THE SOCIAL MODEL OF DISABILITY:
A SOCIOLOGICAL MAP

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WHAT IS ‘SOCIETY’?

In the previous Part of this book, an important terminological distinction was established between an impairment on the one hand, and a disability on the other. An impairment resides in the human organism, whereas a disability results from the interaction between an impaired body or mind and disabling features of the social environment. Disability cannot be reduced to a physical or psychological malfunction of the organism. To understand it adequately, what is required is a ‘social model’ of disability, not a medical or paramedical one. So far so good!

The assertion that disability is a complex social phenomenon rather than an individual impairment, however, begs one very important question. What precisely do we mean by the words ‘social’ and ‘society’? The problem is that everything in human affairs has a large social component. Education, work and politics are social phenomena. Gender identity, ethnic relations and class status are societal in their origins and consequences. Society creates systems of justice, health and welfare. It defines beauty and ugliness, normality and deviance, truth and falsity. Society is as ubiquitous as the air we breathe.

Thus to talk of a ‘social model of disability’ is only a broad, general orientation. It is the starting point for further and more specific sociological analysis, not an end in itself. Such analysis requires us to be much more specific about what we mean by ‘society’ and more precise in our description of how different aspects of society interact with personal impairments to construct disability.

The Need for a Social Map

What is needed is a ‘map’ of society which will allow us to grasp social life in its totality, and also enable us to break it down into its major component elements. It should show how the parts fit together to create the whole, and also reveal major fault lines where society is divided against itself, where pressures mount up and social earthquakes are likely to occur. Such a conceptual map would provide an analytical framework, through the application of which that amorphous blob ‘society’ could be given rigorous, intellectual definition, its workings described and its relevance for disability more accurately perceived.

It is precisely such a task of intellectual cartography that is being undertaken in this book. In the present Part, the broad general outlines of the social map will be
sketched. It will serve as a high-level aerial photograph, providing the reader with an overview of the entire terrain. In the following Parts of the book, we shall descend to ground level and explore each zone of the map in much closer detail.

The analytical framework we are using can be represented in diagrammatic form as a series of seven concentric circles, in the middle of which stands a little, impaired kiwi. Readers may think of it possessing whatever disability they choose. It can be blind, deaf, paraplegic or intellectually disabled. It may be severely or partially impaired. It could be Maori or Pakeha, male or female, old or young. Our scheme is equally applicable to all forms of disability and all social categories, since it is on the social context we are focusing here, not the disabled subject.

The seven spheres of the social map will be labelled nature, population, economy, politics, welfare, community and culture. Each sphere represents a major aspect of society; jointly they constitute the external social environment with which disabled people must come to terms. Just as importantly, they are internalised into the disabled kiwi’s subjective sense of selfhood, to become the major building blocks of his or her identity. That is, nature, the economy, politics, culture and the rest are both ‘out there’ as objective features of the external world, and ‘in here’ as components of each person’s individual psyche.

In what follows we shall work our way progressively through the various spheres of the human condition, beginning with its objective origins in the natural world and ending with the subjective definitions of reality constructed by culture. Each section will begin with a brief explanation of its general sociological significance, after which its relevance to disability will be explained. By the end of this part, we hope to have provided a holistic preliminary overview of all dimensions involved in the social construction of disability. You will also have read a microcosm of the book as a whole.
NATURE AND THE IMPAIRED BODY

Although we are including nature as the outer circle of our map of society, strictly speaking the natural world lies outside the social sphere altogether. This planet and its non-human inhabitants were around for millions of years before the human species put in an appearance, and may well continue to exist long after that species becomes extinct again. Nevertheless, nature plays such an important role in human affairs that to leave it out would create a huge gap in our account of those affairs. Indeed, one of the major tasks of sociology is to work out what aspects of our experience and behaviour are determined by nature, what by society.

The Infrastructure of Human Identity

Nature can be divided into two broad domains. On the one hand, there is the external environment comprising earth and rocks, water, air and climate, non-human life forms and the natural laws that govern them. On the other, there are the bodies in which we have been clothed, and like it or not must wear from the womb to the tomb. It is on the human body, rather than the external environment, that we shall focus, since it is here that the basic grounds of disability are to be found.

There are two major sociological points to be established about the role of the body in human affairs. The first is that we are who we are largely as a result of the particular kinds of bodies we inhabit. The second is that there are strict limits on how far we should explain human personality and behaviour in terms of biological determinism.

Taking the former point first, our biological organism provides us with the basic building blocks of our identity. It is from the body, for instance, that I derive my sexuality. Nature also determines my physical appearance and my genetic predisposition to develop disorders or illnesses. Most importantly of all, nature locks me into the ageing process. Yesterday I was mewling and puking in my mother’s arms, today I am a lusty adult, tomorrow I shall be a lean and slippered pantaloon, my joints locked with arthritis, my eyes dimming, my hearing and memory playing tricks. Nature, then, has a key role in constructing our sense of self. The destiny of human beings, like that of all other life forms, is in large part determined by the nature of the carapaces in which they are enclosed.

The Social Dimension of Identity

Now for an equally important second factor in the human equation which, to some extent at least, cancels out the first. I am my body, it is true, but I am not only my body. Nature provides me with the raw materials of my identity, but it is society, not nature, which moulds that raw material and gives human meaning to it, determining what kind of a person I am and what experiences I shall undergo on my earthly pilgrimage. Nature lays down the ground rules, yes, but it is largely society which decides how the game will be played.

For example, nature determines our biological sex, but it is culture which determines how the male and female gender roles are defined in a given society at a particular
moment in history. Nature equips some races with black skins, others with whitish ones, but it is society that decides how ethnic power games are to be played out.

The all-important sociological message is that we cannot and should not attempt to interpret human identity, attitudes and actions with reference to biology alone. We must not ignore the importance of our bodies, but we must equally not attribute excessive importance to their part in the human condition. To understand human biology is not to understand human thought and conduct. Such understanding can only be achieved through placing individuals in their specific social context and historical junctures.

**Implications for Disability**

The implication of these remarks for disability are almost too obvious to need spelling out. In fact, their significance emerged loud and clear when the difference between impairment and disability was explained.

While disability in part stems from a flaw or malfunction of the body, be this paralysis of the legs or the chemical imbalances associated with some forms of psychiatric disorder, the actual life experiences of people with disabilities are in large part determined by social structures and attitudes. People with disabilities may never be able to escape their impaired bodies entirely, but how they experience those bodies varies greatly from society to society and from one historical epoch to another. Their experiences vary even within the same society at the same point in time, depending on their age, class, ethnicity, gender and other social factors.

Thus to ascertain the nature and degree of people’s impairment is only the starting point of sociological investigation. A full understanding of their life experiences requires placing them precisely within their social context. Repeating what was said about the body in general, impairment is the raw material of identity but it is society which, for good or ill, moulds the disabled personality. Or, using another image introduced earlier, impairment sets the ground rules, but society determines how the disability game is to be played.
POPULATION AND THE RIGHT TO LIFE

In the second sphere of the social map, we are still very close to the natural world. As with every life form, human individuals are all destined to die. Therefore, if we wish our species to last beyond the present generation, we must reproduce ourselves. Death, copulation and birth – these are the most fundamental of all processes underlying life on this planet.

Our investigations in this sphere are directed towards two main areas. The first involves demography, or the scientific study of human populations. The second shifts focus from facts to values, addressing ethical and philosophical issues surrounding the right to control the natural processes of sexual reproduction and of death.

Demography

The tables of statistics spawned by demographers can be intimidating for the mathematically illiterate, yet the basic principles of demography are quite easy to grasp. They boil down to two simple sets of questions.

The first concern people’s entrances into and exits from a specific population. We want to know how many people are joining its ranks, how many quitting them, and at what speed. Just as importantly, we want explanations of causes and consequences. We need to understand the social factors which recruit people into the population, and what impact that recruitment will have on the rest of society.

The second set of key demographic questions relates to the size, composition and distribution of the population we are studying. How big is it? How does it break down by social variables like gender, ethnicity, class and age? Where do people live, and how densely are they clustered?

Having established these basic facts, we then move on to the sociological task of explaining them. If, for instance, one ethnic group is significantly larger than another, what were the historical circumstances leading to this difference, and what consequences will the ethnic imbalance have for the texture of national life as a whole?

Controlling Birth and Death

The focus will now shift from statistical facts and their explanations to the domain of ethics and human rights. One of the most deeply entrenched rights guaranteed by all modern societies is the right to life. In principle, nobody – not even representatives of the state – can take that right from us unless there is a very compelling reason to do so. Indeed, human existence is held so sacred that in most countries people do not even have the right to take their own lives. A corollary is the right to reproduce. It is taken as axiomatic that we are all entitled to have children, even if some societies, such as China, limit the number.

However, there are a number of major ethical and philosophical controversies surrounding these rights. One is a feminist issue, the other of most concern to the
chronically or terminally ill and those with severe or multiple disabilities. The former revolves around contraception, sterilisation and abortion, the latter around what is variously termed euthanasia, mercy killing, assisted suicide or death with dignity. At the heart of each is the same moral question: how much control do people have the right to exercise over their own or other people’s bodies when it comes to those most basic of all human experiences, birth and death?

**Implications for Disability 1: Demography**

We have established that the reproductive sphere of the human map involves two major dimensions. The first requires describing demographic facts and trends which, in turn, must be linked to events in other sectors of society. The second involves ethical issues surrounding the right to control birth and death. Both have significant implications for the sociology of disability.

In the demographic sphere, it is essential to establish hard facts about the incidence of disability, along with the size and composition of the disabled population. Until the 1996 census we were largely lacking in such hard facts, since no global figures had been gathered in this area since the census of 1916. We now know that roughly one-fifth of the New Zealand population self-identifies as disabled, and we know how this breaks down by age, gender, ethnicity and the like. The actual numbers, and the difficulties of arriving at them, will be discussed in a later chapter.

However, collecting facts, though important, is only the start of sociological enquiry. Sociology takes over from demography when we try to explain these facts. Such explanation addresses two main questions, one involving causes, the other consequences. First, where we spot significant variations or differences in the figures, we must trace their social origins. For example, if statistics show that young males are disproportionately over-represented in the ranks of those impaired by violent accidents, we must ask if there is something inherent in male youth culture which causes men to be physically injured at a higher rate than women. The answer probably can be found in the lethal macho cocktail of heavy drinking, reckless driving, dangerous manual occupations, violent sport and brawling.

Turning from social causes to consequences, the statistics show that around two-thirds of the disabled population are in the 65-plus age group. Furthermore, demographers agree that the New Zealand population is ageing, the ratio of the elderly to the rest steadily rising. In the future, there will be many more dependent, disabled old people than there are now. This clearly has major implications for social policy. Who will provide caregiving services? Who will pay for them? If the state shoulders the responsibility, considerable forward planning will be required. If it does not, what implications will this have for middle-aged women, on whose shoulders – unless there is a major shift in gender politics – the main caregiving burden will fall?

**Implications for Disability 2: The Value of Life**

Now we turn from sociology and demography to the domain of ethics and values. What confronts us here is the most profound and vexed of all philosophical questions, namely the value of human life – or, to be precise, the value of the lives of those who are physically or mentally impaired.
Most modern nations are agreed that the rights to life and to reproduce are among the most basic and inalienable elements of citizenship. That ethical consensus frequently wavers, however, when it is the rights of the disabled which are at issue. To many people, it seems self-evident that for humanitarian, practical and evolutionary reasons, the disabled population should be limited, controlled or even, if possible, entirely eliminated. ‘Humanitarian’, because the lives of disabled people are thought to be a misery to themselves and those close to them. ‘Practical’, because the disabled, being dependent on others, are a drain on the human and financial resources of the family, community and nation. ‘Evolutionary’, because a species evolves through the processes of natural selection whereby the weak are weeded out and only the healthy and active flourish.

Four strategies can be used if it is deemed desirable to limit the disabled population. Impaired adults can be prevented from breeding; if abnormalities are detected in the womb, the impaired foetus can be aborted; if a child is born with a congenital impairment, it can be killed or left to die; finally, those who become impaired in later life can be encouraged to commit suicide or, at the limit, forcibly liquidated.

Putting it bluntly, we are talking about a form of genocide. Expressed thus, few people in New Zealand are likely openly to endorse an all-out drive to eliminate the disabled from their midst. The belief in the value of life and the right to reproduce are so deeply entrenched that it would be regarded as morally repugnant to abrogate them for an entire sector of the population. Yet in a variety of ways and with different levels of coercion, some or all of these steps have been both advocated and practised, not just amongst barbarian people in ancient times, but in modern, self-avowedly civilised nations including New Zealand. Many people accept without question that intellectually disabled people should not breed, defective embryos should be aborted, extremely impaired babies should be allowed to die and severely disabled adults assisted to death with dignity.

Not all such practices are legal, yet there is some public support for them, even a sense of moral outrage when they do not occur. It is considered inhumane and irresponsible, for instance, for parents knowingly to bring into the world a child with a pre-natal impairment. These views have on occasions hardened into the doctrines of social Darwinism and racial eugenics, which require that the physically and mentally impaired, along with other ‘degenerates’, should be liquidated in the cause of racial purity and/or national vigour. Nature, it is argued, did not intend the impaired to survive. To artificially keep them alive and allow them to breed is to fly in the face of natural wisdom.

Sterilisation, abortion, infanticide and euthanasia are based on the underlying, often unspoken premise that the lives of disabled people are less valuable than those of the able-bodied. The social universe is divided into ‘normals’ and ‘deviants’, a division that promotes the notion that the lives of the latter are not worth living.

Opponents of mercy killing in its various forms point out that the ‘mercy’ is only required because of the deprived conditions under which people with disabilities are sometimes forced to live. Instead of assisting, say, quadriplegics to die with dignity, more adequate care, support and empowerment could make their lives full and
meaningful. Death is not the only dignified and merciful solution to the problem of major impairment. There are positive alternatives, as the fulfilled lives of many with apparently massive impairments testify. Euthanasia may be proposed as the panacea for suffering not out of compassion for the victim but the convenience of others.

Thus, to enter the sphere of social life we have labelled ‘Population’ is to open a Pandora’s box of biting ethical issues. Sociology cannot resolve them, since they exist in dimensions beyond the scope of analytical reason, but it can help clarify the motives and values involved.
THE ECONOMY AND WORK

Productive labour, like sexual reproduction, is one of the most basic and essential of human activities. Along with all other life forms, the human species must expend time and energy wresting its livelihood from the raw materials provided by nature. Where the productive system is under-developed or disruptive, human life can be nasty, brutish and short.

If labour is a basic requirement for the survival and well-being of humanity as a species, it also has a key role to play in forging and sustaining our humanity as individual members of that species. Through work, we meet our own material needs and those of our dependants. From it, we acquire our sense of personal identity and a place in the social hierarchy. When entering the work force, we escape isolation and solitude, joining a communal network – a pool of potential relationships.

It is only through the discipline of sustained labour that we are able to cultivate and develop our inner potentials. Our occupation supplies our days with structure and our lives with meaning. Finally, we derive from our labour the sense of self-esteem that comes from contributing to the family, community and nation, rather than being a drone in the social beehive.

Not all of us acquire such benefits from employment all the time. Most breathe a sigh of relief when the day’s work is over, and look forward eagerly to our holidays. Yet though work may sometimes be a bore, the alternative – enforced idleness – is far worse. We are who we are largely as a result of our occupation. It is a matter of considerable moment, then, whether we work or not and, if we do, what kind of labour we perform.

Although work is at the heart of the productive sphere, there are a number of other important economic variables that must be fed into the sociological equation. People’s lives are vitally affected by macro-economic factors operating at the national and international levels. As individuals, they do not have much, if any, control over these forces, but their life chances and life styles are in large part determined by them. Such factors include the level of economic development of the country as a whole, the way in which wealth is distributed between social classes, the presence or absence of welfare provisions, and the ways in which the mode of production is structured.

In respect of the latter, developed societies are currently evolving from a ‘modernist’ to a ‘postmodernist’ mode of production, the former typified by industrial mass production of standardised commodities for a homogeneous market, the latter by electronic, information-based, computer-driven niche marketing. This economic metamorphosis directly affects the nature of the work force, and indirectly transforms the lives of all members of society. Sociologists must be alive to such changes in the macro-climate of national and global economics when constructing a holistic framework for the analysis of social life.

Implications for Disability 1: Work

People with disabilities tend to experience the negative aspects of the economic sphere more widely and intensely than do people in any other social category. For a
start, their rate of unemployment – that is, those actively seeking work – is considerably higher than the national average. Perhaps more significantly, disabled people of working age are vastly over-represented amongst those recorded as ‘not in the work force’ at all.

It is the task of the sociologist of disability to uncover the causes of this high level of occupational inactivity. Here, we shall suggest four possibilities.

First, there is what we might call the ‘reality principle’. That is, being realistic there are many jobs which people with specific disabilities cannot or, for reasons of safety, should not perform. Second, many disabled job-seekers, particularly those disabled from childhood, lack appropriate educational training and social skills. The third explanation relates to disabled people’s motivation to find work. They may suffer from self-doubt about their own abilities, or apprehension and fear of the unknown world of employers and work. The fourth, and possibly greatest obstacle to employment resides in employers’ attitudes. For a variety of reasons, ranging from ignorance of their work potential to straight prejudice, potential employers may be reluctant to have disabled workers on the pay roll.

In spite of the obstacles, many disabled people do gain paid employment. A significant number do so through the same channels as able-bodied job-seekers, but there are a number of policies, strategies and agencies created with the express purpose of breaking down barriers and placing people who cannot find work easily by themselves. Equal employment opportunities (EEO) have been promoted in the public sector and encouraged in the private and voluntary sectors since the State Sector Act of 1988, while the amended Human Rights Act of 1993 made it illegal to discriminate ‘unreasonably’ against disabled people seeking paid work.

There is a major disability placement agency called Workbridge, and there are also a number of small Supported Employment agencies, loosely federated since 1995 in the Association of Supported Employment New Zealand, whose main function is to provide severely impaired workers with on-the-job coaching and support.

For those not able to find employment in the open labour force, there are a number of sheltered workshops or farms run by organisations like IHC. Finally, government funding is available to help disabled job-seekers with rehabilitative therapy and training, and to subsidise disabled workers with low productivity.

However, the problems are not over once employment has been secured, since disabled people may move from unemployment to under-employment. They not infrequently find themselves in the ‘secondary job market’. They have jobs, but not real careers. Work is often casual and/or part-time. Even if full-time, it tends to be low-paid and menial. Like other disadvantaged groups in the work force, disabled employees find themselves banging their heads on the ‘glass ceiling’ which divides employees at the bottom of the job hierarchy from those higher up the ladder. EEO is not achieved nor discrimination eliminated simply by placing those with disabilities in work. The quality of their working life must be addressed, not just the quantity of job-seekers moved off an agency’s books.

**Implications for Disability 2: The Macro-economic Climate**
Occupation is the most pressing concern for disabled people of working age, but it is by no means the only aspect of the productive sphere relevant to disability. Macro features of the economic environment have a major role to play in, first, determining the incidence and distribution of disability and, second, conditioning the lives of people with disabilities.

For example, there is a strong correlation between socio-economic status and the rate of disability. Put simply, poverty breeds impairment. Therefore, the higher the level of economic development of a given country, the lower its incidence of disability is likely to be.

Even in industrially developed and wealthy nations, however, disability is not distributed equally between social classes. It tends to accumulate at the bottom of the socio-economic pyramid. Hence, it is of considerable relevance for the distribution of disability amongst its citizens whether a country is egalitarian or hierarchical in structure. Welfare states, that attempt to minimise the gap between rich and poor through the redistribution of wealth and the institutionalisation of public health, preventative medicine, industrial safety and state insurance policies, are likely to have a lower incidence of impairment at the bottom end of the socio-economic scale than those where free market capitalism is left unchecked.

To take just one other example of the significance of macro-economic factors for people with disabilities, the shift from modernism to postmodernism we mentioned earlier is simultaneously closing and opening doors for disabled job-seekers. On the one hand, many of the routine, manual jobs performed by disabled workers are vanishing as industry restructures. On the other hand, electronic technology opens up new vistas for disabled people previously thought unemployable. Optimists point out that the ‘smart society’ offers fresh prospects for smart disabled people. Pessimists retort that this may benefit a disabled elite, but will actually increase unemployment amongst the many disabled who, for one reason or another, cannot capitalise on the computer revolution. The aggregate impact of the smart society on disability employment, unemployment and under-employment is still a matter of surmise. Speculation apart, what we can know for sure is that the changing mode of production has major implications for disabled workers, and must therefore be a significant item on the agenda for a holistic sociology of disability.
POLITICS AND THE STATE

We now enter the house of power - the political arena. By ‘politics’, I mean struggles for control over the decision-making apparatus of society. In the first instance, this apparatus is located in what we can alternatively call the state or the government, although struggles for control are carried on in all human groups where orders have to be given and executed.

The state is the public sphere of society, comprising parliament, the civil service and law courts. It is represented regionally by local authorities such as city councils. In principle, the state transcends personal and sectional interests to run the country for the good of all. In reality, it frequently exercises its power to benefit some groups at the expense of others. Men, Pakeha, capitalists and the able-bodied, for instance, have derived more from state patronage than women, Maori, workers and, arguably, people with disabilities.

Representation and Intervention

The two key issues in this sector are representation and intervention. ‘Representation’ involves the degree to which government actually represents the interests of its citizens. How do people gain access to the corridors of power? Do politicians and civil servants carry out the wishes of citizens, or do they impose decisions upon them? If people are not satisfied with current structures and policies, how can they influence or change them? Whose interests does the state really represent?

The issue of ‘intervention’ involves the degree to which government should involve itself in the affairs of civil society – that is, the non-governmental spheres of the social map. There are two opposed brands of social philosophy on this issue, which for convenience can be labelled ‘social democracy’ and ‘neo-liberalism’. The former may be thought of as on the left of the political spectrum, the latter on the right.

Social democrats believe in a fairly high level of state intervention, providing free health and education services to all, ensuring generous welfare funding, firmly regulating the market place and so on. Neo-liberals (i.e. free-marketeers), on the other hand, want to roll back the state to the point where it performs only a few vestigial functions like protecting our borders, enforcing some basic laws and ensuring that contracts are honoured. For the rest, civil society should be left to its own devices, citizens providing for themselves on the open market or, failing that, being provided for by their families and charitable bodies like churches.

Implications for Disability 1: The State

The political issues of representation and intervention loom large in the lives of disability activists. On the representation front, considerable time and energy are devoted by voluntary agencies like the Foundation of the Blind, by parents’ networks, by pan-disabled pressure groups like the Disabled Persons Assembly (DPA) and by coalitions on specific issues such as ACC, to influence politicians in the interests of the disabled.
Keeping disability on the national political agenda is always an up-hill struggle, since unlike most other categories, the disabled have few if any actual representatives in parliament, and can only snipe from the sidelines. Moreover, they do not possess the economic, political and social muscle of other lobby groups, and are obliged to rely mainly on ‘the politics of embarrassment’ – that is, shaming politicians into ameliorating the condition of the disabled by appealing to their professed ethical standards.

Then there is the question of state intervention. More than any other group in society, the disabled are heavily dependent on the state for their continued wellbeing. It is all very well for free-marketeers to say citizens should stand on their own two feet, but if you do not happen to possess sturdy legs this is not always easy. Putting that less flippantly, the right-wing doctrine of naked self-sufficiency is not calculated to appeal to those who, through disability, cannot be totally independent. Most disabled people, no matter how self-reliant, are dependent to some extent on goods or services provided by others, ranging from help with toileting to the need for expensive special equipment. They seldom have the personal resources to meet such needs on the open market. If the state does not provide, they must rely entirely on the good will of family, friends and charitable bodies.

It would probably be fair to say, then, that most people with disabilities, whether from philosophy or expediency, are social democratic in orientation. A benevolently interventionist state is arguably their best hope for empowerment, support, equity and participation. Whatever their political philosophy, people with disabilities need to keep a sharp eye on the development and execution of governmental policy, since it is such policy which in large part sets the terms on which they are obliged to live.

**Implications for Disability 2: Non-governmental Organisations**

The state, however, is not the only arena in which people with disabilities have political campaigns to conduct. As was noted earlier, struggles for control of the decision-making process occur in all human organisations where orders have to be given and carried out. In the case of disabled people, the organisations in question are what are variously termed non-governmental organisations, voluntary agencies or non-profit organisations, such as IHC, CCS and the RNZFB.

They began as charitable bodies, largely run by able-bodied volunteers. Their function was to provide services, goods and sometimes financial support for specific groups whose needs were not adequately met by their families or the state. Although they provided indispensable services, including education, employment and residential care, they generated some resentment amongst their disabled clients through what was perceived as their paternalistic and authoritarian style of operating. This perception was reinforced by the fact that those running the organisations tended in the main to be able-bodied, making decisions on behalf, but not always consulting the wishes of their disabled dependants.

A considerable amount of political energy and activity, therefore, has been devoted by disability activists not so much towards the remote target of the state but the more immediate ones represented by the trust boards and executives of their own
organisations. The blind were amongst the leading crusaders, forming their own consumer group, the Dominion Association of the Blind (now the Association of Blind Citizens), in 1945, and conducting a long campaign to gain adequate blind representation on the board of the Foundation. Similar battles have been and continue to be fought in other voluntary agencies. For their part, able-bodied directors and managers have sometimes been reluctant to hand over control to disabled ‘stirrers’ and ‘malcontents’. It is not easy for those who have held unquestioned power within an organisation to share it with those whom they have always regarded as passive dependants.

**Implications for Disability 3: Power Struggles within the Disability Sector**

As well as power struggles between the disabled and the able-bodied, there are also conflicts between different political factions of the disabled themselves. These occur both within disability-specific consumer groups and between one disability group and others.

Ideally, all disabled people should be comrades, fighting a common struggle for their human rights. In reality, they sometimes devote as much energy to fighting amongst themselves as they do to promoting their collective cause. They are not alone in this. All social movements, including feminism, Maori sovereignty and the gay rights movement, are characterised by internal divisions and internecine warfare.

Those involved do not usually relish their internal quarrels being aired outside the family, and people with disabilities are no exception. It does not help the cause if it is widely known that the deaf are feuding amongst themselves, that different disability groups are competing for state patronage and charitable donations, or that the Disabled Persons Assembly is plagued by factional divisions. Nevertheless, an adequate sociology of disability must speak as openly and frankly about these internal political divisions as it does about the drive of people with disabilities to wrest absolute power away from the able-bodied elite of the big voluntary agencies.
WELFARE AND HEALTH

The three sectors of the social map we have discussed so far – reproduction, production and politics – cover very basic activities which the human species shares with all other life forms. They boil down to the crude trinity of breeding, feeding and fighting, pursuits which are not unique to humanity alone.

The sphere we are now entering is more specifically human. Other life forms do not create institutional arrangements for the welfare of other members of their species. A maimed bird, a sick reptile or a tiger too old to hunt for itself will be left to perish, or may even be killed by its own kind. All human societies, however, provide at least rudimentary welfare arrangements for those incapable of fending for themselves, and make medical provisions for the care and healing of victims of illness or accidents. In nature, the law of the survival of the fittest ensures that the weak, defenceless and ill are ruthlessly eliminated from the race. In human society, this law is cancelled out, at least in part, by a higher concern for the value of life and for the wellbeing of all members of the national community.

Charity, Empowerment and the Role of the State

To say that human society replaces the law of the jungle with the reign of compassion, however, begs many important questions of principle and practice. We may all agree the ill should be cured and cared for, and that provisions should be made for those who cannot fend for themselves, yet we can disagree profoundly on who should do the caring, what form it should take, how generous it should be and to whom it should be made available. Because so many people are involved as caregivers or recipients, and because so much money is at stake, the zone of welfare and health is a major battlefield of competing interests and policies.

Here we shall introduce just two of the key issues, but ones which subsume many other more local debates. The first concerns the ends which welfare should serve, the second raises the question of who should do the providing.

There are two rival philosophies about the ends welfare should serve. For convenience they can be labelled the ‘charity’ and ‘empowerment’ models. They might also be termed the ‘minimal’ and ‘optimal’ approaches. The former holds that welfare provisions should act simply as an ambulance at the bottom of the cliff. There should be minimal provisions for those who have tumbled out of mainstream society, patching them up if possible, furnishing them with a bare subsistence living if not.

The minimal, charity philosophy assumes that people’s destinies basically lie in their own hands. If, through bad luck or personal fecklessness, they really cannot fend for themselves, they will not be allowed to starve or to live in a state of total destitution, but society has no responsibility for the quality of their lives.

The alternative welfare philosophy stands for maximum empowerment rather than minimal charity. In the first place, it requires a fence at the top of the cliff rather than first aid at the bottom. That is, it believes society should organise itself in such a way as to minimise casualties. This involves things like public health and accident prevention campaigns. More importantly, it requires undoing or compensating for past
wrongs and eliminating structural inequalities in the present. Many recipients of welfare and health provisions are the victims of inequitable social arrangements. If the nation works towards the reduction of inequalities and injustices, there will be fewer people lying at the bottom of the cliff in the first place. Prevention is better than cure.

Since not all misfortune can be prevented, the second prong of this social philosophy is actively to support and empower welfare recipients. This means being generous rather than grudging in the provision of goods, services and financial support. More importantly, it involves finding imaginative ways of helping people to help themselves. In short, it involves giving people power over their own lives.

Whichever welfare model one prefers, decisions have to be made about who actually provides and pays for it. The six potential sources of provision and finance are the family, the general public, voluntary bodies, self-help groups, private enterprise and the state. The first five of these can be grouped together under the heading ‘private provisions’, while the sixth involves intervention on the part of the public sector.

In making this distinction between private and public provisions, we are again faced with the debate between social democracy and neo-liberalism introduced earlier. The former holds that government has a large responsibility for providing – or at least paying for – welfare and health services. If the nation has a collective responsibility for the wellbeing of its citizens, then it is the state, as the official representative of the national will, which should shoulder the bulk of the duty.

Neo-liberals, believing dignity comes from self-sufficiency rather than dependence on the nanny state, maintain health and welfare provisions are the responsibility of families. They should do as much as they can themselves, buying in goods and services from private enterprises when necessary. If families do not have the human and financial resources to cope, the charitable intervention of the community and voluntary agencies should be called on. If, at the end of the day, the state is required to intervene, it should do so as austerely as possible, in order not to encourage the habit of dependency.

**Implications for Disability: State Support vs. Private Charity**

Everything that has been said about the welfare sphere of the social map has clear, direct applicability to people with disabilities, since by definition they are amongst the major and most consistent users of health and welfare services. In the first place, they turn to medical and paramedical professionals to diagnose their condition, and to cure it if possible. If this is not possible, expert help is required to manage and palliate pain or discomfort, and to train disabled people in methods of maximising their remaining abilities.

Even when no medical or paramedical services are required, disabled people usually still depend in one way or another on welfare provisions. Frequently the Invalids Benefit is their only source of income. Over and above that, they often need specialised equipment like wheelchairs, talking book machines, modified cars and adapted computers. Furthermore, depending on the nature of the disability, they require constant or occasional personal assistance, be this general domestic help or the specialist services of a sign language interpreter. Although maximum independence
may be the goal of many disabled people, they are seldom able to achieve this without some form of financial, technological or personal assistance.

We suggested above that most people with disabilities know clearly where they stand on the issues of charity vs. empowerment and state intervention vs private provision. While some may secretly enjoy the licensed helplessness of ‘the disability role’, most prefer dignity to hand-outs. They want the means and support to live as fully and independently as their impairment allows. Health and welfare provisions should maximise their ability to make choices, not keep them in a state of dependency.

Given this goal, it seems reasonable to surmise that the majority of disabled people would prefer the state to maintain a strong presence in the fields of health and welfare. Many do not possess the financial means to live, and to meet the extra costs of disability, without a state pension. If there were no state provision, they would be entirely reliant on their families, and on whatever goods and services could be afforded by voluntary agencies from charitable bequests and donations. They would be eternal supplicants, perpetually obliged to express gratitude for whatever favours others chose to bestow. Conscious of being a burden on those around them, their self-respect would sink accordingly.

Such a collapse of morale does not occur when assistance comes from the social democratic state rather than private charity. From a social democratic perspective, health and welfare provisions can be regarded as a citizen’s right, not charity handed out to supplicants. There is no shame in receiving assistance from government, if there is a national consensus that it is government’s task to provide such assistance.

**Welfare is not the Whole Story**

We should finish our discussion of this sector of society with a cautionary footnote. Health and welfare are not the beginning and end of the disability story. Sometimes issues of medical treatment, benefits, ACC provisions, rehabilitation, home help, personal dependence and the like loom so large in the minds of people with disabilities and able-bodied caregivers alike that they push other considerations into the background. ‘The disability problem’ is often treated as though it were only a medical and/or welfare matter. Cure the disabled. If you cannot, rehabilitate them. If this fails, give them a pension. If they are helpless, provide a caregiver or put them in residential care. There! – the problem is solved.

The whole point of a sociological model of disability is to show the narrowness of this perspective on disability. Nobody disputes that people with disabilities sometimes have recourse to doctors, psychologists, occupational therapists, rehabilitation workers and the like, nor that they are frequently dependent on others for finance, goods and services.

Yet they also occupy all the other zones of the human map, with needs to fulfil and roles to perform in each. They are natural beings with a desire for physical pleasure. They are reproductive beings with a hunger for children. They are productive beings with potential creativity to express through work. They are political beings wanting to influence policy decisions and to receive full rights as citizens. They are communal beings, craving the warmth and affirmation of identity that comes from belonging to
close inter-personal networks. Finally, they are cultural beings, ready to explore and contribute to the storehouse of human experience locked in language.

People with disabilities are – or have the capacity to be – fully rounded human beings. Fencing them off in the welfare zone of society is to ignore and deny them this potential. The sociology of disability trains us to see disabled people in their entirety, not just as hands held out for alms.
COMMUNITY AND FAMILY

We are now approaching the very heart of the human condition, encapsulated in the word ‘community’. This refers to intimate and emotionally charged networks of interpersonal relationships. Communities can be of any size and can be based on a wide variety of factors, but their main feature is that their members feel themselves, literally or metaphorically, to belong to the same family. They have a keen sense of themselves as ‘us’, the insiders, over and against ‘them’, the outsiders.

A community can be recognised by the following features. First, its members interact on an affective, non-instrumental basis. That is, they treat their relationships with other members as ends in themselves, not means to other ends. As was just said, they regard one another as ‘family’.

Second, a community shares a common culture – a theme we shall return to shortly. Third, the community has a sense of its own history. It preserves memories of past triumphs, disasters, travels, heroes and villains, and it looks forward to a shared future. Fourth, members of the community may feel a special affinity for one particular spot, a turangawaewae where they sense themselves most at home. Fifth, they are held together by activists, and they thrive on the activities these people generate. Finally, communities have a strong sentiment of what we might variously term collective pride, status, honour, distinction, prestige or mana. They are proud of their group identity, glorying in their collective achievements, and quick to resent slights to their good name.

A warm, fuzzy glow often surrounds the term community. It is sometimes asserted that if only we could restore good, old-fashioned community values, all the maladies of modern society would be cured. This idealistic view is not entirely justified. Community life has two faces, one smiling, the other scowling. Communities are both constructive and destructive. They are the crucibles of identity formation and personality mutilation. They bond society together, but also rip it apart. Apostles of community virtues see only the warmth, ignoring the dark underside. Sociology must speak as frankly of the negative as of the positive dimensions of community life.

Implications for Disability 1: Social Exclusion

Three major sociological themes emerge from this description of the communal sphere of the social map. One focuses on negative aspects of relations between able-bodied and disabled communities, one on the benefits of mainstreaming, one on the disabled community itself.

A great amount has been thought, written and spoken about the interactions between disabled people and members of the able-bodied community. The way the two groups regard each other has been the subject of books ranging from socio-psychological research to autobiographical accounts, whose focus is typically on the way in which the disabled are marginalised or stigmatised by the able-bodied. Disability writing in this field, in fact, can be regarded as a subset within the literature on deviance. It concentrates on how concepts of normality are constructed and on the fraught relationships between ‘normals’ and deviant, disabled outsiders.
A good deal of research has also been devoted to the impact of a disabled member on family life and, conversely, the effects that various family types and inter-personal relationships have upon disabled parents, siblings or children.

Yet another sub-genre deals with physical barriers to integration into mainstream community life. It reveals how disabled people are excluded from participation, through thoughtlessness rather than conscious intention, by design features of the built environment – the steps, lifts, doorways, toilets, buses and so on which block the access of the physically disabled.

Whatever the exact subject matter, the common thread throughout such writing is the notion of the disabled person as the outsider. Community life is constructed by and for the able-bodied. People with impairments are sometimes deliberately excluded, as when they are segregated in disability ghettos like special schools and residential institutions. Often, however, the exclusion results from more subtle or unintended forms of ostracism, of which the able-bodied perpetrators are largely unconscious, but which are only too evident to disabled people as they run the gauntlet of curious, pitying stares, or fume at physical barriers that cut them off from easy involvement in community life.

Implications for Disability 2: Integration

Stigmatisation, segregation and exclusion have been combated over the last quarter-century or so by conscious efforts to integrate disabled people into mainstream society. Orthodox contemporary social philosophy advocates that disabled children should be educated in normal schools, disabled workers should be given employment in the open work force, and that residents in segregated institutions like psychiatric hospitals should live in something vaguely called ‘the community’.

The highly publicised drawback of such integrative policies is that, while perhaps sound in principle, they are not always backed up in practice by adequate funding and personal support. The result is that disabled people often find themselves ‘in’ but not ‘of’ able-bodied communities.

Implications for Disability 3: The Disability Community

Little research and writing has been devoted to another facet of community, namely the nature of communal life amongst disabled people themselves. The term ‘the disabled community’ is sometimes bandied around, but not a great deal of sociological attention has been paid to what it might actually involve.

First, a sociology of the disabled community would have to enquire whether, using the various strands that constitute a community listed earlier, it is justifiable to call the social category of the disabled a community at all. If so, it would then enquire what factors influenced people to identify with, or dissociate themselves from, others with disabilities. Further investigation would be needed into the internal dynamics of disabled community life – the factions of which it is constituted, leadership patterns and the like.
Part of such investigations would involve asking why the very notion of a disabled community is promoted and whose interests it might serve. In other words, the existence of such a community should not be taken as given. We should look, rather, at how the term is constructed and who does the constructing.

Similar research is required into smaller communities formed by specific groups of disabled people, such as the blind, deaf, paraplegic, etc, and even of subsets within these like intellectually disabled Maori children, elderly disabled women living in rest homes, and so on. That is, the disabled community (if such a thing exists) needs to be broken down into smaller units, their nature examined and the interactions within and between them explored. As with the hypothetical disabled community as a whole, questions must be asked about the factors that draw some people into disability-specific groups while driving others from them.

The crucial sociological point to remember is that communities are not solid, fixed entities whose existence we can take for granted. They involve, rather, on-going processes of group formation, change and dissolution. More micro-sociological charting of the precise nature of these processes amongst groups of disabled people is needed.
CULTURE AND IDEOLOGY

Now we arrive at the innermost circle of the social map and the very heart of the human condition. This is the domain of culture, something which, so far as we know, human beings have uniquely to themselves. Arguably, it is the most important feature of human life, since it is only through culture that we can know and understand everything else we have been describing.

Culture is the subjective zone where we make sense of ourselves, the world around us and our place in that world. It involves the construction, communication and interpretation of meaning. By giving meaning to our lives, we attempt to understand and therefore control ourselves, our society, history, nature and the supernatural.

We have placed the term ‘meaning’ at the centre of our definition of culture, but this is one of those amorphous words which requires more explanation to make much sense. It may be useful, then, to break it down into five component elements, each of which has a distinct contribution to make to our understanding of ourselves and our world.

First, culture has a cognitive component. It is like a vast library or computer memory bank, containing innumerable facts, explanations and technical instructions. Second, culture has an ethical or moral domain of social norms, roles and values. It is in this aspect of culture that is decided what is good and evil, what actions are to be rewarded and punished, what are our social responsibilities and rights.

We may variously call the third house of culture ‘style’, ‘taste’, ‘affectivity’ or ‘expressivity’. This is where we let go and enjoy ourselves. It includes our style in clothes and body adornment, the way we decorate our houses, the music we listen to, the food and drugs we enjoy, the sport we play, our bodily gestures and speech inflections. It is through these elements of style that we signal to others and confirm to ourselves who we are and what groups we belong to.

This affirmation of group selfhood is even stronger in the fourth cultural sphere, containing the sacred beliefs, rituals and icons through which we construct and honour our identity as a community. This domain includes national flags and anthems, sporting colours, carved ancestors, tangihanga, religious ceremonies, annual pageants and the many other objects or ceremonies by which groups generate, maintain and represent their collective identity.

Finally, culture contains – or it might be better to say that it is constructed from – language and other sign systems. This may also be called the domain of ‘discourse’ or ‘discursive practices’. The basic building blocks of language are ‘signs’ – that is, images, objects, gestures or sounds which stand for something other than themselves.

We said earlier that culture is what gives meaning to human existence. Since language is the foundation of culture, and since it is only through culture that we make sense of the world, it might not be too much to say that language constructs everything human beings understand as ‘reality’.
Culture and Power

Given its capacity to construct meaning, defining what is true or false, what good or evil, what beautiful or ugly, what should be esteemed and what despised, culture is an immensely potent weapon in the power struggles which go on in society. All human individuals and collectives hunger for power, be this power over nature, over their own and others’ bodies, over economic resources, over the political process or over the allocation of mana. They may aggressively seek power in order to dominate others, but at the very least they want sufficient power to defend themselves against aggression.

There are three ways to gain power. You can use force. You can buy or bribe compliance. Most effectively, however, you can brainwash or manipulate other people to accept your own version of reality as the only right, proper, natural and perhaps God-given way of seeing things. If you can seduce people into accepting your definition of reality as the only natural one, it will be unnecessary to bully or buy them, since they will adopt your wishes as their own.

Culture thus employed as an agent of seduction is sometimes termed by sociologists either ‘ideology’ or ‘discourse’. Both terms can be defined as ‘the manipulation of culture in the service of power’. Since power struggles are ubiquitous in society, so too is ideology. As groups manoeuvre, negotiate, skirmish or collide head-on in their efforts to gain the physical, economic and political upper hand or to acquire social standing, they muster all their discursive resources to undermine the truths of others and promote their own. Our versions of the truth are always presented as indisputable facts, but in practice are ideological feints in the endless and endlessly complex power games which constitute social life.

Implications for Disability 1: Representations of Disability

The cultural sphere is as important for the disabled as it is for all other social categories. Here we shall spell out just three of its major sociological implications – the way disability is represented by able-bodied society, the difficulties experienced by disabled people in acquiring culture, and the nature of disability culture.

Signs – particularly words and pictures – have the power to define what passes for reality in any given culture. It is of no small significance to disabled people, therefore, how they are represented in the discourses current in their particular society. It is through such discourses that the able-bodied learn how they should think, feel and act towards the disabled.

Such discourse includes many different cultural practices, cognitive, ethical, affective, ritual and linguistic. How much do the able-bodied know about disability, and are their facts and theories accurate? What value do they place on the lives of disabled people? What implications do current styles of physical beauty have for people with impaired bodies? Are they represented in the collective rituals and symbols through which communal identity is expressed? What words are used to designate different kinds of disability, and what are their connotations? These are just a few of the key questions to be raised about cultural representations of disability in a given society at a specific point in time.
People with disabilities tend either to be absent from mainstream culture, or else to be presented in a limited number of stereotypical roles. These include the bitter cripple, the pathetic waif, the mutilated monster, the holy outsider and the plucky supercrip. The cultures of most societies usually construct a narrow space for the disabled and imprison them there. Children are socialised into the stereotypes, and these are reiterated in everyday speech, medical texts, classrooms, scholarly books, religious doctrines, legal systems, the mass media and the arts. The precise nature of those stereotypes varies from one age and culture to another, but the stereotyping itself remains constant.

Empowerment of people with disabilities, therefore, involves taking hold of culture and redefining it on more favourable terms. Disabled discursive politics require people with disabilities to write themselves into the national narrative, rather than always being spoken about and spoken for by others. Disability activists attempt to deconstruct the ideological version of disability promulgated by the able-bodied majority as unquestionable truth, and to replace it with their own definitions of disabled reality.

**Implications for Disability 2: Gaining Access to Culture**

Another key issue in the cultural sphere of the social map stems from the difficulty experienced by those with certain types of disability in gaining entry into culture at all. This applies particularly to those with intellectual and sensory disabilities. The blind and the deaf cannot see or hear the signs through which culture is normally acquired, while the intellectually disabled cannot fully understand or use them. Even when people have normal hearing, sight and IQs, there are a number of other impairments, generically termed ‘learning’ and ‘behavioural’ disorders, which impede the learning process.

The problem is particularly acute for young children in their formative years. The cognitive and motor skills which are acquired as a normal part of the maturation process by non-disabled children are learned slowly and with difficulty by those with sensory or intellectual impairments. Yet the problems are not limited to initial socialisation and schooling. Intellectually impaired adults continue to grope their way along the margins of culture. Blind people miss out on all the visual imagery of their society and much of its written language. The deaf are similarly excluded from the cultural wealth transmitted through the spoken word and remain ignorant of all but the rudiments of music. The physically disabled, particularly those in wheelchairs, may be excluded by physical barriers from the many sites where culture is created or disseminated, including art galleries, theatres, seminar rooms, law courts and libraries.

People with certain forms of impairment, then, are frequently under-equipped with ‘cultural capital’ – that is, easy familiarity with the taken-for-granted knowledge, values and fashions of their society – and ‘educational capital’ – that is, formal educational qualifications that earn their bearers respect, and that open doors to employment.

**Implications for Disability 3: Disability Culture?**
Our final line of enquiry in the cultural sphere concerns a subject that has already been briefly raised during the discussion of community life. There it was asked whether there was such a thing as ‘the disabled community’. Since the possession of a subculture of its own is one of the hallmarks of a community, it is clearly relevant to enquire whether the disabled possess such a culture. Their claim to constitute a community will be weaker or stronger depending on the answer to this question.

It is obvious that some groups of disabled people do indeed possess some cultural elements which are uniquely their own. Take the case of language, for instance. A small core of those who have been profoundly deaf from childhood communicate through a sign language known to few outsiders. Since language is a key component of culture, it is reasonable to claim that those deaf people who are initiated into sign language participate in a unique ‘deaf culture’. A slightly less strong case could be made for those among the blind who read braille. A certain in-group pride is felt by braille readers in belonging to an inner circle with an esoteric code of their own. Brailling, like signing, is a cultural marker of identity as well as a practical way of communicating.

Some disabled people also possess the other elements of culture itemised earlier – cognitive knowledge, values, life style and communal icons or rituals. For instance, the disabled often possess a fund of medical knowledge about their own impairment, sometimes exceeding that of medical or paramedical specialists. What is more, through involvement with disability consumer and support groups, they can acquire a great deal of hands-on expertise in the fields of service delivery, advocacy, administration, public relations, counselling and the like. They may, in short, be extremely ‘street-wise’ about disability in both its medical and social aspects.

There are also certain elements of what we have loosely termed ‘life style’ that are unique to the disabled. The most obvious example is the flourishing of disabled sport over the last few decades, peaking in major international events like the Special Olympics. In quite another area, there is an underground body of disability humour, often of a rather black variety. Disabled people take a sly pleasure in shocking the culturally sensitive able-bodied with jokes in bad taste about themselves.

Finally, certain disability groups signal their collective identity to the world through widely recognised icons. The most obvious example is the use made by blind organisations of white sticks, braille, dark glasses or guide dogs as logos. A stylised wheelchair, too, is sometimes employed as the communal emblem of physical disability.

From this brief survey, it would appear that some disability groups do indeed possess at least the fragments of their own unique culture. Whether these add up, as some claim, to fully developed disability subcultures is an open question. The question is even more open when it comes to claims about ‘disability culture’ in general.

It may, indeed, be a question it is premature to ask. Until the 1980s, the world of the disabled was so balkanised into special interest groups that a general, pan-disabled consciousness scarcely existed. Since the 1981 Year of Disabled Persons and the formation in 1983 of the Disabled Persons’ Assembly, increasing numbers of people are beginning to think of disability in global terms, rather than in terms of their own
particular impairment. Disability culture may be a phenomenon that is in the process of emerging, rather than something we can take as given in the present.
PUTTING THE MAP TO WORK

For analytical clarity, this discussion has separated the various spheres that constitute our map of society, and explored them one at a time. This is a necessary first step towards building a sociological model of disability in its total social context. Yet it is just that – a first step.

In reality, the various spheres of social life seldom act individually. They overlap, intersect and enter into complex relations. They also get out of kilter with one another, pursue contradictory goals, and conflict among themselves. These processes can be summed up in the ungainly but useful terms ‘conjunctures’ and ‘disjunctures’.

**Conjunctures and Disjunctures**

By using the term ‘conjunctures’, we are stressing the crucial sociological point that disability must be analysed holistically, not reduced to one or two simplistic explanations. Most obviously, disability should not be equated only with impairments of the human organism. Certainly, the fact that people cannot see or walk, have epileptic fits, are unable to process information adequately, are disfigured or malformed plays a major role in determining their existential experiences, but this is only part – and probably the least important part – of the story.

A full understanding of the causes, conditions and consequences of disability can only be gained through constructing a complex psycho-social equation containing impairment plus economics plus politics plus culture etc. How that equation works out for any one disabled individual depends on the precise nature of all terms in the equation, not just the nature of the initial impairment. The life experiences of a disabled young, male Maori are significantly different from those of a disabled, middle-aged, professional Pakeha woman, which differ again from the world of elderly disabled inhabitants of a nursing home. Two people may have exactly the same kind and degree of impairment, yet have totally different life styles and life chances according to the conjuncture of social variables within which they are situated.

Here, then, is our first sociological maxim. For analytical convenience, work, welfare, community life, etc, may be explored in isolation from one another, but to get ‘the whole picture’ of disability we must take all seven features of the social map into account, and not be content with one-factor explanations.

Our second maxim concerns the ‘disjunctures’ mentioned above. These occur when one part of the social system gets out of phase or enters into conflict with others. Disjunctures can occur within each distinct sphere, as when a client receives conflicting advice from welfare professionals in different agencies, and also between one sphere and another, as when charitable bodies make public appeals on behalf of their dependent clients, while job placement agencies promote disabled job-seekers as independent, productive workers.
It is such disjunctures which generate the **issues** that are the bane of people with disabilities and their caregivers, but are also the raison d’être for a sociology of disability. This discipline’s task is to clarify the issues, describe the social factors at play, identify the actors involved, uncover their interests, resources, needs and motives, and suggest the possible outcomes of pursuing different lines of action. Its job, in short, is one of clarification. Sociology cannot resolve ethical issues, like those involved in the abortion debate or the confrontation between social democracy and neo-liberalism, but it can cast useful light on what is at stake.

**Causes, Conditions and Consequences**

I have one final maxim for those undertaking this task of progressive sociological clarification of issues. It is easy to get bogged down in details, losing sight of the wood for the trees. Even with a map, sociologists frequently lose their bearings and get lost.

A sense of direction can be regained, however, if we remind ourselves that when ‘doing sociology’ we are really asking only three basic questions. The answers may be complex, but the underlying sociological principles are straightforward enough.

When approaching any aspect of disability, what we want to find out boils down to the following:

- How do social factors create disability?
- How do social factors govern the experience of being disabled?
- How does the presence of people with disabilities affect other sectors of society?

There is an ever-growing body of literature on disability which attempts to provide the answers. In content, it ranges from works on early childhood education and schooling, through employment and rehabilitation, to welfare provisions for the elderly disabled. In essence, however, all such writing addresses the three straightforward sociological questions just proposed. By keeping them firmly in mind, intrepid explorers should be able to find their bearings in the social map of disability outlined in this Part, and explored more fully in the rest of the book.