

**Exploring how the social model of disability can be re-  
invigorated: in response to Jonathan Levitt.**

WOODS, Richard

Available from Sheffield Hallam University Research Archive (SHURA) at:

<https://shura.shu.ac.uk/24527/>

---

This document is the Accepted Version [AM]

**Citation:**

WOODS, Richard (2017). Exploring how the social model of disability can be re-  
invigorated: in response to Jonathan Levitt. *Disability and Society*, 32 (7), 1090-1095.  
[Article]

---

**Copyright and re-use policy**

See <http://shura.shu.ac.uk/information.html>

## **Exploring how the social model of disability can be re-invigorated: in response to Jonathan Levitt.**

### **Abstract.**

Levitt argues the social model of disability needs to be re-invigorated, potentially by adapting the tool for separate countries. The social model has been successfully applied for some disabled groups in the United Kingdom. However, the social model is not implemented for neurodivergent labels such as autism, through negative language of autism, causing severe problems for autistic individuals' daily lives. The social model can be re-invigorated for autism, removing social barriers by; changing non-autistic people's attitudes towards autism through ensuring positive language of autism, preventing the categorisation of autism and fully enacting The Autism Act 2009 and The Equality 2010.

**Keywords:** autism, social model of disability, emancipation, impairment labels, neuodiversity.

### **How is the social model implemented in the UK?**

Levitt (2017) argues that the social model of disability should be re-invigorated by making a bespoke social model of disability for each separate country it is applied to. He proposes the social model has been successful for himself and other disabled people in the UK over the last 22 years. However, I contest that the social model has been fully implemented in the UK for all impairment labels, traditionally being successfully deployed for people with physical and sensory impairments, while neurodivergent labels have been left behind in modern times (Graby 2016).

While the social model has numerous flaws (Mallet and Runswick-Cole 2014), it is largely associated with physical and sensory impairments, as shown by how blind people use folding canes, have brail at all entrances and stairs. The practice of Universal Design is enshrined in USA law, however less so in the UK Equality Act 2010, and is not used much in the UK (Milton, Martin and Melham 2016); the principle is meaningfully practised however when designing new buildings for which should be accessible for people with physical and sensory impairments.

In the UK Education system inclusion, is practised as a form of integration largely due to the dominance of medical/ deficit based discourse utilised to gain extra support for Special Educational Needs and Disability pupils. For instance the high numbers of autistic pupils with Education Health and Care Plans is a sign of how the education system requires bolt on support for anyone who is different from the mythical norm (Milton, Martin and Melham 2016), helping

to perpetuate ableism and internal ableism (Campbell 2008). The commonly reported struggles parents face gaining adequate support for autistic pupils often causes severe psychological distress to autistic pupils due to poorly enacted inclusion policies (Beardon 2017).

### **Social model is not practised for the autism label.**

The medical model of disability is the dominant model in autism studies (Graby 2016). The UK fulltime employment rate for people with autism is stagnant at around 15% (National Autistic Society 2016). Even with The Autism Act 2009 and The Equality Act 2010 autistic individuals could be discriminated against in the Criminal Justice System (Beardon 2008). Autistic individuals expend prodigious amounts of energy forcing themselves to meet Predominant Neurotype (Beardon 2008) demands and expectations, often causing undue psychological harm to themselves (Beardon 2017). This leads to higher suicide rates for autistic individuals:

“7.3% - 15% of people who have been hospitalised for attempted suicide also have an autism diagnosis. This is much higher than the 1% rate of autism diagnosis we would expect in the general UK population” (Cassidy 2015).

The above average autistic suicide is symptomatic of autistic individuals being compared to Predominant Neurotype societal demands and expectations (Beardon 2017). An example of wider prejudice against neurodivergent labels, with the UK government favouring ‘really disabled people’ to the detriment of neurodivergent labels, or unseen disabilities:

“Disability benefits should go to "really disabled people" not those "taking pills at home, who suffer from anxiety"” (Anon 2017).

Cuts to the welfare in the UK have thus helped to segregate the different impairment types (Graby 2016), driving internal ableism. This article however argues that the social model should be more widely implemented for all neurodivergent labels. Shifting autism research away from causes and biological effects onto services and social issues will also assist autistic individuals by exploring the impact of living in Predominant Neurotype society.

Autistic individuals are treated harshly for multiple reasons, primarily due to the language used to describe autism. The language used to describe a topic affects how people treat the topic. This is reflected in the recent rise in hate crime against European Union migrants after the Brexit Referendum in the UK. For neurodivergent labels, Sayal et al (2010) suggest that teachers believing pupils have ADHD predisposes the teachers to have negative opinions of the labelled pupils due to labelling effects. The Autism Strategy (Department of Health 2015)

explicitly mentions the problems individuals with Asperger's Syndrome face in their every-day lives, due to the misconception Asperger's Syndrome is mild autism or that Asperger's Syndrome is not autism. Significantly clinicians over identified the number of cases of Asperger's Syndrome by ignoring the differential marker of delayed speech development between Asperger's Syndrome and autism, primarily due to the positive connotations of Asperger's Syndrome. The autism discourse is dominated by concepts of autism being a disorder and a deficit (Graby2016). This allows Predominant Neurotypes to treat autistic people as less than human, as autistic individuals are seen as diminished versions of the perfect Predominant Neurotype person (Campbell 2008). This is a profound type of barrier, something which has to be tackled by using the social model of disability.

Secondly, the social model is not implemented for autistic individuals due to the burden of adapting to each other being unreasonably and unevenly placed onto autistic individuals compared to Predominant Neurotype institutions. Predominant Neurotype society forces autistic individuals to adapt to an environment which is not adapted for autistic individuals. For instance, autistic pupils are forced to learn a social skills curriculum in addition to the national curriculum. With increasing academisation it is less likely that autism friendly universal design will be implemented (Milton, Martin and Melham 2016). To compound the imbalance Predominant Neurotype society ignores the challenges autistic individuals often experience, actively creating a social barrier to their employment (Graby 2016). These factors contribute towards the systematic discrimination and oppression of autistic individuals by Predominant Neurotype society.

### **How do we implement the social model for autistic individuals?**

Levitt (2017) argues that the social model can be re-invigorated by asking five questions which adapt the social model for individual countries. I contest the limited view of Levitt's scope and believe that in order to make the social model ubiquitous, these questions need to be applied to specific impairment labels by each country; universal and consistent application of the social model will benefit people of all impairment labels. Here I reply to Levitt's questions not from a country's perspective, but from the perspective of the autism neurodivergent label:

- 1) "Which aspects of the negative influence of society on disability (other than barriers to inclusion) are particularly worth focusing on and how can these be effectively addressed?" (Levitt 2017, 4).

The primary social barrier to be removed is the negative language and discourse of the autism label, such as deficit and disorder, along with removing subcategories and sublevels. For

instance, having a blanket *Autism Spectrum* label where a person's impairment is not measured but described upon diagnosis could help to avoid the negative stereotypes caused by the negative discourse of autism. A blanket *Autism Spectrum* label could ensure *autistic potential* is the primary focus when judging autistic individuals (Beardon 2017). Autism emancipation is achieved through not breaking up the autism label, which can help save autistic lives.

- 2) "What ways of using the model (apart from a practical tool) seem promising and how can these ways be fruitfully implemented?" (Levitt 2017, 4).

There is still scope to use the social model in practical ways, particularly the basic income can be liberating for all disabled people. That with every citizen being financially secure, there is less competition and stigma attached to having an impairment label. In particular with the removal of needs based assessment for the levels of "impairment" no longer matter (Mays 2016). A basic income stops discrimination against autistic individuals and people of other neurodivergent individuals, means people with autism and other neurodivergent people could be as seen being equally impaired and worthwhile to society. Overcoming the current social barriers neurodivergent individuals face gaining employment (Graby 2016).

- 3) "To which groups of people (other than disability professionals in developed countries) is it important to disseminate the model and how can it be conveyed effectively?" (Levitt 2017, 4).

Disseminating the social model to all autistic individuals and recognising that each autistic person is the "expert" on their autism will allow for increased autistic self-advocacy and self-regulation. Allowing autistic individuals to control their lives will lead to greater autism emancipation by reducing the mental health damage caused by autistic individuals forcing themselves to adapt to Predominant Neurotype societal demands.

- 4) Is it a good idea to present the social model in a manner which is contradictory (as opposed to complementary) to other models or that implies it is the only model conducive to emancipating disabled people?" (Levitt 2017, 5).

From the point of view of neuro-divergence the social model should be seen as being complementary to other disability models. The Nordic countries use and discuss the UK social model in addition to their relational models. The social model is not the only model of disability and the model does have numerous limitations. The social model does not always explain how disability is experienced, for instance the Nordic relational models can sometimes better explain

disabled people's experiences (Mallett and Runswick-Cole 2014), for instance how, an autistic individual can experience crippling anxiety awaiting an email reply from a Predominant Neurotype person who thinks the autistic individual will be OK while they do not respond to the email (Beardon 2017).

5) "What should be the primary goals of the social model and what steps can we take to achieve these objectives?" (Levitt 2017, 5).

The primary goal of the social model has always been to take the focus from the individual impairment, and to shift the gaze towards societal structures. This now needs to happen by Predominantly Neurotype institutions taking responsibility for making adjustments. The social model should be shifting the burden of making adjustments away from autistic people onto Predominant Neurotype institutions. This can be done by changing the law or fully implementing existing legislation, such as Local Authorities', and NHS Trusts' obligations to The Autism Act 2009, along with institutions enacting reasonable adjustments under The Equality Act 2010. To also change the autism discourse to take on positive connotations of autism by moving away from toxic words and debates like "disorder" and "deficit". By doing this Predominant Neurotype society will finally treat autistic individuals as equal to themselves, leading to full autism emancipation.

### **How can the social model achieve full autism emancipation?**

When implemented the social model is a powerful tool to achieving emancipation of all disabled people. Similar to other neurodivergent labels, the negative discourse about autism helps to ensure that the social model of disability is not applied to it, leading the UK education system to be un-inclusive. Due to most autistic individuals simultaneously experiencing other neurodivergent labels, implementing the social model for autism will spread the social model for more neurodivergent labels. By focusing on stopping the negative discourse of autism, barring the categorisation of the autism label along with proper application of The Autism Act 2009 and The Equality Act 2010. The social model can be used to achieve autism emancipation by creating positive societal attitudes towards autism and shifting the imbalanced burden of adapting away from autistic individuals onto Predominant Neurotypes institutions. This can prevent damage to autistic individuals' mental health, helping to prevent the undue loss of autistic lives, and leading to the full emancipation of the autistic population.

### **Acknowledgements.**

I would like to thank Dr Luke Beardon, Dr Mitzi Waltz, Professor Sarah Parsons, Dr Damian Milton, Dr Catriona Stewart and Dr Nick Chown for our separate conversations on autism and the social model of disability.

#### **Disclosure statement.**

No potential conflict of interest was reported by the author.

#### **References.**

Anon., 2017. *Disability benefits: PIPs should be for 'really disabled'* (Online). London: British Broadcasting Corporation. Available at: <http://www.bbc.co.uk/news/uk-39097019> (Accessed on 21 March 2017).

Beardon, L., 2008. *Asperger Syndrome and perceived offending conduct: a qualitative study* (Online). Ed.D Thesis. Sheffield Hallam University. Available at: [http://shura.shu.ac.uk/7155/1/Beardon\\_aspergers\\_-\\_full.pdf](http://shura.shu.ac.uk/7155/1/Beardon_aspergers_-_full.pdf) (Accessed 14 January 2017).

Beardon, L., 2017. *Luke Beardon: Perspectives on Autism* (Online Blog). 17 March 2017. Available at: [https://blogs.shu.ac.uk/autism/?doing\\_wp\\_cron=1490259625.4494929313659667968750](https://blogs.shu.ac.uk/autism/?doing_wp_cron=1490259625.4494929313659667968750) (Accessed on 23 March 2017).

Campbell, F., 2008. Exploring internalized ableism using critical race theory. *Disability and Society*. Available at: <http://dx.doi.org/10.1080/09687590701841190> (Accessed on 08 April 2017).

Cassidy, S., 2015. *Suicidality in autism: risk and prevention* (Online). 9 November 2015. Available at: <http://network.autism.org.uk/good-practice/evidence-base/suicidality-autism-risk-and-prevention> (Accessed on 22 March 2017).

Department of Health, 2015. *Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy*. (Online). London: The Department of Health. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/422338/autism-guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/422338/autism-guidance.pdf) (Accessed 16 January 2017).

Graby, S., 2016. *Unworkable Conditions: work, benefits and disabled people's resistance to capitalism*, paper presented to Association for Social and Political Philosophy conference, London, 29 June. Available at: [https://www.academia.edu/28495623/Unworkable\\_Conditions\\_work\\_benefits\\_and\\_disabled\\_peoples\\_resistance\\_to\\_capitalism\\_2016](https://www.academia.edu/28495623/Unworkable_Conditions_work_benefits_and_disabled_peoples_resistance_to_capitalism_2016) (Accessed on 08 April 2017).

Levitt, J., 2017. Exploring how the social model of disability can be re-invigorated: in response to Mike Oliver. *Disability and Society*. Available at: <http://dx.doi.org/10.1080/09687599.2017.1300390> (Accessed on 21 March 2017).

- Mallet, R., and Runswick-Cole, K., 2014. *Approaching Disability: Critical issues and perspectives*. 1<sup>st</sup> ed. London: Routledge.
- Mays, J., 2016. Countering disablism: an alternative universal income support system based on egalitarianism. *Scandinavian Journal of Disability Research*, 18 (2), 106-117.
- Milton, D., Martin, M. and Melham, P. (2016) Beyond reasonable adjustment: autistic-friendly spaces and Universal Design. In D. Milton and N. Martin (Ed's), *Autism and Intellectual Disabilities in Adults*, Vol. 1. Hove: Pavilion, 2016, pp. 81-86.
- National Autistic Society, 2016. *NAS TMI Employment Report* (Online). Great Britain: National Autistic Society. Available at: <http://www.autism.org.uk/get-involved/media-centre/news/2016-10-27-employment-gap.aspx> (Accessed 15 January 2017).
- Sayal, K, V. Owen, K. White, C. Merrell, P. Tymms, and E. Taylor., 2010. Impact of Early School-Based Screening and Intervention Programs for ADHD on Children's Outcomes and Access to Services. *Archives of Paediatrics and Adolescent Medicine*, Vol 164 (5), 462-469.