Introduction

This paper has two main aims: to summarise the various ideas, concepts and views that inform different perspectives on disability; and to promote thinking and discussion about how these perspectives relate to the various activities carried out by organisations and groups in the UK sight loss sector. The paper results from a literature review carried out in 2015. The review focused on books and journal articles published over the past twenty years, with an emphasis on recent work that illuminates current issues and debates.

The literature review arose out of Pocklington’s concern to link its work to a deeper understanding of how different approaches to disability inform strategic planning, decision-making and relationships at all levels, both explicitly and implicitly. With this in mind, this paper aims to convey the key points and distinctions, rather than to explore the numerous complex issues and differing interpretations or stances taken by the groups and individuals that are and have been involved. This will inevitably leave out important contributions and will tend to simplify the arguments. Despite this, it will hopefully give greater clarity and a starting point for discussion within Pocklington and other national and local sight loss organisations.

Drawing on the body of literature from Disability Studies, the review examines four perspectives, or models of disability. These perspectives highlight different ways in which disability and visual impairment can be defined, explained and acted on. Starting with the idea of disability as an affliction and personal tragedy, it moves on to consider the development and impact of a radical re-interpretation, the social model, which views and locates disability within a wider political, social and environmental identity. In parallel to this, the review looks at the interpretation of visual impairment and disability within a cultural context, as expressed in film, literature, language and comedy. Finally, it introduces a perspective that seeks to combine the personal, social and cultural aspects of disability into an interactional model, arguing that they are interlinked rather than contradictory.

Background

Disability Studies is a relatively new academic discipline in the UK. While academic research and scholarship have been central to its development since the 1970s, its intellectual foundations were built on the grassroots efforts and
activities of disabled people (Shakespeare, 2013, Mallett and Runswick-Cole, 2014). The alliance of academic researchers and lay people with personal experience of disability has resulted in lively and sometimes fierce debate, a wealth of diverse insights and a considerable volume of literature. Internationally, Disability Studies has benefited from contributions across diverse subject areas, including cultural, historical and literary studies. While the academic literature on blindness and visual impairment is small in scale, there have been important and interesting contributions by authors such as David Bolt (2013). It is notable that blindness and visual impairment often receive greater attention in discussions of culture and technology than in the socio-political sphere.

The four perspectives on disability covered in this paper all refer to ‘disability’ rather than specifically to sight loss, blindness or visual impairment. In some cases, this is a conscious decision on the part of the academics and writers mentioned, who may not agree with separating out specific groups and are concerned to show the common experience of disabled people in their social context. However, a number of books and journal articles do focus on visual impairment and some of these have been included in the review for comment and reference.

The four perspectives are often described as models of disability. They are:

• The individual (or medical) model
• The social model
• The cultural model
• The interactional model

This paper uses the words ‘perspective’ and ‘approach’, as well as ‘models’. While the social model of disability was named as such by its originators, this is not the case for the other perspectives. The idea of models has also been contested, with some writers arguing for a more fluid interpretation that acknowledges and gives space to divergent views. This links to a key theme of the paper, which is the extent to which the different models contradict each other or can co-exist and strengthen each other.

**The individual (or medical) model**

First coined as a descriptive term by sociologist Mike Oliver in the 1980s (Oliver, 1990), the ‘individual model of disability’ encapsulated the view of disability as an individual problem, misfortune or tragedy to be mitigated or solved, where possible, through medical and other professional intervention. Disabled people were expected to accept professional judgements on their needs and to take up the type of help that was offered. As described recently by Mike Oliver again, for many
people it was a stark choice between coping on their own, or with help from their families, and going into residential care (Oliver, 2016).

A key element of the individual or medical model was that the solution to an individual’s problems lay with them, in their physical or mental condition and how this could be improved to minimise the limitations of their disability. This narrow (and to some, wrong) view was to be challenged by the emergence of a new model that reinterpreted disability and did so in a manner that has had far-reaching and transformative effects.

The social model

The perspective on disability known as the social model was put forward in the 1970s by the newly-formed Union of the Physically Impaired Against Segregation (UPIAS) and defined and developed by disabled academics.

The social model makes a distinction between ‘disability’ and ‘impairment’, whereas the individual or medical model does not do so. In the social model, ‘disability’ is redefined as social oppression, with external barriers preventing full participation in society.

The external barriers highlighted by the social model include: negative social attitudes; inaccessible architectural and environmental design; discrimination; and an economic system that fails to provide equal opportunities in skills development, employment and other areas of life. In this model, ‘impairment’ refers to the particular biological, physical and psychological features that people who are facing these barriers happen to have. In short, it is society and not biology that creates the circumstances and specific difficulties facing disabled people.

An aspect of the social model is that it emphasises the common experience of disability, rather than the particular experiences of individuals, such as those who identify as blind, partially sighted or visually impaired. This reflects the intention to move away from an individual or medical view of disability with overtones of misfortune and loss.

The social model has been a powerful tool for change and has achieved major victories in legislation, policy and practice. It has empowered disabled people to adopt a positive identity and raise their expectations and demands. The results can be seen in changes to legislation and guidance, progress on physical accessibility in public spaces and rights to practical support in certain areas of life. While there are still wide variations in attitudes, policies and institutional processes, acceptance of the social model has become a strong feature of mainstream thinking and rhetoric among disabled people, policy makers, service managers, frontline professionals and organisations, even if they may be unaware of it as a concept.

There have also been objections to how the social model has framed the concept of disability and, in particular, at the downplaying of the individual experience of
impairment. Jenny Morris called for the social model to recognise personal experience as a valid aspect of the disabled identity (Morris, 1991). Some years later, Sally French wrote about the psychological impact of her visual impairment and said that no amount of barrier removal would negate the fact that her visual impairment would still affect her ability to see (French, 2004). Colin Cameron has also considered visual impairment in his work and has commented that a re-definition of impairment as difference rather than loss signifies that it is something to be expected and respected in a diverse society (Cameron, 2014).

The cultural model

The third perspective, the cultural model of disability, developed in parallel with the social model but until recently it was more common in the United States and Canada, where Disability Studies has developed within the Humanities. Disability Studies in UK academia has been informed largely by Sociology and the wider Social Sciences.

This difference in the origins of Disability Studies has stimulated and widened debate among scholars over the causes of disabled people’s circumstances and the meaning of ‘disability’ itself. For American commentators, disability is often viewed as a cultural issue and the position of disabled people as one of marginalisation, similar to that of other groups such as African Americans. For British authors who are influenced by and concerned to see application of the social model, disabled people are not merely isolated and marginalised by difference but are held back and, crucially, oppressed by their social and environmental situation. Many writers have identified and allied themselves with what they view as the ultimate goals of the liberation of disabled people and achievement of their rights as full and equal members of society.

The cultural perspective has emerged from a combination of scholarship in the arts, language, literature and the media, and sociological thinking around identity. Because it focuses on discourse and language and on values and beliefs, the cultural approach has been criticised for being too far removed from the real lives of disabled people to have a discernible impact. However, those writing from this perspective have argued that culture and values are deeply embedded within politics and that there is a pervasive oppression in the way that disability and visual impairment are represented in the media, language and the arts. These cultural channels are considered integral to how values and beliefs are communicated and representations of disability are assimilated, whether consciously or unconsciously.

The cultural perspective has been criticised for its own language, which is often regarded as too academic. And while some of its proponents have argued that it should replace the social model because the latter is divisive and has outlived its usefulness, others have tempered the debate and said that the perspectives are not mutually exclusive.
The interactional model

The interactional model of disability has been formulated as a response to the perceived limitations of the social model. It aims to bridge the chasms opened up by attachment to one of the three established models, individual/medical, social or cultural, by presenting a pluralist and nuanced approach to disability. Tom Shakespeare, a main proponent of the interactional model, argues that disability is highly complex and involves the interplay of multiple factors and causes, mediated by social relationships. From this perspective, an understanding of disability and the experience of disabled people has to take account of biological, psychological, cultural and socio-political aspects.

It should be noted that Tom Shakespeare, while a strong critic of the social model, recognises its great strengths in creating a positive identity and capturing a powerful idea that has had real impact. He says that the extreme form of the social model was a necessity and without it, other approaches may never have been developed. However, he goes on to argue that the promotion of a single, collective voice leads to individual experiences, voices and ideas becoming lost, causing discontent and limiting the effectiveness of the movement (Shakespeare, 2014).

An example of the interactional model is provided by developments in the use of technology by people with visual impairment. Advances in the design of specialist assistive technology reflect the goal of overcoming specific barriers related to visual impairment, while developments in inclusive mainstream technology can eliminate or pre-empt many of the barriers. Once in place, accessible technology enables people with visual impairment to enjoy the benefits of participation in the digital world, with potentially major effects.

Technology developers that apply inclusive design to increase choice for all technology users can offer products to visually impaired users at the same price as to everyone else, which is a big gain for those who have had to buy expensive specialist products or have been unable to afford them. While this is much welcomed and the inherent accessibility of virtual space and online culture is recognised, writers in Disability Studies make the point that there are still major problems in using technology and as a result disabled people are missing out on many educational, business and leisure activities that are increasingly accessed online.

A research example of the interplay between the individual and social models is given by a study that looked at how people with visual impairment interpret the barriers they face in relation to mobility and travel. The study participants identified a range of barriers, including individually-based examples (such as difficulties with their eyesight) and socially-based explanations (such as inadequate public transport). Those who focused on individually-based explanations had a greater degree of visual impairment, worried more about their vision and had more recently lost their sight (Douglas, Pavey, Corcoran and Clements, 2012).
Implications for Pocklington and other organisations

Within Pocklington, as in other sight loss sector organisations, the various activities and areas of work are informed, to a greater or lesser degree, by the perspectives on disability and visual impairment discussed in this review. Identifying these influences can be useful as a means of revealing whether the organisation is grounded in a particular approach (or mix of approaches) and if this is reflected consistently in all areas of its work, including: strategy and communications; services and facilities; research and policy; advocacy and engagement; and governance.

The paper concludes by considering the example of Pocklington’s research and associated development activity, as this is the authors’ perspective and each department or section within an organisation is best qualified to define and debate its own issues and questions.

Pocklington’s research and development work is strongly influenced by the various approaches to disability and impairment described here. This runs through the full research and development process, including:

- What research topics we choose and which get priority
- How we define and approach a topic; aims, design and method
- How we involve and work with people with visual impairment
- Who we are aiming to inform, persuade or influence
- How we disseminate, follow up and apply our research findings

Some of the topics that we work on would potentially be precluded by strict adherence to the social model approach, particularly in the arena of health and wellbeing. However, it is not so much the topic that is significant as the way in which the topic is approached in the research aims and design. For example, a project on alcohol misuse or mental ill-health could investigate personal factors or drivers, external factors or a combination of both.

The identification of barriers is a major theme in our work and environmental problems and solutions are often to the forefront, for example in our research on housing design and lighting. In some cases, the barriers are economic and political, for example in studies on income levels and benefits. In many instances, however, both social and individual solutions are important. The research on accessibility of cooking appliances is an example, as it aims to inform and empower consumers, to advise and assist support professionals and to influence designers, manufacturers and retailers. This multi-faceted approach is also evident in our development work on assistive and inclusive technology and in our awareness-raising activity with occupational therapists, care home staff and other frontline professionals.

We often include examples in our research reports of how individuals have managed to work round the barriers and find their own solutions. The ‘active and informed consumer’ is taking the place of the service user in some areas e.g.
our traditional ‘good practice guides’ for professionals are changing into guides for a wider audience of people with visual impairment, their families, frontline advisors, designers, retailers and policy makers. In other areas, the emphasis is on improving services and practice by educating professionals on visual impairment and increasing their sensitivity to individual needs and personal preferences. The intention is also that people with visual impairment are active in improving and changing their situation, where desired, and that they can be empowered by better information, good evidence and practical ideas. This contrasts strongly with the idea of the passive disabled person that has been associated with the individual or medical model.

Following the idea of the active and informed consumer, the research led by Pocklington and other sight loss organisations has a strong emphasis on the interplay between different factors in people’s lives; social, individual, cultural, political and environmental.

This is expressed by an interactional approach to research that can highlight barriers, encourage aspiration, identify support needs, listen to individual experience and provide information and guidance. It should also present evidence of effective solutions and foster empowerment, joint campaigning, peer support and advocacy.

References and short bibliography


**About Thomas Pocklington Trust**

Thomas Pocklington Trust is a national charity dedicated to delivering positive change for people with sight loss.

Research is central to Pocklington’s work. The research we fund supports independent living and identifies barriers and opportunities in areas such as employment, housing and technology.

We work in partnership and share our knowledge widely to enable change. We provide evidence, key information and guidance for policymakers, service planners, professionals and people with sight loss.

This discussion paper was written by James Austin and Lynn Watson. We welcome your views and ideas on any of the issues raised in this paper at research@pocklington-trust.org.uk

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