Disability & Society, Vol. 19, No. 2, March 2004

Carfax Publishing
Taylor & Francis Group

The anti-social model of disability

Guy Dewsbury[1]*, Karen Clarke[1], Dave Randall[2], Mark Rouncefield[1] & Ian Sommerville[1]

[1]Department of Computing Lancaster University Lancaster; [2]Department of Sociology Manchester Metropolitan University Manchester UK

Social theories are usually developed to enable a clearer understanding of a situation or problem. The 'Social Model' in various forms is currently the dominant model for researching disability, addressing disability from within a socio-political framework that draws substantially on a 'social constructionist' perspective. This article critiques some of the core sociological assumptions of the Social Model, questioning what 'work' this kind of theory does in informing a set of practical concerns around the design of assistive technologies, suggesting an alternative framework of analysis, supported by extensive ethnomethodologically informed ethnographic research

Introduction

The 'Social Model' (and we recognize at the outset that this is a gloss for a range of theoretical and methodological commitments) 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'. Despite these many versions, we will try to explore, in an admittedly preliminary way, some common concerns. We do not suggest that this gloss implies any unidirectional philosophical or sociological treatment. This exploration takes place because we are concerned with two problems. First, how best to deal with the business of designing assistive technologies. The second has to do with the particular group of people we are designing for, which in this instance is a group of people with psychiatric difficulties, living in a 'half way' house. Given the exploratory nature of this article we do not deal with the results of that work, for our interest here is in the degree in which aspects of the 'social model' may or may not help us and them in the work we are trying to do. We find that it does not. This implies no lack of political sympathy. We are concerned with why it is that the various commitments and concerns of what we class as the social model are proving of little help to us.

The first of the concerns we discern 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, p. 44). A second and related

---

*Corresponding author: Email: g.dewsbury@lancaster.ac.uk.

ISSN 0968-7599 (print)/ISSN 1360-0508 (online)/04/020000-00

DOI: 10.1080/0968759042000181776

feature is the consideration of 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 redefines perceptions of disabled people by reframing disabilities as outcomes of interaction—as a grouped entity (Barnes *et al.*, 1999). Thirdly, the Social Model entails methodological commitments. This sometimes entails the privileging of certain kinds of 'experience', associated with arguments to be found in various kinds of standpointism. (e.g. Harding, 1987). We should emphasize, this article is in no way a critique of the validity of disabled peoples' experience. It is, however, sceptical about the privileging of that experience. There is no room in an exploratory paper of this kind to engage in detailed discussion of standpointism, but we are concerned with the degree to which arguments concerning the impossibility of experiencing the experience of another are conflated with arguments concerning the difficulty of understanding the experience of another, for they are entirely different matters.

The Social Model has furnished a significant and empowering political agenda (Oliver, 1996), and allowing the contested notion of disability to become a significant and powerful force influencing social policy. Nevertheless, the utility of social theory in general is based around claims to provide a clearer understanding (often an 'explanation') of some situation or 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 broadly '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 specific kind of professional expertise—that of the scientist, medical practitioner, therapist or whoever—with assumptions that privilege other kinds of expertise—that of the sociologist or of the disabled person, or in its ideal form a combination of the two. We may be a little cynical, but we hope that the days of shouting, 'is there a sociologist in the house?' are still far distant. Moreover, there is a risk when sociology turns its eye to disability, as has happened in so many other areas of professional sociological concern, that the need to settle explanatory questions often turns out to be more involved in questions concerned with the *form* of explanation, addressing *sociological*, rather than *social* issues and producing credentialized stories as professional improvements on everyday analysis.

This article first addresses the sociological core of the Social Model, unpacking some of its assumptions in order to assess its utility for our work. We question this utility and suggest that the Social Model of disability can be profoundly 'anti-social' in that, as with Sociology more generally, it can either ironicize ordinary experience, treating it as somehow partial and flawed in its ignorance of what is really going on and thus in need of a sociological remedy, or can privilege versions of 'experience', which equally attend to socio-political matters, but which leave the ordinary practical business of getting on with one's life unattended to. In the former, 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 and argue about who has the 'best' theory of inequality and in the latter allows disabled people to express disquiet, rage, etc., about the silencing of their voices. To reiterate, we do not seek to challenge these political purposes. Rather, we are concerned with what neither the theoretical version of the social model nor its experiential version seem to deal with. Our main interest is in design. That is, we have been involved in many projects that seek to relate ethnographic insights into, organizational, domestic and public contexts to the design of technologies to support work done in those contexts. This perspective makes the investigation of 'common sense' and situated understandings the focus of inquiry and thus advances a potentially different approach to understanding disabled people by attending to their ordinary, practical and procedural concerns, rather than their political interests. Our preference is for an alternative framework of analysis, deploying ethnomethodologically informed ethnographic approaches. In this approach, the kinds of question that interest us are of the 'what do I do next?' kind. That is, social life is seen as sequenced and orderly, and analysis concerns itself with how these sequences of activity are produced. It thus may help the community of disabled people, their carers and a design team decide what we will do next when we seek to design appropriate assistive technology.

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, p. 32)

Accounts of disability from sociology and social policy have historically conceptualized the 'problem' of disability using a range of theoretical approaches. 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 'medicalized' or 'individual' (Oliver, 1986) model approach further developed into the conceptualization 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 criticized 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 peoples' needs being marginalized. 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).

The move to social models, of course, does not imply that they all have the same concerns. 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 emphasizing 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 emphasizing the historical development of institutionalized discriminatory practices (Finkelstein. 1981). That this is so, politically, we have no doubts about. Whether, in the case of our research problems, it can help us decide what the appropriate goods and services may be remains problematic.

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 in the context of our research problems.

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 that 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, 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, p. 47) that have led to the constructionist response and discusses four working assumptions, which typify social constructionism. They are, first, that 'the terms by which we understand our world and our self are neither required nor demanded by "what there is" ' (1999, p. 47). Such an assumption is predicated on the challenge to correspondence theories of language embedded in various treatments of language as discourse, of which Foucaldian 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 emphasize 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' (Gergen, 1999, p. 49) Fourthly, and crucially, 'Reflection on our forms of understanding is vital to our future well-being' (Gergen, 1999, p. 49) The fact that evidence, theory and value are inevitably produced from within discursive traditions means that constructionism entails a 'celebration of reflexivity', the attempt to place 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' (Gergen, 1999, p. 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 sociology of knowledge (see Berger & Luckmann, 1967). 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 & 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, p. 173)

Such a position entails some challenge to the 'realist' assumptions carried by theories, which predicate on models of mentality or social role, although 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. (p. 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. We are concerned specifically with how this helps. The constructionist focus, we feel, 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 that 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 realization of these consequences.

We think there may be problems here, mainly with steps 3 and 4. As Hacking (1999) has convincingly shown 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, but it does not assist us with our 'what to do next' problem. In explicating the various ways in which disability is a social construct the Social Model highlights 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, p. 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, p. 35). However, the metaphor has grown tired, if not tiresome, and 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.

That is, radical political commitments are not radical sociologies—they are, from within a sociological perspective, unremarkable. Radical causes are 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, 1995) is, for the constructionist, no distinction. However, and as we all know, anything that is true by definition is trivial. The constructionist perspective 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 and, of course, heated debate has taken place around this issue. Again, we seek here to make sense of these debates, which seem to centre on this tension between the privileging of the professional disciplinary insight, the possibly privileged status of the professional sociological enquiry and the experience of the disabled person with the explicit purpose of trying to understand how this might help us proceed with our design-related problems. In one version, 'experience' might be de-privileged because features of the social world, though not immediately observable, nevertheless have effects. 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). It is the 'real' explanatory, objective and invisible reality of social forces that seemingly operate behind the backs of actors. In this way, it trades on the analyst's superior expertise, serving merely to ironicize ordinary members' accounts. This is not to counterpose realism and constructionism, for 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'. It is, however, to argue that one alternative—the privileging of 'experience'—creates for us similar kinds of difficulties, bearing in mind the research questions we have posed. 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. Either way, the distinction between 'common sense' accounts and professional accounts can remain. 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, p. 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 (though not to value relevance, in Weber's terms). Issues of questioning or supporting an account do not arise. We choose to 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 theorizing. These purposes seem to us to be 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, but to offer accounts for different purposes.

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:

> The suggestion that [scientific rigour] has been a dream is not intended to ironicise or ridicule [sociology] 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. (1990, p. 451)

In these often impoverished 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 recognize some sense in sociological descriptions, but they are likely to recognize 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, to accounts that stress the gap between appearance and reality. As Watson (1994) comments: **Q7**

> 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.

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' characterizing 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 commonsensically available appearances of social order in preference to an examination of how such appearances are interactionally produced.

The Social Model as research method

The claim from 'method' begins by suggesting, quite rightly, that disabled peoples' 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, p. 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 is 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 disabled people are able to do research on disabled people, with the almost endless possibilities of recursion this entails. For us, given the research work we are undertaking, 'standpoint' epistemologies confront us with immense difficulties in respect of the kinds of disability we are dealing with here. Whether or not we choose to treat psychiatric problems as 'medical' or 'interactional' (see Szasz, 1974), there are clear and evident difficulties with the privileging of experience in this context.

Our approach—ethnomethodologically informed ethnography—avoids these debates through notions such as 'ethnomethodological indifference', which is 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 requires none of this. 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 (Garfinkel & Weider 1992). This is far from the hyperbole that leads to the absurd position that it is 'impossible' to understand another culture and thus that anyone who is not disabled is unable to analyse disability. Sharrock & Anderson (1982) point to other problems of this approach. Their argument 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. However, 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* assumption. Suspending this assumption in order to make serious enquiries may well lead to the discovery 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. 'Experience' is 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, the often spoken of 'anthropological strangeness' becomes a methodological choice that involves looking at the ordinary features of everyday life with a fresh analytical eye. The 'native' or the 'researcher' may equally well perform this task.

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 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. This contrasts with the perception of designers as essentially designing for themselves—or people just like them—and effectively excluding disabled people (Clarkson & Keates, 2001).

The 'turn to the social' recognized 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. It is in this sense—failing to meet these requirements to provide designers with useful insights into the social life of the disabled—that 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, p. 611)

We can only agree, but repeat the question we have asked above, which has to do with what kinds of experience, in what circumstances. Furthermore, and in the context of the halfway house we are studying, what kind of representations of experience should we accept? At its most simple and brutal, this argument indicates that we really do not need the social model to tell us that getting a wheelchair up steps is difficult. However, and this is not to critique the social model for stating the obvious, we want to ask precisely what design implications flow from the research findings of the model. It is an attempt to tie the research into its objectives and its claims. It is not, per se, 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, p. 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. This sensitivity towards the social implications of any technological intervention 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, p. 3). The Social Model fails to see the ambiguities and rhythms with which a person relates to their environment and the attendant choices concerning what to look for in the 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. (There is no space to detail our studies here but see Cheverst *et al*., 2003.) 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 socialized. However, the import of this critique is rarely appreciated in that it makes the investigation (rather than theorizing) of 'common sense' understandings the focus of inquiry. Disability is thereby considered in relation to how individuals practically understand it and how it practically affects their everyday life, and from this the requirements 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 what is needed is this alternate position from which to understand disability, that considers disability 'from within'. This is attending to members' perspectives as a practical matter, 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' recognizes that many different philosophical positions, which we have described as involving a tension 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.

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 conceptualizing this relationship. Above, we suggested that the constructionist mode typically involves four moves that 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 objection to the political postures adopted as a result of the anti-individualist position.

Our objections lie in the privileging of sociological or any other expertise to replace medical or psychological expertise. Our argument has been that the supposed theoretical expertise of sociologists fails to do that, because it provides a radically incomplete version of 'experience' and an ironic, explanatory account to boot. On the other hand, the privileging of experience is, for our purposes, equally unsatisfactory. Constructionist versions of experience can slip easily 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. 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-essentializing it or de-reifying it. Experiences are local, situated phenomena in that we have experiences of this or that. In building experience into our understanding of the needs of one group 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.

References

Atkinson, J. (1990) Ethnomethodological approaches to socio-legal studies, in: Coulter (Ed.) *Ethnomethodological sociology* (Aldershot, Elgar). Q1

Barnes, C., Mercer, G. & Shakespeare, T. (1999) *Exploring disability: a sociological introduction* (Cambridge, Polity Press).

Beckett, C. & Wrighton, E. (2000) 'What matters to me is not what you're talking about': maintaining the social model of disability in 'public and private' negotiations, *Disability and Society*, 15(7), 991–999. Q5

Berger, P. & Luckmann, T. (1967) *The social construction of reality* (Harmondsworth, Allen Lane, Penguin Press).

Bradford, I. (1998) The adaption process, in: R. Bull (Ed.) *Housing options for disabled people* (London, Jessica Kingsley).

Button, G. (Ed.) (1991) *Ethnomethodology and the human sciences* (Cambridge). Q2

Cheverst, K., Clarke, K., Dewsbury, G., Hemmings, T., Hughes, J. & Rouncefield, M. (2003) Design with care: technology, disability and the home, in: R. Harper (Ed.) *Home design: social perspectives on domestic life and the design of interactive technology* (London, Springer-Verlag Ltd).

Clarkson, P.J. & Keates, S. (2001) A practical inclusive design approach, *Proceedings of Include 2001*, London, 72–73 Q3

Corker, M. (1999) Discriminatory language, talking disability, and the quiet revolution in language change, in *Annual Conference of the British Association for Applied Linguistics*, 17th September, University of Edinburgh.

Dartington, T., Miller, E.J. & Gwynne, G.V. (1981) *A life together: the distribution of attitudes around the disabled* (London, Tavistock).

Finkelstein, V. (1981) *Attitudes and disabled people: issues for discussion* (New York, World Rehabilitation Fund).

Garfinkel, H, (1967) *Studies in ethnomethodology* (London, Polity Press).

Garfinkel, H. & Weider, (1992) Evidence for locally produced, naturally accountable phenomena of order, logic, reason, meaning, method, etc., in: G. Watson & R. Seiler (Eds) *Text in context: contributions to ethnomethodology* (London, Sage), 175–206. Q4

Gergen, K.J. (1999) *An invitation to social construction* (London, Sage).

Gergen, K.J. (2001) *Social construction in context* (London, Sage).

Gitlin, L. (1995) Why older people accept or reject assistive technology, *Generations: Journal of the American Society of Ageing*, 19, 1.

Hacking, I. (1999) *'Madness: biological or constructed?' The social construction of what?* (Cambridge: Harvard University Press).

Harding, S. (Ed.) (1987) *Feminism and methodology* (Bloomington: Indiana University Press).

Humphrey, J. (2000) Researching disability politics, or, some problems with the social model in practice, *Disability and Society*, 151, 63–85.

Marks, D. (1999) Dimensions of oppression: theorising the embodied subject, *Disability and Society*, 145, 611–626.

Oliver, M. (1983) *Social work with disabled people* (Basingstoke, Macmillan).

Oliver, M. (1986) *Understanding disability: from theory to practice* (London, Macmillan).

Oliver, M. (1992) Changing the social relations of research production? *Disability Handicap and Society*, 7, 2.

Oliver, M. (1996) *Understanding disability: from theory to practice* (Palgrave Press. **Q6**

Parsons, T. (1951) *The social system* (London, Routledge and Kegan Paul).

Priestley, M. (1998) Constructions and creations: idealism, materialism and disability theory, *Disability and Society*, 131, 75–94.

Searle, J.R. (1995) *The construction of social reality* (Harmondsworth, Allen Lane, Penguin Press).

Sharrock, W. & Anderson, T. (1982) On the demise of the native, *Human Studies*, 15, 2.

Szasz, T. (1974) *The myth of mental illness: foundations of a theory of personal conduct* (New York, Harper Row).

Vasey, S. (1992) A response to Liz Crow, *Coalition*, September , 42–44. **Q8**

Watson, R. (1994a) Harvey Sack's sociology of mind in action, *Theory, Culture and Society*, 11, 169–186.

Watson, S. (1994b) Applying theory to practice: a prospective and prescriptive analysis of the implementation of the Americans with Disabilities Act, *Journal of Disability Policy Studies*, 5, 1–24.

White, M. & Epston, D. (1990) *Narrative means to therapeutic ends* (New York, W. W. Norton).

Williams, G. (1996) *Representing disability: some questions of phenomenology and politics*. **Q2 Q6**

Author Query Sheet

Manuscript Information	
Journal Acronym	DSO
Volume and issue	19:2
Author name	Dewsbury
Manuscript No. (if applicable)	

AUTHOR: The following queries have arisen during the editing of your manuscript. Please answer the queries by marking necessary corrections **at the appropriate positions on the PROOFS. Do not answer the queries on the query sheet itself. Please also return a copy of the query sheet with your corrected proofs.**

QUERY NO.	QUERY DETAILS
Q1	Please give editors initials.
Q2	Please give publisher.
Q3	Please give meeting date.
Q4	Please give authors initials.
Q5	Reference not in text.
Q6	Please give place of publication.
Q7	Is ref 1994 a or b?
Q8	Any volume number?