if we agree that there is nothing about the world that demands any particular form of language or representation, then all our institutions- our long standing traditions of cultural life- could be dissolved.'* (1999:49) Fourthly, and crucially, *'Reflection on our forms of understanding is vital to our future well-being.'* (1999:49) The fact that evidence, theory and value are inevitably produced from within discursive traditions means that constructionism entails a 'celebration of reflexivity, that is, the attempt

to place one's premises into question, to suspend the "obvious", to listen to alternative framings of reality, and to grapple with the comparative outcomes of multiple standpoints. For the constructionist this means an unrelenting concern with the blinding potential of the "taken for granted" (1999:50)

The apparent 'obvious' objectivity of the world, then, is exposed as being constructed by a set of practices that are, at least in part, embedded in our use of language. Social constructionism in this version, is effectively an offshoot of classic concerns expressed in the so-called sociology of knowledge (see Berger and Luckmann, 1967) and specifically as these concerns focussed increasingly on the problem of scientific and technical knowledge. Subsequently, interest in the 'constructed' nature of social reality expanded to include a vast range of discursive 'formations' ranging from the scientific and technical to mental 'illnesses' and 'conditions', racial identities, and of course disability. The force of this argument lies in the 'dominance' of certain kinds of discourse. Thus, in discussing White and Epston's (1990) use of narrative as a challenge to these discourses, Gergen suggests:

'... many of the problematic narratives people bring into therapy are essentially the result of power relations in society more generally. ... if I believe I am depressed, and I must find a cure for my depression, I am essentially reflecting a story created by the mental health professions: I have swallowed the medical model in which I am the one who requires a cure for my deficiency' (1999:173)

Such a position entails some challenge to the 'realist' assumptions carried by theories which predicate on models of mentality or social role, though exactly what kind of challenge it is may not be clear. Gergen (2001) suggests,

'Many scientists and scholars outside the dialogue indeed have come to see constructionist ideas as menacing. Many find that constructionism undermines warrants for truth claims, seeming to render science equivalent to mythology ... Others find constructionism's moral and political relativism pallid if not reprehensible. And still others find that constructionism has been all too occupied with critique, and its substantive contribution to social understanding too narrow.' (2001:3)

We do not share all these concerns as they apply to the social model of disability, for we are not menaced by constructionism, nor do we wish to promote one variety of truth claim over another. Rather, we focus on the argument around critique. This focus has altered our perspective on expertise such that where we had previously unquestioningly accepted the professional expertise of medical

practitioners, we now equally unquestioningly accept the expertise of the sociologist who wishes to undermine it. The social constructionist, that is, provides professional explanation by revealing the hidden nature of the social world in and through a number of typical steps. These include:

1. Showing that definitions of a given concept are shifting, especially historically. Many social constructionist studies draw attention to the ways in which explanations that were accepted as matters of fact were embedded in the ideologies or discourses of the time and can now be clearly seen as absurd or wrong.
2. Deriving from this that 'things could be otherwise' insofar as new and 'constructionist' models can be used contrastively with models that have preceded them, including models which still have a currency.
3. Arguing that in some way this challenges the 'social reality' of the concept in question.
4. Suggesting that this challenge to the social reality of any given social fact has important political consequences and that the social constructionist is pivotal in the realisation of these consequences.

We think there may be problems here, mainly with steps 3 and 4. As Hacking (1999) has shown very convincingly the validity and importance of challenges to social reality depend very much on what kind of challenge they are. Equally, we will suggest that the apparent political importance of the constructionist position is largely rhetorical. This is not to understate its importance, for rhetoric is a powerful force. In explicating the various ways in which disability is a social construct the Social Model highlights, to policy makers for example, the social features of what, on first consideration, might appear as a purely physical problem. As Humphrey argues: "*... the social model harbours a number of virtues in redefining disability in terms of a disabling environment, repositioning disabled people as citizens with rights, and reconfiguring the responsibilities for creating, sustaining and overcoming disablism*". (Humphrey 2000: 63) Again, there are self-evident, political, advantages in adopting this position. As Hacking suggests, "*it can still be liberating suddenly to realize that something is constructed and is not part of the nature of things, of people, or human society*" (Hacking 1999: 35). But the metaphor has grown tired, if not tiresome, and there are dangers in such constructionist accounts and the social model, despite its attractions to researchers and activists,

manages to embrace most of them. Furthermore, in the matter of what we call 'practical politics', that is the quite ordinary business of making-do, managing, coping (and obviously everyone 'makes do', not just disabled people) that might inform the design-related questions we want to ask, it is for the most part empty.

In order to pursue this theme, we need to examine the sense in which the 'social model' can be seen as 'radical' - for as with so many similar avowals there is less to this than meets the eye. Despite the supposedly 'radical' nature and claims of the social model of disability it clearly engages in the ordinary business of sociology and, as Button (1991) suggests, any radical claims are readily absorbed into everyday sociological debate.

"Despite the radical claims that often accompany the development of a 'new body of thought' there is just as often a comforting conceptual, epistemological and methodological familiarity to the arguments" (Button 1991:1).

Talking scathingly about 'academics' or wearing biker jackets does not make the social model theorists (or anybody else) 'rebels without a cause' - indeed their cause is the very stuff of conventional sociology conducted along conventional lines. Even, for example, the argument that some current sociological approaches propagate a 'disablist' view of society that legitimates the treatment of disabled people whilst simultaneously obscuring their real position within society is but a pale imitation of earlier, similar, Feminist and Marxist arguments. The application of the idea may be new but the idea itself, and the argument presented, is not.

The Consequences of the 'Social Model'

Simply asserting that something is a social construction often tells us very little because it is extremely hard to find anything that cannot be treated as a social construction. The distinction between 'institutional facts' and 'brute facts' (Searle op cit) is, for the constructionist, no distinction. However, and as we all know, anything that is true by definition is trivial. If an argument from a constructionist perspective is not to be held trivial, then, it must offer something more than the mere observation that the phenomenon in question is a social construction. Of course, it does. The importance of social

constructionism lies not in the fact *that* X is a construction, but in *how* it is constructed. However, this is to open up a can of worms. Not least one problem for constructionist accounts is their relation to the experience of disabled people. Construction, typically, is counterposed with realism as a way of thinking about the world. Realism argues that features of the social world, though not immediately observable, nevertheless have effects. (Bhaskar, 1989) Realist versions of the social model, then, are involved in the search for a correspondence between theoretical objects and the referents of those objects in the world 'as it really is'. This view rests upon a distinction between the 'world as it appears to be' (to the disabled person for example) and the 'world as it really is' (as revealed by the expert sociologist). The 'real' explanatory, *objective* and invisible reality of social forces that seemingly operates behind the backs of actors. In this way, it is frequently used as a way of indicating the analyst's superior expertise, serving merely to ironise ordinary members accounts. But rather than start with the assumption that the social actor is a cultural dope with more or less insight into the 'real' nature of the social world, we can instead ask whether or not the social science view is any 'better'. We argue here, moreover, that constructionist accounts do not escape that analytic mode of superiority, even when they claim to represent the 'experience' of disabled people for there are questions about *what* experiences are selected and represented in *what* ways. As Gergen (2001) accepts, there sometimes appears to be a realist epistemology behind the constructionist account despite its apparent hostility to realism. This, he suggests, is most apparent in the constructionist treatment of 'power' and 'the body'.

As an exemplar of orthodox sociology, the social model offers competing accounts of disabled peoples' experience by pointing out that such accounts are flawed versions of 'what is really going on' either because forces act upon them which they are not aware of, or because they do not have a finely attuned analytic sensibility that allows for a sophisticated appreciation of power relations or bodily inscription. Either way, the distinction between 'commonsense' accounts and professional accounts remains. Such an approach highlights the 'cultural dope' or 'pre-programmed judgemental dope' status of people. This suggests that, in essence, people don't really know what they are doing; that people think X is the case, when 'really' it is Y. Without pushing this argument too far, this approach is reflected within the social model in concerns about those disabled people who see their 'problem' in terms of its physical features rather than its social and political background:

"There is a world of difference between the way in which barriers are created and the way in which we can best come to know about them. Disabled people's experiences will always be the most immediate way of identifying barriers, but that does not negate the fact that those barriers might exist outside their experience" (Priestley 1998:85)

This is not a recommendation for accepting accounts at face value. What we choose to do is to adopt a stance of 'indifference' to truth questions, so issues of questioning or supporting an account do not arise. We should discard the assumption that the disabled person and the sociologist are 'rivals' engaged in competing accounts of 'the same thing'. 'Social reality' *for the purposes of everyday life* is not the same thing as 'social reality' for the purposes of *sociological theorising*. These purposes are *incongruous*. To distinguish between 'the view of the world from daily life' and 'the view of the world from theory' is not to offer *competing* accounts. There is no need to accept the privileging of the theorist's standpoint - they are just different 'worlds of activity'.

The Social Model as Explanatory Account:

Many of what we perceive as the problems of the social model centre around standard sociological desires to construct '*explanatory*' accounts of social life for, in so doing they 'lose their phenomena' - the real world, real life experiences of disabled people as they go about their everyday lives. As Atkinson commented some time ago:

"For at least a century, sociologists have dreamed of producing descriptions and explanations of social phenomena that would exhibit some of the rigour and general applicability achieved by natural scientists. The suggestion that this has been a dream is not intended to ironise or ridicule the discipline for its failures, nor to propose that the aim of accumulating a corpus of systematic knowledge about social order is somehow mistaken or not worthwhile. Rather it is to draw attention to the fact that sociologists still have a great deal of trouble in convincing a more general public that their 'expert' claims about how the social world works should be taken any more seriously than those of anyone else". in Coulter (1990:451)

Not only do such sociological accounts appear to fail as scientific explanations; they also support the common complaint that Sociology's depiction of social life is utterly impoverished. When sociologists examine disability (or anything else for that matter) they seem to discuss things that ordinary (disabled) people find hard to recognise. In these theoretical accounts the everyday realities and activities

associated with being disabled disappear. This is not to say, in this instance, that disabled people will not recognise some sense in social descriptions, but they are likely to recognise the social model as pertaining to part of their lives and part of their lives only. The part in question is that occupied by political rhetoric. In other words, sociological requirements for data gathering, lead, regardless of the philosophical stance underpinning the method (for it is true of realism and constructionism), to accounts that stress the gap between appearance and reality. Sociology in general, and the social model in particular, recognises these problems but presumes that the problems are *theoretical* in the sense that their 'problem' in getting a fit between theory and 'the world' lies in the sophistication (or lack of it) of their theories. As Watson (1994) comments; "*The seen but unnoticed backgrounds of everyday activities are made visible and are described from a perspective in which persons live out the lives they do, have the children they do, feel the feelings, think the thoughts, enter the relationships they do, all in order to permit the sociologist to solve his theoretical problems.*", when really their problems lie in the fact that *they have made the phenomenon of disability disappear*. It is in this sense that the social model of disability might be construed as an '*anti-social*' model. The 'haecceities' (Garfinkel 1967), the 'things', the doings, the 'this and thats' characterising ordinary activities for those engaged in them seem to disappear whenever sociological theories and methods are brought into play. These difficulties will remain for so long as we search for *explanations* of *the* realities underlying common-sensically available appearances of social order in preference to an *examination* of how such appearances are interactionally produced, managed, recognised and used as if they were 'the facts of the matter'.

The Social Model as Research Method:

Our last sociological critique of the social model concerns its claims to provide a unique approach to social research methods. This claim begins by suggesting, quite rightly, that disabled people's experience of research 'on' them has often been less than happy. It is suggested that conventional social science research methods ignore the thoughts, feelings and views of those they are researching thereby becoming another aspect of disablement. (Dartington et al 1981)

"Disabled people have come to see research as a violation of their experience, as irrelevant to their needs and as failing to improve their material circumstances and quality of life" (Oliver 1992: 105)

What is required, so the argument goes, are empowering and empathetic research methods, deployed by those sympathetic to and experienced in disability issues because, and here comes the extra twist, the researchers are themselves disabled. So the argument seems to shift from one about methods - which, by and large, seem to be fairly standard - to one about who is warranted or entitled or qualified to conduct research and about the outcomes of research. Again, it has to be acknowledged that this is hardly a unique argument but draws, for example, on long standing issues in feminist research and the critique of 'malestream' Sociology and usually referred to as 'standpoint epistemology'. This includes disputes about not just what is investigated but how research is conducted, arguments about 'objectivity' 'subjectivity' etc involvement of 'subject ' in research; 'rape models' and so on. Just as some feminist sociologists have suggested that only women can adequately research women, so it is sometimes argued that only the disabled are able to do research on the disabled - with the almost endless possibilities of recursion this entails.

Our approach - ethnomethodologically informed ethnography - avoids these debates through notions such as 'ethnomethodological indifference' 'unique adequacy' and a refusal to buy into many of the dichotomies of traditional Social Science - objective/subjective; structure/agency; etc that create many of these problems in the first place. In our view, the production of valid and useful ethnographic accounts relies on the satisfaction of the unique adequacy requirement. This insists that the researcher develop a vulgar competence in the setting itself (Garfinkel and Weider (1992). Understanding culture requires little more than a vulgar competence in the practices of the domain such that the researcher can deliver an account that is intelligible to members. This is far from arguing that anyone who is not disabled is unable to write about, analyse, discuss, disability. As Jeff Coulter said (in a different, though related, context): "*This crap has got to stop*" (Crabtree 2000). Sociological hyperbole sometimes leads to the absurd position that it is 'impossible' to understand another culture. Common sense tells us that it would be difficult. In 'On the Demise of the Native', Sharrock and Anderson (1982) point to other problems of this approach. Their argument - and it goes to the heart of the Social Model - is that this claim confuses experience with understanding since it suggests that unless researchers possess the same 'frameworks of meaning' or experience, they cannot appreciate the reality of disability and their research is correspondingly flawed. But this position - that, to put it bluntly, disabled people share a 'culture' that is different and inaccessible to others - is less a finding of research than an *a priori*

principle. It is an assumption, not a discovery. Suspending this assumption to make serious enquiries may well discover that what appear to be, or are represented as, massive cultural differences are, in fact, no more than variations in the ways things are carried out. In other words understanding 'disabled culture' is not a problem akin to 'Wittgenstein's lions', simply different ways of doing the same old thing. Something we understand because in our daily lives we do much the same things - get up, go to the toilet, have cups of tea and so on. Furthermore, if the task of research is to demonstrate how culture and shared understanding is achieved then the 'native' - in this case the disabled person - as well as the researcher can be seen as an enquirer into culture. In this circumstance 'what's going on' becomes a problem for the native as well as the researcher and the methods by which understanding is achieved become the focus of research.

The Social Model, Methodology and Design

Most disabled people want to live in the community as independently as possible. The extent to which that can be achieved depends to a large extent on the accessibility of the built environment, at home and in public. Few homes are built with any real thought for more complex individual needs of the people who may live or use them. (Bradford 1998)

This section is concerned with what contribution, if any, the Social Model may make towards the design of assistive technologies. This is not a critique of the Social Model alone for the issue is really why *any* single theoretical schema should be relevant to design. This is not part of that growing chorus that calls for social science to be made 'relevant' to real world issues. Instead it reflects the 'turn to the social' in design - a product of dissatisfaction with the neglect of the social circumstances of technology deployment and use and an acknowledgement that existing methods for informing design present overly abstract and simplistic analyses of social life. The argument for the relevance of the social sciences in design reasons that systems need to be appropriate both for the application domain and potential users. If design is more art than science, dealing with messy indeterminate situations, before designers can solve a design problem they need to understand some basics - such as what they are designing, who should use it, how often and in what circumstances (Scherer 2002). This contrasts with the perception of designers as essentially designing for themselves - or people just like them - and effectively excluding disabled people (Clarkson and Keates 2001).

The 'turn to the social' recognised a new kind of end-user, a 'real time, real world' human and designers turned to the social sciences to provide them with some insights, some sensitivities, to inform design. In failing to meet these requirements to provide designers with useful insights into the social life of the disabled, the Social Model can be argued to be 'anti-social'. As Marks (1999) suggests:

"...by excluding personal experience from the analysis of disability, a theoretical vacuum is left, which is filled by those who adopt an individualistic and decontextualised perspective. (Marks, 1999, 611)

At its most simple and brutal this argument points out that we really don't need the social model to tell us that getting a wheelchair up steps is difficult. However - this is not to critique the social model for stating the obvious - but to ask precisely what design implications flow from the research findings of the model. It is an attempt to tie the research in to its objectives and its claims. It may well be that the social model makes no great claims for influencing design - though some of its adherents clearly do (Thomas 1982). Nor is it a critique of the social model for failing to produce 'gadgets' for as Vasey (1992) argues: "*The social model is not about showing that every dysfunction in our bodies can be compensated for by a gadget, or good design, so that everybody can work an 8-hour day and play badminton in the evenings*" (Vasey 1992: 44). The problem of design rests not on *theoretical* notions of how we define disability, but on ensuring the needs of the person are translated into *appropriate* design that should be empowering to the user. As Gitlin (1995) suggests technology can present dramatic compromises in social activities, role definition, and identity. Consequently, the challenge is to provide *support* for individuals, rather than create new, technological, forms of dependence. Embodying a philosophy of care into design requires an ethical awareness and sensitivity towards the social implications of any technological intervention. This sensitivity is itself informed by detailed investigation into the everyday life of those for whom the technology is intended. As Corker suggests disability is polysemic; "*ambiguous and unstable in meaning—as well as a mixture of 'truth' and 'fiction' that depends on who says what, to whom, when and where.*" (Corker, 1999: 3) This raises an important research issue, that meaning is contextual. The Social Model fails to see these ambiguities and rhythms with which a person relates to their environment and their social setting that are central to appropriate design.

Faced with the difficulties of deploying explanatory accounts in making design recommendations, we advocate an alternative approach for the understanding of disability, based on ethnomethodologically

informed ethnographic methods. We choose to abandon the search for *explanation* to embrace *understanding*. We choose to replace *theoretical* obsession with a focus on *methodology* - of how we might best go about developing an understanding of disability such that we can make a useful input to the design process. Ethnomethodology has some notoriety for complaining that sociologists characteristically treat the members of society as 'cultural dopes' - barely able to get up and put their socks on in the morning unless adequately socialised. But the import of this critique is rarely appreciated in that it makes *the investigation* (rather than theorising) of 'common sense' understandings the focus of inquiry. Disability is thereby considered in relation to how individuals practically understand it, and how it practically effects their everyday life, as input into the design process rather than as an instantiation or confirmation of a theoretical position. Our interest lies then, in understanding people's real needs, and the requirements or sensitivities for any technological intervention, through a consideration of details from the everyday life of disabled people. We suggest that when it comes to mundane technological intervention in these everyday lives what is needed is this alternate position from which to understand disability, that considers disability 'from within'. This is not taking yet another sociological perspective upon the situation, but rather attending to the members' perspectives, replacing political rhetoric with recommendations for design. Technology development for disabled people faces further problems in that, as Williams (1996) argues, there is no neutral, 'untainted', language with which to begin the process of discussion. The language and categories we use influence both the definition and 'solution' of the problem. Our response to this is, of course, to let people speak for themselves, to document their own experience, to tell their own stories revealed through a range of ethnographic methods.

Conclusion: Designing for people!

Our discussion of the 'social model' recognises that many different philosophical positions, which we have glossed as being a choice between realism and constructionism, underpin the anti-individualist position that it typically defends. That is, medical or psychopathological models, as we have seen, strongly suggest an expert-client relationship in which the expert seeks to cure or at least alleviate the symptoms experienced by, the client. The social model, in whatever form, has the great merit of

producing an interactionist account of disability wherein disability is seen as a construction and thus necessarily a responsibility is shared by all parties to it.

The challenge to 'objective' reality we have traced has largely been a matter of exposing the moral and political assumptions contained in client/expert views of the relationship between disabled people and wider society. That is, revealing a 'taken for granted' position as being only one of many possible ways of conceptualising this relationship. Above, we suggested that the constructionist mode typically involves four moves which lead inexorably to a political posture. There is nothing much wrong with this, except insofar as it implies, as social constructionist models sometimes (but not always) do, that if things could be otherwise, it means that there is no 'reality' in the first place. Equally, and despite the naturalistic fallacy contained in the move from 3. to 4. above, we have no great objection to the political postures adopted as a result of the anti-individualist position. Our objections lie in the privileging of sociological expertise to replace medical, psychological or whatever expertise. That is, as medical expertise is challenged we are asked to place our trust in a theoretical expertise held by sociologists instead, because it supposedly provides a more plausible account of what life is like for disabled people. Our argument has been that in important respects it fails to do that, because it provides a radically incomplete version of 'experience' and an ironic, explanatory account to boot.

The problem with constructionist versions of experience is that they can slip into essentialist positions, whereby members of one social grouping are held to be incapable of experiencing the experiences of another social grouping and this in turn means a failure of understanding. We have been at pains to point out that it need not. Experience and understanding are quite different concepts. The ethnomethodological perspective we recommend argues that its analytic choices provide a means to understand the ordinary and mundane experiences of any social group, especially a social group that inhabits the same broad culture. These analytic choices dispose of the problem of 'experience' by de-essentialising it or de-reifying it. Experiences are local, situated phenomena, we have experiences *of* this or that. In building experience into our understanding of the needs of disabled people, the overriding requirement, in our view, is to understand phenomena as they are apprehended in precisely this or that, here and now, situation.

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