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**Bridging the Gap between Sociology of
the Body and Disability Studies**

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Introduction

The purpose of this presentation is to discuss the relevance of theoretical fusion of Disability Studies and Sociology of the Body.

First, I explain “the social model of disability” that is considered as the definitive theory of Disability Studies, and also “big idea” for many disabled people’s movements. I exemplify some important advancement attained by the social model thinking.

However, I bring up an issue overlooked by the social model. The issue concerns the relationship between the status of the disabled body and the bio-politics of the contemporary society. This unnoticed yet earnest issue is informed by the perspective developed in Sociology of the Body.

Accordingly, examining the case of the disabled body in Japan, it can be argued that a barrier-free “enabling” facility, which is endorsed by the social model, often cohabits with the bio-politics of “regulating bodies.” Consequently, the disabled body seems to be one of the most greatly regulated bodies in our society. This, I assume, suggests a need to explore the theoretically and politically challenging topic of “sociology of the disabled body.” Such exploration can be possible only by bridging the gap between Disability Studies and Sociology of the Body.

The social model of disability

Disabled people were forced to live an intensely suppressed life throughout the modern industrial age, which prioritized productivity, efficiency, and normalcy. They were commonly denied a citizenship and segregated from society.

However, around the 1960’s and 1970’s, which many sociologists observe as the beginning of a certain epochal shift, disabled people in all parts of the world began to mobilize and protest against their suppressed status in society (Driedger 1989).

Arguably, one of the most successful idea produced within this struggle of disabled people’s movement, is the “social model of disability¹.” Disability Studies, which is “a

¹ Strictly speaking, the term “the social model of disability” was originally coined by Mike Oliver (1983), and usually stands for a collection of theoretical work produced in

theoretical and research approach which derives from the practical political experiences of the disability movement over the last two decade” (Shakespeare 1996: 1), was borne by the social model. It is still assumed that “[d]efinitive of the disability studies approach is the social model” (Shakespeare and Watson 1997: 293). The social model can be summarized as consisting of three pillar concepts: protection of human rights; criticism of medical model; and removal of a social barrier.

Firstly, the social model claims that, almost universally, disabled people have been deprived of the fundamental human rights in modern society. Disabled people were said to be “socially dead” (Miller and Gwynne 1972); it was widely accepted that they should stay quietly in the house, or should be confined in a residential institution. Furthermore, in the house and/or institution, they habitually suffered abusive treatment (violence, starvation, forced medical operation, deprivation of freedom of speech, etc.). The social model exposes those facts, and clarifies that those suppression of disabled people are inexcusably human rights violation.

Secondly, the social model is convinced that the violative treatments of disabled people had been justified in the name of “care” and “supervision” by the medical discourse (“medical model”) that considers disabled people as an “invalid” to be corrected or normalized.

In order to contest the medical model, thirdly, the social model argues that the cause of their difficulties lies not in their physicality, but in a “disabling” society. In other words, social barrier (institutional, attitudinal, and environmental) is *the* problem that “disables” disabled people. Therefore, removal of the “disabling” social barriers is the primary object of the social model. It is considered as the best solution available for disabled people to transform society.

This ground-breaking interpretation of disability and its related problems has become the “big idea” for many disabled people’s movement (Hasler 1993). Among them, Disabled People’s International (DPI) is an energetic, world-wide organization *of* disabled people that can influence an authoritative organization, such as World Health Organization (WHO) (Driedger 1989). DPI demanded a revision of WHO’s International Classification of Impairment, Disability, and Handicaps (ICIDH) (announced in 1980), since it was based on the medical model. In response to the criticism, WHO announced in 2001 a new International Classification of Functioning, Disability and Health (ICF) that incorporates the social model thinking. Also, American-born Independent Living Movement (ILM) has been internationally successful in promoting disabled people’s

Britain. However, I take the word in the rather broad sense, and include all the similar idea and politics that shares three pillar concepts, which I explain in the text.

autonomous life, which is not limited to either living dependent on family or being confined in a residential institution (Barnes et al. 1999). Unlike the conventional definition of “independent living” as physical and economical self-reliance (thus, closed to a majority of disabled people), ILM redefine “independent living” as living with a command of their own life style by having proper support from society². The advocates of ILM stress that it is their right, and an obligation of society to realize the “independent living.”

Overall, the social model has empowered disabled people’s movement significantly by providing a radical, but also rational and constructive explanation, which even the “accused” (the non-disabled) can be convinced readily. As a result, today the social model ideas are increasingly recognized in society. The well-known anti-discrimination legislation, Americans with Disabilities Act (ADA) was enforced in the U.S. in 1990. Subsequently, the similar legislation, which aims at protecting the rights of disabled people from the “disabling” social barriers, was introduced in Australia, New Zealand, France and Britain. In Japan, the government recently agreed to amend and/or create the laws for removing a social barrier. For the environmental barrier, the government enacted and enforced new “Welfare City Planning Act” (1992), “Hearty Building Law” (1994) and “Barrier-free Transportation Law” (2000). For the institutional barrier, the government has started to reconsider the laws concerning the qualification for licenses (driving license; license for practicing medicine; license for pharmacist, etc.) that automatically disqualifies disabled people.

In addition to the legal changes, the government has upgraded its public personal attendant service system by expanding its quantity (it is now possible to have 24-hour support), and also converting it into the system based on disabled people’s choice. The slogan for such reform is “From charity to rights” and “From receiving aid to making contract.”

Seeing those fruits borne by the social model thinking, it seems that society is really going toward what Vic Finkelstein, a pioneer of the social model, defines as “Phase 3.”

A new “enabling” society of post-industrial age?

Finkelstein (1980) argues that before the Industrial Revolution, physically impaired people were congregated at the bottom of the economic pile in the company of poorly

² The advocates of ILM points out (rightly, I think) that no human being can live without having any support from others, and a conventional definition of “independent living” is an exaggeration or sheer arrogance of the non-disabled people, who believe they can live without getting any help.

paid workers and the unemployed. This is “Phase 1” in which impaired people had to live poorly, but were visible in a communal society. He says that after the Industrial Revolution we saw the emergence of segregated disability institutions in response to a new productive technology. This is “Phase 2” in which “large scale industry with production-lines geared to able-bodied norms” excluded impaired people, who had previously been integrated, socially active members of their class and community. In addition, the growth of hospital-based medicine encouraged the expansion of professionals whose expert knowledge was “disabling.” Nonetheless, Finkelstein claims that a new technology of post-industrial society, which will be used properly thanks to the awareness raised by the disabled people’s movement, enables disability people to live in a barrier-free, non-disabling (enabling) society. This optimal advanced age is called “Phase 3.”

Surely, the advocates of the social model, Finkelstein and others, are not so naïve and hasty as to conclude that we are *already* in the barrier-free, enabling Phase 3, since they maintain that there still remains numerous “disabling” social barriers. Nonetheless, I consider that Finkelstein’s concept typically represents the social model’s approval and affinity to the ongoing societal change introduced by the emergence of post-industrial age. In that case, what all we need to think about now is keeping this trend going? Can we expect that disabled people will really be liberated in a new, barrier-free society, which is materialized in the post-industrial age?

Although I do not disclaim a relevance of the remodeling of society that the social model endorses, I want to draw attention to a problematic aspect of the new post-industrial age, which the social model overlooks. It is an issue concerning the bio-politics of our contemporary society, namely, “regulating bodies.”

A centrality of the body in our contemporary society

The emerging new type of society (which I have so far described as post-industrial) is interpreted variously as post-modern; late modern; post-Fordist; information society; consumer society; and post-industrial or, perhaps, “Phase 3.” However, Bryan Turner (1992), advocating a relevance of Sociology of the Body, postulates that we are moving toward a “somatic society,” which he defines as a social system in which the body constitutes the central field of political and cultural activity. He argues that the major concerns of the somatic society is becoming less to do with increasing production, as was the case in modern, industrial capitalism, and more to do with the regulation of

population of bodies. Thus, the bio-politics³ of the new type of society is “regulating bodies” rather than producing “productive” and “disciplined” bodies, with which Michel Foucault was especially concerned (Foucault 1979).

We are no longer so much concerned about increasing production, but about controlling reproduction; our major political preoccupations are how to regulate the space between bodies, to monitor the interfaces between habitus and body. We want to close up bodies by promoting safe sex, sex education, free condoms and clean needles. We are concerned about whether the human population of the world can survive global pollution. The somatic society is thus crucially, perhaps critically, structured around regulating bodies. (Tuner 1992: 12-3)

By the “old” bio-politics of the modern industrial age, the disabled bodies were commonly deemed as “un-productive,” and suppressed explicitly through a confinement in institutions or their guardians’ houses. Against such suppression, as I have discussed, disabled people’s movement and its cardinal philosophy, the social model, had resisted successfully. Yet, the perspective developed by Tuner and other SOB scholars suggests that the bio-politics of the contemporary society (the somatic society) may not straightforwardly suppressive to disabled people, but more intricately regulating. Then, we need to ask: What does the somatic society bring to disabled people, in particular, their body? Next, I look at the issue through a case of Japanese society, taken from my personal experience.

Regulating the disabled bodies in Japan

As noted above, Japanese society seems getting less confining and better humanized for disabled people in accordance with a barrier-free guidelines endorsed by the social model. Working as a personal attendant, I experience recurrently *smoothness* and *safeness* of the barrier-free facilities. For example, there are elevators in stations; wheelchair-friendly step-bus; and special entrances for disabled people in museum, theaters, etc., which allow us to enter without waiting in a line!

Yet, looking at those advanced facilities critically, we can often detect elements of “regulating bodies” subtly cohabit with, or more, assist smooth and safe operations. The

³ “Bio-politics” is a Foucauldian idea, which throws light on “the increasing state concern with the biological well-being for the population, including disease control and prevention, adequate food and water supply, sanitary shelter, and education” (Lois Shawver 1999: 1).

elevators are often located in isolated places, distant from the crowd of “normal” passengers; the same thing can be said with the special entrances. When disabled people are to get on a regular bus, they would be asked, politely perhaps, to change to a step-bus, *for their comfort and safety*.

Here is another example. In my local city Kobe, we have an annual event called “Luminària,” when streets in the downtown area are decorated beautifully with numerous lights. The event was started as a memorial for the Kobe city’s experience of tragic Great Hanshin Earthquake in 1995, which killed more than 6000 residents. Today, the event has become very popular, attracting thousands of people from all over the country. As a result, the Luminària is jam-packed (unbelievably!) with people, is hard for anyone, especially for wheel-chair user, to walk through the decorated streets without touching other bodies. Kobe city, then, made a special “Hear-full Day” for disabled people and other physically “weak” residents, in which only those people alone are invited to enjoy the Luminària. The city’s arrangement keeps safety, comfort *and participation* of disabled people, while it carefully regulates the bodily proximity of those “special” people and the other “normal” people.

Moreover, I want to especially take a look at an underside of the recent “upgrading” of public personal attendant service that illuminates a symbiosis of the regulating bodies and barrier-free convenience.

As I have mentioned briefly in the previous section, the Japanese government currently adjusted the attendant service to the demand of disabled people who want to live autonomously in a community, by expanding the capacity of service. This “upgrading,” however, entailed a new surveillant aspect.

When the public attendant system was small and insufficient, private service centers (most of them are a voluntary, grass-roots organization) played the main role in helping disabled people find needful attendants. The private centers recruited would-be-attendants, and introduce them to disabled people. Those informally recruited attendants could be both professional and not. They were not required to have any official license or certification for assisting disabled people’s daily activity. There were virtually no manual or know-how, and their work were improvisational and flexible, depending on the demand and need arisen from the daily life.

The recent expansion of public attendant service system is materialized by enlisting the private centers to have an official status. On one hand, this makes easier and cheaper access for disabled people to have necessary manpower, because the service that disabled people used to acquire privately, is now included in the public welfare program. On the other hand, the government henceforth requires all service offices to

etc.), often accompanies an element of “regulating bodies.”

Conclusion: Toward the “sociology of the disabled body”

By pointing out the element of “regulating bodies” presently surrounding disabled people, I am not commending the social environment or welfare system in the past. Obviously, it is a welcoming fact that the society becomes more livable and facilitative, and “normal” people more sympathetic to disabled people. However, applying the perspective of Sociology of the Body (SOB), I want to call attention to the regulating aspect of the contemporary society, which tends to be overlooked by the social model.

Presumably, this inattention has resulted from the social model’s reluctance to engaging in an issue of body, apart from disclaiming the view of disabled (impaired) body authorized by (bio)medical model. This disinclination is understandable in a sense, since the social model’s main argument (and its “revolutionary” content) is that physicality does not constitute an essential issue for disabled people. The social model demands a strictly “sociological” perspective on disability issue.

At the same time, though, the present-day sociology has become aware of the importance of the body for sociological accounts (Featherstone et al. 1991; Shilling 1993; Tuner 1984, 1992). Consequently, there emerged the SOB, which is motivated to revise a theretofore disembodied inclination of sociology that the majority of the sociological theories had been negligent to the issue of human body. In the 80s, SOB became well established, as Arthur Frank describes the situation as “Bodies are in, in academic as well as in popular culture” (1990: 131).

Nonetheless, the social model of disability has not incorporated the perspective developed in SOB effectively, except for a few serious attempts (Hughes and Paterson 1997; Hughes 2002). In fact, the SOB is often viewed skeptically by the social model because of the fact that SOB has not yet tackled a disability issue profoundly. Tom Shakespeare, calling SOB disdainfully “the Emperor’s New Clothes,” disapproves the efficacy of SOB;

[SOB is] driven almost entirely by theoretical exploration, and with no connection to social movements or political initiatives, and only fragile anchoring in empirical research. (Shakespeare and Watson 1996: 4)

Although I agree with Shakespeare and others who criticize SOB’s (heretofore) indifference toward disabled people, I do not content with their conviction that it is

impossible for SOB to deal with disabled people because a) it is too overly theoretical to deal with a “real” issue or, b) it is constrained by its own “disablism.”

Instead of abandoning the possibility of collaboration, I want to argue that it is more fruitful, or rather, is indeed imperative for DS and SOB to engage each other in exploring the “sociology of the disabled body.” My argument is based on the reasoning that, as my argument in the previous sections shows, one of the central topics of SOB is the bio-politics of society and, on the other hand, the body of disabled people are most likely to be affected by the bio-politics, the situation which DS should (but has not yet) investigate systematically. There exists the issue of the disabled body crosscutting two perspectives. Therefore, I want to emphasize that we have a need for bridging the gap between DS and SOB in order to tackle “sociology of the disabled body” seriously. It is, I assume, a theoretically challenging *and* politically valuable project.

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