

Social Model Interventions: A Response to Discrimination

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Abstract

Disability can be understood as a combination of medical model and social model approaches. However, virtually all interventions aimed at supporting individuals with disabilities take a medical model perspective despite the experience of discrimination often faced by those with impairments. This article unpacks the idea of social model interventions geared at changing the social consequences of disability. Discussion is made of social model interventions themselves with specific recommendations of how they might be implemented and evaluated.

Keywords: *Social model, social model interventions, social consequences of disability*

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There are times when all the world's asleep
The questions run too deep
For such a simple man
Won't you please, please tell me what we've learned
I know it sounds absurd
Please tell me who I am
(Supertramp, 1979)

Understanding the Social Model of Disability

In thinking about the social model of disability, one is confronted with the concept of discrimination. That is, disability is understood as the experience of discrimination because of a personal characteristic that an individual has, that society perceives negatively and then translates into negative behaviors towards the individuals having that characteristic (Oliver, 1990). In my (2016) juvenile fiction work, *Meowoof*, I refer to this negativity towards others as “the Grumble.” It is something that everyone carries within themselves and is evidenced in behaviors expressed toward someone who is different from oneself. This difference is perceived negatively. This results in social model responses and the significant assumptions that underlie this model.

The social model assumes what it needs to prove: that disabled people are oppressed... However, the social model defines disability as oppression. In other words, the question is [align]not whether disabled people are oppressed in a particular situation, but only the extent to which they are oppressed (Shakespeare & Watson, 2010, p 60-61).

While in no way denying the presence of discrimination toward persons with disabilities, one should ask questions about what Owens (2015) referred to as the “normative framework” (p. 1253), the “normative orientation” (p. 1253), a “defensible normative goal” (p. 1253) or a “normative basis for judgment” (p. 1278).

What is the baseline for interactions among people with disabilities, the baseline for interactions among those without disabilities and the baseline for interactions among those with and without disabilities together? Discrimination on the basis of impairment occurs among those with impairments as well. It can be useful politically for persons with disabilities to group themselves together; however, persons with disabilities are as heterogeneous a group as people without disabilities. It is not the intention here to say that people are different; however, their experience, particularly within larger society, can indeed be different on the basis of a characteristic that has been elevated to a level of relevance it likely never should be given. If I use a wheelchair, then my perspective on accessibility is relevant. If I share that I experience devaluation because I use a wheelchair, that is also relevant. If I struggle with God's purposes for my life experience, it would also be relevant to help me understand a biblical perspective. However, beyond that my wheelchair use should be irrelevant in terms of me being chosen as a friend or being given opportunities to express my gifting, or be in positions of leadership, etc.

It would seem that once this baseline for interaction between people is known, we can then ask, what could be an alternative and normative baseline (assuming there is one) that we are seeking to achieve? Perhaps even an alternative intuition. Instead of my response to differences being "the Grumble," perhaps a different response might be learned to the point of being intuitive. How does this preferred baseline compare with that among those with and without the characteristic called disability/impairment? Do all devalued people experience the comparatively negative differences between these two broad based interactions in the same manner?

If we desire to plan for change, we could try to understand what is behind this form of discrimination in the first place. We might begin with a critique of Oliver (1990) who initially described the social model.

In his development of the social model, Oliver (1990) argues that capitalism is the cause of this oppression. This is very hard to support: disabled people are not competing for scarce goods in a marketplace. Whilst much of the disadvantage encountered by disabled people is experienced economically, at its root, it cannot be explained as economic exploitation. The social model, by seeking to fit the complex actuality of lived experience into narrow formal categories and reducing everything to oppression arising from material social barriers, has created distance between theory and disabled people's

own experiences. Too much is left unexplained. The social model produces generalizations which seek to explain everything and, along the way, homogenize diversity of disabled people's experience (Shakespeare & Watson, 2010, p. 61).

If we are truly desiring change, Shakespeare and Watson (2010) help us to determine what we are desiring change from and what are we desiring change to. It can be difficult for me to determine whether my experiences are experiences typical of all people, or reflective of responses to a personal characteristic that I carry. If someone cuts me off on the freeway and flips me off, is that because I am a white male, or because I have a California license plate, or because my car has a political bumper sticker on it? It may be that is just the way it is in the world and has nothing to do with me, but everything to do with the way people in society are socialized and act toward everyone. But I could conclude, rightly or not, that it was a reaction to my California license plate and live in the belief that people don't like me because of that. Yet upon reflection I find that other people have had this cutting/flipping off experience who are not from California, so likely this is an aspect of the normative, baseline way that some people treat others independent of the receiver's personal characteristics. There are therefore aspects of bad treatment by people which are generic and there are other aspects of bad treatment by people that are motivated by some form of discrimination. Legal experts will at times try to make this kind of distinction using the term "hate crime." Was someone the victim of violence just because they happened to be in the way of something someone wanted, like money? Or were they the victim of violence because of a personal characteristic that they have that was the motivation for the violence toward them? These determinations are often extremely difficult to make, and too often are made on the basis of a political motivation.

It is important to understand that using the term "politics" or "political" is not exclusively in reference to political parties in America. By politics, we mean, relations between people, particularly in reference to the expression of power. Owens (2015) tells us

the politics of disablement in some critiques focus on oppression as the main component of disability. Oppression is a nebulous concept, poorly understood and undertheorized; indeed, little is known of how oppression moderates the relationships between culture,

language and socialization (Hughes 1999, Imrie 1997, Shakespeare 1994) (p. 389).

I may endeavor to facilitate kindness among everyone, which is a good task. But I may also focus my efforts on changing attitudes toward a particular group of people who experience empirically determined higher levels of discrimination. Do those with disabilities too often experience a heightened level of discrimination? I am confident that they do. The question then becomes how do I intervene, responding to a social model understanding of disability in society generally and in a way that particularly improves life for the group experiencing discrimination?

Devaluation

In his social role validation theory, Wolfensberger (1998) attempted to get very specific about what devaluation entails. He did this in describing “The bad things that typically get done to devalued people” (pp. 12-21), sometimes referred to as the 18 wounds. But he also provides an interesting and intuitive way of understanding devaluation. He states,

because any of these characteristics or conditions may be associated with people, those people who are seen as having devalued characteristics and conditions will themselves become societally devalued, i.e., they will become objects of social devaluation. Thus because poverty is devalued, so are the poor. Because oldness is devalued, so are the elderly. Because illness is devalued, so are the seriously ill, the chronically ill, and the terminally ill. So in order to understand *who* is apt to be devalued in our society today, we must become very aware of *what* our culture values positively, and *what* it therefore devalues (Wolfensberger, 1998, pp. 7-8).¹

It is arguable then, that people are socialized into the devaluation of others, and people who are unable to be what the dominant society values will experience devaluation by that same society. Sometimes people with impairments will not be able to engender what society values. Thus oppression, discrimination and other negative experiences will follow them if only for that reason. So maybe as a first step, I should try to change what is valued.

A Normative Framework

In determining a goal, I might try to attempt to understand what is normative. Normative does not mean good. Normative means that which might be considered typical in human experience. Years ago, I was involved in a project to determine the percentage of time workers typically are on task in local businesses. In teaching students with disabilities, generally the goal was 100% of the time at work on task. We decided to study, in an action research kind of way, what might be the actual time on task. Our research was never published, however, but anecdotally we observed that it was much less than 100% of the time. This then guided future goals for facilitating time on task, when at work, for our students.

The same kind of determination might be made for aspects of life like friendship. I once again did an informal survey among university graduate students in classes that I taught. What I observed was that friendships between my students and their friends from high school varied widely. A minority continued to have face to face contacts, more maintained a degree of contact through social media, but many also had little to no contact with those friends. This is the kind of normative, though empirically limited, information that can influence goals and interventions. Obviously graduate students are a unique group of people. However, my assumption about the long-term nature of high school friendships was not supported. More truly empirical research would need to be done, but these observations caused me to hedge my assumptions that the development of friendships among students with and without disabilities in high school would lead to interactions that would last long term into the future. Assumptions which seem logical or intuitive are not always borne out by data. Perhaps assumptions about what discrimination is and what it looks like would benefit from more empirical study. As Samaha (2007) states,

there is no way to set priorities, make unavoidable tradeoffs, or confront cost issues without a normative orientation... The social model of disability, for its part, has been a source of revelation and inspiration for action. It can dispel uncritical assumptions that disadvantage is natural and necessary, which is no small accomplishment. But we ought to know precisely what the model can and cannot accomplish (p. 1253).

How might we dispel the notion that disadvantage is natural or necessary? There is a huge difference between something being natural and the same thing being necessary. Natural implies that something developed in a particular way that has come to be accepted. Perhaps like a culture. We will address culture briefly later in this paper. Natural is not necessarily good. Arguably, current, natural cultural practices may be the greatest barrier to change. However, the term necessary implies that things are the way they are because they achieve a particular end. One could wonder what ends are achieved by discrimination towards those with disabilities, causing someone to think that discrimination is necessary. What happens if there are no changes in the life experience of persons with disabilities? Perhaps less taxes continue to be allocated, or politicians and other leaders could go on being less humanitarian in their spending practices. Less might be demanded of people toward their neighbors whose integration might demand a greater degree of dependency on others. Even the expectation of friendship might necessitate distancing from persons with disabilities. In order that no demands to be placed on me as an individual to care for others, it is necessary that paid for services are provided by the government and those people hidden from me. This perspective in part underlies the human service mega-system which is invested in things remaining the same (McNair & Rhodes, 2020, regarding comments from Wolfensberger, 1998, and O'Brien & O'Brien, 1992). If I were to actually interact with people with disabilities, I might also be saddened by viewing their segregated lives which are too often lived in poverty. Perhaps then it is “necessary” that I be protected from that. In that way, things can stay the same and as in the Supertramp quote at the start, all the world can remain asleep. It is truly sad that as evidenced by their actions, even human services are satisfied with the way things are - their priorities are evidenced by their behaviors.

Samaha (2007) goes on to say that there are insights that need to come from a different group about the experience of disability.

There is another oversight in the scholarship, but this weakness underestimates the social model’s implications. When the model is doing work within a normative framework, its insight may help suggest a class of decision makers different from the group that other perspectives suggest (p. 1254).

There are reasons why people from groups experiencing discrimination will say things like “nothing about us without us.” People like me,

the author of this article, can do our best to advocate for those with a characteristic that people use to devalue them. However, one of the best things I could do to facilitate the valuing of those with disabilities would be to get them a seat at the table. To help people who have been devalued to use their voice. That could result in a different set of assumptions being considered necessary.

The Experience of Disability

Clearly there are mitigating factors that make the experience of disability different for some people than for others. One's place of birth, government, religion, wealth and so forth may impact devaluing experiences causing them to be different, although the personal characteristics between people across these differences may be the same. To have cerebral palsy in Zambia is much different than to have cerebral palsy in America.

Defining impairment and disability in terms of their consequences may exclude people with cognitive impairments, acquired impairment, and fluctuating impairment; failing to consider that their experiences of externally imposed restrictions may not be similar to those of people with physical impairments. Some people who are impaired may not experience disability and this has been termed the 'disability paradox' (Albrecht and Devlieger, 1999) (Waldschmidt, 2015, p. 389).

The causes of oppression can be oversimplified or described in a manner self-fulfilling for one's particular political or personal narrative without taking broader implications into consideration.

In the bestseller *Red Rising* (Brown, 2014), an evil character known as the Jackal is captured by the protagonist, Darrow. Darrow pins the Jackal's hand to a table with a knife. The only way the Jackal can go free is if he cuts off his own hand. Darrow thinks he has trapped him. But the Jackal is from one of the wealthiest families in the universe. This is how series author Pierce Brown describes the Jackal's perspective in having to cut off his own hand.

He sighs. "I told you. I am something different than you. A hand is a peasant's tool. A Gold's tool is his mind. Were you of better

breeding, you may have realized this sacrifice means so very little to me” (p. 349).

To a person of great wealth (although also disturbed emotionally), a hand is not critical for employment or having money or living life. This is just one example of how disability can be perceived differently based upon the mitigating factors one may have at their disposal. Even the most basic of questions then get put on the table.

For example, are all people with impairment disabled? What if an individual does not experience disablement, because their impairment is hidden, or they experience no barriers? What if, because of other dimensions of their experience, for example their wealth, they do not need to rely on public transport, public housing or welfare benefits? If they are not oppressed, are they then still disabled? Disability does not have the same salience for everyone with impairment (Shakespeare, 2004, p. 14).

This implies then that the oppression/discrimination impact of disablement might be nuanced, even mitigated, for example, by having wealth.

Religion and Social Model Interventions

As with the social model, Wolfensberger (1998) in laying out his theory of Social Role Valorization (SRV) largely attempted to describe the way things are. It is as if he took a snapshot of a place and showed it to you saying, “this is what this place looks like.” It would then be up to you to determine what you would do with the knowledge of the characteristics of the place in the picture. Will you visit it? Will you forget about it? The picture is just a picture. It is up to you to decide. Through SRV, the experience of devaluation is explained by Wolfensberger. He holds that image out to the reader and ostensibly challenges the reader to decide what they will do with that information. He says that what someone will do with the information, will be based upon their “religion.”

I want to emphasize again that even though SRV is the practical application of the knowledge of social science, such an application must be guided by values—and, therefore, some form of de facto religion.

Social Role Valorization mines a wide range of sociology and psychology, it explains an entire range of phenomena around social valuation and devaluation, it predicts what will happen to people when they are subject to certain valuing or devaluing conditions, and it offers guidance as to what one might be able to do about any of this if one so chooses. But whom one decides to value or devalue, and for whom one decides to seek more positive roles, valuation, and life experiences in society, and how far one wants to pursue this—these are all de facto religious decisions, not scientific ones, as explained in more detail in Wolfensberger (1995) (Wolfensberger, 2012, p. 61).

Others would agree. Owens (2015) makes a similar point about social constructions.

Social constructions may criticize, challenge or destroy some area that they dislike in the established social order of things, but in doing so they merely describe relations rather than change them (Owens, 2015, p. 391).

Should we be able to clearly describe the discrimination implied by the social model, that information will have mixed outcomes.

Although the social model is one way to define disability and a field of inquiry, it is not a disability policy. Deciding how to respond to “disability” depends on a normative framework that cannot be supplied by the model. This framework might be libertarian, utilitarian, egalitarian or some combination thereof, or something else. The social model itself, however, has essentially nothing to say about which framework to use (Samaha, 2017, p. 1252-1253).

It could be that social model descriptions have had little effect on changes in the experience of persons with disabilities. Knowledge does not require action. Even if action is embraced at some level, it can be limited by competing political views. “I want people to have better lives, but not if that means that better lives are achieved through the efforts of people I don’t agree with politically.” “I’d rather people experience ongoing discrimination than good things in life if it conflicts with my political perspective.” Additionally, knowledge might lead to the opposite of the prosocial responses desired. As Samaha (2007) has stated,

Consider the ADA. Whatever positive results it might deliver to its class of beneficiaries, libertarian theory directs us to protect the choices of people who would rather not interact with mentally or physically impaired people. Whether a vast majority of the political community disagrees with those preferences is irrelevant (p. 1288).

It is true that describing something is not the same as creating a policy. But a clear understanding of a situation should be the first step in the development of policy. I believe in Wolfensberger's case, it was his desire that information from SRV would be used in prosocial ways to better the experience of devalued people. But other responses could be imagined.

One really cannot mandate things like friendship, altruism or compassion. Does that imply, therefore, that there are no interventions that could address social model, (i.e. discrimination) experiences? There are those who seem to think so: "this Article claims that the model, like all social construction accounts, has essentially no policy implications" (Samaha, 2007, p. 1251). But obviously, not everyone agrees with this conclusion.

Wolfensberger understood that the mutual contributions of SRV and Christian values could be a powerful pro-social combination: applying SRV to an arena which should be informed by Christian values (but may not be), while applying Christian values to guide and evaluate the results of SRV's empirical data to change culture, SRV points to the "what" that perhaps needs to be changed, while the Christian perspective provides the "why" one engages in efforts at cultural change (McNair, 2018, p. 84).

One's "religion" truly will impact what they will do with information, particularly when people are being oppressed and devalued. As stated, it is truly sad that professionals seem to be satisfied with the way things are.

In recent years, cultural anthropology (Vester, 2009) has preferred to apply a broader approach, according to which culture denotes the totality of "things" created and employed by a particular people or a society, be they material or immaterial; objects and *instruments, institutions and organizations, ideas and knowledge*, symbols and values, meanings and interpretations, narratives and histories, traditions, rituals and customs, social behaviour, attitudes and identities. If cultural studies uses such a general understanding of culture, it will not focus only on symbols and meanings, but investigate the relations between symbolic (knowledge)

systems, categorization and institutionalization processes, material artefacts, practices and “ways of doing things”, and their consequences for individual members, their social positions, relations and personal identities (Waldschmidt, 2018, p. 71).

Each of the above might be addressed by some form of social model intervention. But to be clear, what might be characterized as a social model intervention?

A Social Model Intervention Process

One way to consider a starting point is Owens’ (2015) clear summary statement. “An individual is evaluated and labelled through a process of power which then serves to separate them from mainstream society, education, work or social interaction, because they deviate from the dominant norm and difference is not valued” (Owens, 2015, p. 386).

The perceived difference and the accompanying devaluation are both at issue here. We can begin by trying to change perceptions of difference. Are there differences between people? Of course there are. Among many differences, some relate to personal impairment. One of the interventions regarding this aspect of disability is to communicate the commonality of impairments. Obviously as one gets older, impairment is at least as common as a lack of impairment. There are estimates that 45% or more of those over age 60 have some form of impairment (Kraus, Lauer, Coleman & Houtenville, 2018). The Centers for Disease Control and Prevention (2018) also indicates that approximately 26% of adults in the United States have some type of disability. So, the occurrence of this difference can be thought to be less common than it is. The common nature of disability in families is suspected to be more the rule than the exception. Understanding the commonality of disability could be one very general social model intervention.

Another area is to help people understand that just because someone has an impairment should not imply that their lives have less worth than those who do not. As Shakespeare (2004) states,

when it comes to impairment, I am not a relativist. I believe that most impairments of body or brain are real, and that many of them are pathological. I do not accept the negative valuation of

impairment and illness in much of the medical literature, the so-called ‘medical tragedy’ model. I do not think impairment makes a life not worth living. I do not believe impairment is necessarily a worse problem than other social obstacles. I do not even believe that impairment is more of a problem for people than the disabling society in which they live. But I do believe impairment prevention is desirable, and I can quite understand why people would rather not become impaired, and why many will actively seek a cure (Shakespeare, 2004, p. 18).

It is not antithetical to both seek to avoid impairments, while at the same time holding all people impaired or otherwise, with equal value. From a Christian perspective, this begins with the understanding that all people are created in the image of God. God’s love for them and valuing of them begins there. The Bible tells us we are not more or less loved by God on the basis of personal characteristics. If we were to love like God, it would be the same with us in relation to those around us. This valuing and loving of others should result in some specific behaviors and not result in some other behaviors. Social model interventions can work to address both the perceived commonality of impairment and the devaluation by society.

A strictly materialistic understanding of the social model can be limiting. It is as Shakespeare & Watson (2010) stated, “...at its root, it cannot be explained as economic exploitation” (p. 61). That does not mean that we might endeavor to intervene in materialistic, economic ways. It is just, “by seeking to fit the complex actuality of lived experience into narrow formal categories and reducing everything to oppression arising from material social barriers, has created distance between theory and disabled people’s own experiences” (p. 61). One could actually wish that discrimination was exclusively economic exploitation as it might be easier to address. Arguably, the discrimination goes much deeper. As stated, we likely need to follow Waldschmidt’s (2018) lead when he states, “I argue for a rigorously relational perspective” (p. 74).

Introduction to Social Model Interventions

We have already alluded to ways in which social model interventions might be undertaken. However, let’s be really specific about a process for

introducing these efforts at change. We could begin by identifying some potential interventions. For the purposes of this discussion we will introduce two. We would then propose venues for the introduction of the interventions. Having these two initial steps in mind, we would then consider the costs associated with the intervention. This might be a determining factor as to whether one would move forward in implementing the intervention or not. That is the next step. Are the benefits/outcomes worth the costs? That analysis will be different for different people as we will see in our discussion. Finally, we would implement the intervention and evaluate our efforts. We now look at each of these steps in more detail.

1. Identify/Determine Interventions

Rappaport (1977) discussed foci that one might consider in designing interventions. He said one might intervene at the individual level, the small group level, the organizational level and/or at the societal level. Social model intervention strategies might be envisioned at each of these levels. Recall that in these interventions, we are attempting to address discrimination or the experience of oppression. To a large extent, we are attempting to change attitudes. We desire to prevent or stop discrimination and if we can't do either of these, at least attempt to attenuate it (Wolfensberger, 1998). If one were to intervene at each of these levels, a variety of efforts might be envisioned.

At the individual level one might work on self-perceptions of the individual being devalued. When working in Uganda, the author met a middle-aged man who experienced paralysis post-polio. In response to my teaching, he said "I know that my life has value. I know for example I am created in God's image. However, because of the way I have been socialized in my culture, I can't get rid of the idea that I was cursed or did something wrong." Interventions at this level can result in empowering people who have been devalued to gain courage to advocate for themselves and potentially confront oppression. Arguably the strongest voices against oppression and discrimination come from people having the characteristic that society sees as relevant in their devaluation.

At the small group level, one might work with families to help them better understand their family member with impairments as well as the dynamics of their family. The author once met a man whose son had been injured in an industrial accident. The father now would say that he had

“half a son” because the young man was paralyzed from the waist down. We tried to confront this notion in as positive a way as possible. However, this gives insight how even loving family members can be agents of devaluation or discrimination.

At the organizational level we might intervene in local churches or other community groups that offer the potential for integration into the community. We will unpack this a bit more later, however, using the tenets of the organization, we can attempt to bring about change. The Christian church, for example, has a very checkered history of at times facilitating beautiful outcomes and at other times contributing to exclusion. In recent decades, the teachings of the Bible have been brought to bear, arguably in new ways, such that the Christian community has been involved in self-examination and are increasingly changing in positive ways how they love people, particularly those with impairments.

At the societal level, there are laws that might be passed like the Americans with Disabilities Act which can assist with physical integration into the community. However, the social changes that need to occur cannot really be legislated. Yet, there are other ways efforts could be developed to influence societal attitudes. The author has often thought about developing what might be called a friendship initiative. The initiative would attempt to bring groups together to advocate for the development of friendships with persons with disabilities who are arguably not being invited to friendship to the degree that those without disabilities were. This is particularly true among those with and without disabilities. This is not to demean friendships between those who have been segregated because of intellectual disabilities, for example, but to attempt to broaden the opportunities for friendship between persons with and without disabilities. A campaign that brought together political parties, religious groups and others could be envisioned because the desire that people would have friendships is something that most people would embrace. This type of initiative provides an example of how people might mount a societal change effort focused on people’s attitudes.

But there is a key consideration that must be taken into account: “. . . social policy can only be formed if private problems are made public because if a problem is seen as a private issue, then public responsibilities are forgotten. When they are seen as public problems then action ensues” (Owens, 2015, p. 394). Owens appeared to be advocating for some form of legislation, but likely few social model problems can be addressed in this way. Attitudinal change occurs in ways that likely don’t depend on legislation or litigation.

2. Identify/Determine Venue(s) for Change

Just in the discussion above, one could envision venues for facilitating social model change. One might work with families, churches, government agencies, schools, or through groups having the influence to facilitate national initiatives. Are we willing to work through venues that could bring social change?

I believe that too often, even if we have the desire to bring change, we are unwilling to use the venues that could lead to change. It is as if we say, “I want sick people to get better, but I refuse to take them to the hospital. I will only take them to the beach to get better. I don’t believe in hospitals so I refuse to use the hospital as a place to facilitate healing.” We will even create laws to separate efforts at healing sick people from the hospital. That implies that we aren’t really interested in sick people getting better unless they will get better on our terms. In other words, we are not at all interested in sick people getting better, we are interested in supporting a predetermined perspective. Should sick people get better in a hospital, we both denigrate the fact that they actually got better and we dismiss their actual healing because it doesn’t fit our political narrative. Governments are replete with people who think this way. This is why we shouldn’t trust governments independent of our political affiliation. But if we find that sick people get better by going to the hospital, and we truly want sick people to get better, we should support sick people going to the hospital.

Where Is Change Occurring?

Where in society is there currently significant change occurring relative to inclusion, acceptance and love toward people with disabilities? Arguably, it is occurring like never before within the Christian community, the Christian church. An aspect of this change could be an improved response to ADA requirements, but we are talking about social model changes. People with impairments are being invited in like never before. There is still significant room for growth and change that needs to occur. But the Christian church may be the perfect venue for societal change. Limited research has been done on the actual growth of ministries to persons with disabilities, perhaps an indication of the changes occurring in churches, but there are some anecdotal observations from social media might give an indication of the recent changes. A Google search of the term “disability ministry” yielded 70,500

results. The Facebook group called, “Special needs and disability ministry leaders forum” boasts 2,000 members.

Someone might argue that not all religious groups nor even all Christian churches are accepting of persons with disabilities. I wish that were not true, but I have to agree. However, one would think that because of the benefits accrued from those that are supporting persons with impairments, agencies would take the time to know which ones they were, what they were doing and which ones were not. The benefits to people are so extensive. However, for want of a phone call, agencies are unaware and/or uninterested in finding out about who these churches are.

I live in a small town called Redlands. In Redlands, there over 50 Christian churches. Some of these churches are reaching out to persons with disabilities and their families. But let’s consider my church as an example. Around 1990, we began working to include adults with disabilities, particularly intellectual disabilities. To our knowledge, we were the first in the community to do that. It was very small at the start, but now includes as many as eighty people each week. This is a great option for those with impairments who now attend, however, we have also facilitated another thousand people from our community having regular interactions, at church, with people who were hidden from them in the past. Leaders of our church will now often say that disability ministry is “part of the church’s DNA” and it may be the “signature ministry” of the church. Have we addressed a social model understanding of disability for all of Redlands over the years? Maybe. But for sure we have challenged culture and attitudes of the thousand who attend our church. Imagine if another church embraced this change, and then another and then another. Changing one local church is likely much easier than changing an entire community. It is as if each church is another building block in changing a community. Block by block we reduce oppression and discrimination toward a particular group of people. We enfold them into social support networks where they reap the benefits of participating in an existing network (McNair, 1997). No laws were passed, but that is fine because laws cannot make the kinds of changes we desire. What has happened is that people in a small, changeable, venue were changed. Using their final authority, they were shown what the Bible says about loving ALL their neighbors and this expectation spread throughout the church like yeast through bread. As stated, we are far from perfect, but we are better at loving our neighbors than we were 30 years ago.

Can you see how this venue is ripe for facilitating social model change across society? All of us, if we were really interested in reducing discrimination

and oppression, would support this venue for change. Do you not believe in God? Even if you don't, it shouldn't matter if you are really interested in societal change that improves the lives of persons with disabilities because this is where it is currently happening. But you can hardly imagine mainstream media, or political parties, or even human services supporting this venue for change. Once again, this implies they are not interested in social model change. They are only interested in supporting their particular narrative, and those who are experiencing social healing (McNair & Rhodes, 2020) or the benefits of social ramps (McNair & McKinney, 2015) are not considered. This is not an overstatement. We need to be clear eyed in looking at what governments, human services and agencies are supporting. In the 30 plus years of the ministry at our church, I am aware of only one individual who became a member of our group from a referral of a state agency charged with supporting people with intellectual disabilities. A recent informal survey of disability ministry colleagues revealed the same result across the country. Why would that be, when members of our group develop many relationships with community members, benefit from numerous social gatherings and receive food, money, medical and emotional support at no cost to the individuals, their families, or the government? It occurs because it doesn't fit with a political conviction about the nature of the so-called wall of separation between church and state. More accurately, it reflects a highly contested interpretation of the First Amendment, understanding the Establishment Clause to mean government agencies cannot in any way support church activities, whereas the 1971 *Lemon v. Kurtzman* Supreme Court decision resulted in a much looser three-part test that allows for various, (including financial) government support to churches. They refuse to accept the idea that people experience inclusion and belonging through churches so they prefer that they are isolated and unincluded. Once again, these are not rational decisions. They are political decisions.

When we think about disability, we recognize it is a combination of impairments experienced by individuals (called the medical model) and the discrimination toward individuals with impairments (called the social model), that we have been discussing. Should we desire to facilitate improvement in the lives of persons with disabilities, we would help them to address their impairment and but also equally address societal discrimination. However, human services agencies focus on individual impairment rather than addressing social discrimination. At the risk of over-generalizing, that is often because the system of support is not designed to address social discrimination, or agency staff may feel that such responsibility is beyond their scope of work.

Imagine I am a member of a group that experiences discrimination from the larger society. You, as my government agency support person, are charged with facilitating my integration into that larger society. Yet, all of your efforts are exclusively focused on “improving” or “fixing” me. You do nothing to address the discrimination I experience. It is as if you say, “we can reduce discrimination by fixing you.” In other words, “If we can make you more acceptable, discrimination will decrease.” At its worst, that could be the underlying reason for exclusively medical model approaches from human services. I am at fault for the discrimination I experience. But it could also be, that human services either don’t know or don’t care about social model interventions to reduce discrimination. This is in spite of the comment often made to me by persons with disabilities, that “the hardest part of having a disability is often not the disability, but the way you are treated because you have a disability.” Human services, in the things that they refuse to do, act as if they don’t understand this, or are uninterested in attempting to address this.

So as a starting point from this discussion, there is an initial venue for social model change comprised of two parts. As described, the first part is the rapidly changing Christian church/community and second and related, is a professional and human services community that appears to ignore and not introduce their clients to this opportunity.

A second venue at the societal level, is the friendship initiative mentioned earlier. It is challenging to try to influence the broader society, all at once, on social model kinds of issues.

But a goal could be to increase friendships among people with and without disabilities. There is literature (Amado, 1993, 2013; Baca & McNair, 2013; Wolfensberger, 1998) which indicates that people with disabilities are likely not invited to friendship to the same degree as those without disabilities. Oftentimes people need to be paid to be in relationship with someone with an impairment. In describing the initiative, much work would revolve around the definition of friendship, the benefits of friendship, the experience of friendship for persons with disabilities, and then the actual proposed activities of a friendship initiative team. The definition of friendship is particularly important as both those with intellectual disabilities in particular, and those providing services can be confused about what friendship is and who a friend is (Baca & McNair, 2013). There is also significant confusion about what community integration is (McMichael-Pierce, 2015) a critical aspect of this type of friendship. Perhaps if people understood the experience of those with disabilities,

they would be willing to be part of the solution. An important part of such an initiative would be education about the life experience of persons with disabilities. With that information, the initiative could then move to proposing that people without impairments would invite those with disabilities to friendship to the degree they were able. It would also include persons with disabilities inviting those with more severe disabilities (intellectual, mental illness, etc.) to friendship as well. A well thought out campaign on this issue would likely unite people across a variety of dividing lines (political, religious, etc.) and perhaps even gain government funding and other forms of support. It could be a national initiative from the president or Congress that would benefit all.

As stated above, you can see that perhaps there would be pronouncements in support of the initiative from government and other officials, however, no laws are needed to be passed. A robust campaign would include public service announcements and social media support, but even these aspects of the intervention might largely be donated to the cause. In the end, this initiative could have a significant impact on the lives of all citizens. As people stepped up to support their neighbors, there could even be the possibility of less government funding being needed to support people who now experienced much improved integration into the community.

3. Determine Costs and How They Will Be Paid For

Based on their view of what is needed for and by the party at issue (i.e., what they perceive as a positive future for that party), the decision-makers can then decide what “costs” would have to be paid to obtain this end, and whether the “costs” are worth the intended outcome (Wolfensberger, 1995, p. 164).

As in the illustration provided earlier, one could show you pictures of a beautiful place. However, you have to decide whether you are willing to pay the cost to get to that place. The social model describes the discrimination faced by persons with disabilities. That can lead to reflection on an alternative to discrimination. You could call it social healing (McNair & Rhodes, 2020). Yet, are people willing to pay the price to achieve the alternative outcomes? As we have indicated thus far, oftentimes they are not. As I previously described (1997),² costs can be financial but also other things. Wolfensberger (2003) described costs in the context of advocacy.

This distinct cost may involve any number of things: time that one would much rather have spent on something else, wear and tear on one's emotions, such as one would ordinarily avoid; investment of one's material substance and possessions; sacrifice of rest, sleep and/or recreation; etc. Indeed, the cost may involve one of the highest prices of advocacy, and that is being at risk, such as the risk of incurring resentment and hostility from others, of being taunted, or becoming an object of ridicule, of being considered foolish or crazy, of being rejected by one's peers and colleagues, of being in danger of loss of job...Indeed, without significant cost, an action should not be viewed as advocacy... even if it is otherwise valuable action (p. 123).

Clearly, the above are not always associated with social model change although they may travel with advocacy. However, one must understand that there are indeed costs that can go far beyond just financial costs. The costs Wolfensberger (2003) describes above could be applied to friendship, loving one's neighbor, or changing attitudes. Advocating cultural change, even toward the most honorable of ends, can meet with resistance and significant cost. This leads us to the next consideration.

This simple bifurcation for the purpose of analysis hopefully will not obscure all of the steps and uncertainties in a persuasive argument about disability policy. Among them are (1) whether the disadvantage at issue is morally relevant – whether it ought to be considered a social problem; (2) whether one can accurately identify a social abuse or disadvantage in the given situation; (3) whether any such social cause is unjustified, irrational, or illegitimate; (4) whether attempting to eliminate any such social cause is feasible and cost-justified in light of predictable gains, losses and available alternatives (Samaha, 2007, p. 1286).

4. Are Results/Potential Interventions Worth the Costs?

“The implication of the strong social model is that there is the possibility of a world without disablement. Society could be constructed without barriers, and people could be equal despite their impairments” (Shakespeare, 2004, p. 14). Shakespeare in a clear and simple way describes the results we would hope to achieve. The attainment of such a goal would be hugely beneficial

to the entire community, the whole nation. Is this possibility worth the costs? Oftentimes that is what social model interventions are seeking to communicate about and advocate for.

In 1997, I (also later in McNair, 2000) wrote about networks supporting adults with disabilities in the community.² In that article, I described the costs associated with network development and participation across the four types of networks I described (state supported, contrived, existing and self-developed). One conclusion of that article was that the existing network, of which I argued the local church was an example, had costs mostly associated with attitudinal areas. I spoke then of the potential of that group if it would only be willing to embrace the costs, largely described in terms of cultural change that would lead to the end Shakespeare (2004) stated above. The exciting news is that the Christian church and community is increasingly willing to embrace the costs needed to facilitate social model changes within their communities! This is evidenced in the growth of interest in issues related to Christianity and disability internationally, of the development of ministries nationally, and the presence of people in churches locally. It seems there is a change occurring implying an understanding and embracing of costs associated with social healing (McNair & Rhodes, 2020).

5. Intervene and Evaluate Outcomes

In some ways, these types of interventions are not entirely new. There has been significant societal change in a variety of areas, without any laws being written. Instead, community campaigns have resulted in cultural change. We have already seen significant change in a variety of churches who have embraced the idea of ministry to persons with disabilities. As we attempt other forms of intervention at different intervention levels, we will learn about what works and alternative ways of facilitating success in the reduction of discrimination and oppression.

Conclusion

The social model of disability attempts to explain some of the significant challenges faced by persons with disabilities as resulting from devaluation and discrimination. Laws like the Americans with Disabilities Act can make significant progress in making the physical community accessible. However, there is another aspect of the community, arguably equally if not more important than to change, than the physical environment, and that is the social

environment. Social model interventions attempt to understand people's experience and then intervene to change the attitudes and behaviors of the social environment. It is time that this type of intervention is embraced in all its forms for the betterment of the lives of people experiencing discrimination.

NOTES

1. Wolfensberger’s (1998, p7-8) entire quote on devaluation:

“In our society, wealth and material prosperity and possessions are highly valued. This means that the opposite of wealth is devalued, name poverty.

In our society, health and physical beauty of the body are valued. This means that sickness and physical deformity –especially if it is serious or chronic—are devalued.

Our society has begun to place a high value on youth and newness, which means that oldness has become devalued.

Our society values competence, independence, and intelligence. Thus, incompetence, dependence, and low intelligence are devalued, especially if long-term.

Our society places a high value on productivity, achievement, and material contribution. This means that anything seen as unproductive, as being more of a drain than a benefit to others, is devalued. This also means that poverty is very devalued, as mentioned.

Increasingly, our society has come to value individualism and pleasure, to the point of unbridled hedonistic “choice.” This means that lack of individuality is devalued, as well as anything that constitutes a demand that one sacrifice some of one’s own individualism and ease.

Because any of these characteristics or conditions may be associated with people, those people who are seen as having devalued characteristics and conditions will themselves become societally devalued, i.e., they will become objects of social devaluation. This because poverty is devalued, so are the poor. Because oldness is devalued, so are the elderly. Because illness is devalued, so are the seriously ill, the chronically ill, and the terminally ill. So in order to understand *who* is apt to be devalued in our society today, we must become very aware of *what* our culture values positively, and *what* it therefore devalues” (Wolfensberger, 1998, p. 7-8).

2. McNair (1997) Network evaluation criteria:

Criteria for Evaluation

In order to evaluate the usefulness of networks, we must first design criteria for the evaluation. The following criteria have emerged through examination of the literature and discussions with students and colleagues. Each

evaluative aspect is described below. We will then discuss the four types of networks and evaluate them according to our criteria.

Durability/Stability-This criterion relates to the toughness of the network. A durable network is probably preexisting, will be dependable and largely predictable.

Extensiveness- This criterion relates to issues of integration.

Laterality- A lateral network will foster contacts with individuals similar to oneself in terms of variables such as socioeconomic status, beliefs, ethnicity, educational expertise and vocation. Vocationally, it corresponds to the notion of “job-alikes.”

Variability-A variable network will foster contacts with individuals different from oneself in terms of ethnicity, educational expertise, vocation, beliefs, and disability.

Verticality- A vertical network will foster contacts with individuals higher or lower than oneself in terms of variables such as socioeconomic status, education and employment.

Number of Members-This variable addresses the number of people who make up the network

Community Position- This criterion addresses the manner in which the network is oriented toward the community. Networks may facilitate interaction between the community and the individual. Networks might also usurp community involvement by turning interfacing membership over to professionals. Community positioned or oriented networks should result in community awareness.

Potency-This criterion assesses the ability of the network to meet an individual’s needs.

Physically- Physical needs include food, clothing and shelter. I

Emotionally- Emotional needs include acceptance and emotional support.

Spiritually- Spiritual needs include framing ones reason for being, ones relationship to a “higher power,” ones basic belief system, etc.

Naturality- This criterion addresses the degree of naturalness of the network.

Existing- An existing resource has a greater likelihood of being natural than a newly created one. Our earlier definition indicates that a new resource will probably not be experienced by the majority of people. It is therefore less likely to be natural. Distinction must be made, however, between a duplication or variation of a current pattern of support and the creation of a new pattern of support.

Normalizing-Using the normalization principle, a network with this characteristic facilitates treatment individuals with disabilities as normally as possible.

Natural-This variable goes back to the notion of the experience of the majority of individuals in a particular society. The experience of the majority across socioeconomic, ethnic and other boundaries would be considered natural.

Promotes Independence-This variable addresses whether the network encourages an individual to be independent.

Provides Dignity-The idea behind this variable is dignity versus charity. If involvement in the network is something the individual is proud of, it most likely provides dignity.

Potential for a Network Member to Contribute to the Network-Involvement in a network implies a mutual benefit to the individual and the network. If a network member is unable to contribute to the network, questions might be raised relative to that individual's standing within the network. What is considered a "contribution" is determined by the network. If a network is comprised solely of supporters and takers its naturalness might be called into question.

Cost-Networks can be evaluated strictly on the basis of cost. Financial and otherwise.

Financial-This variable addresses the financial cost of a network.

Other-This variable addresses other costs which might be associated with membership in the network (time, emotional support, submission to a doctrine, etc.)

Associated Bureaucracy-Some networks have significant bureaucracy associated with involvement in the network.

Eligibility Criteria-Often, networks have specific written criteria which a potential network member must meet prior to being admitted.

Waiting Period-With some networks, in order to avail oneself of the benefits, there is a waiting period.

Criteria for Ongoing Participation-Once admitted, the network may require a particular status for continuance as a member.

Reduplication-This criterion asks whether the type of support being provided is being provided somewhere else in a manner which would satisfy more of the overall evaluative criteria?

Sensitivity to the Individual Case-Networks can become extensive. Services provided via a "network" can also be provided by some representative

of the network. The resulting case load will cause differing levels of sensitivity to each individual needing network support.

Caring Distance-The diminishing of concern/responsibility/effort (and possibly knowledge in the case of interpersonal caring distance) by people or groups as physical, interpersonal or administrative distance increases between these people or groups and the specific person, group, intervention or program of interest.

Network Philosophy- Networks will hold a common philosophy or code however loosely defined.

Participation Rules- Related to the eligibility criteria above, some networks will require potential members to acquiesce to a particular code or philosophy prior to offering network membership.

Recruitment- A network's philosophy might include a position on expansion or exclusion due to a variety of constraints (financial, bias, etc.)

Connectivity- The network may or may not encourage connectivity among members of the network.

Accessibility-An accessible network is one which is available to each individual member. Someone may have an extensive network, however, geographically it is not accessible, so the benefits which might be gained are minimized.

Transportability-This criterion looks at whether a network will travel with the individual member. Related to accessibility, if a network is not transportable, the benefits of the network are lost if one relocates.

REFERENCES

- Amado, A. (1993). *Friendship and community connections between people with and without developmental disabilities*. Paul H. Brookes.
- Amado, A. (2013). The courage to bridge worlds. *Journal of the Christian Institute on Disability*, 2 (1), 11-26.
- Baca, J. & McNair, J. (2013). Almost friends. *Journal of the Christian Institute on Disability*, 2 (1), 27-43.
- Brown, P. (2014). *Red Rising*. Random House.
- Centers for Disease Control and Prevention. Disability and Health Data System (DHDS) (2018). Available from: <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html#text=20millionadultsinthehavesometypeofdisability>.
- Kraus, L., Lauer, E., Coleman, R., and Houtenville, A. (2018). *2017 Disability Statistics Annual Report*. University of New Hampshire.

- McMichael-Peirce, T. (2015). Is Community Integration Understood by Those Charged with Facilitating It? *Journal of the Christian Institute on Disability*, 4(2), 41-54. Retrieved from <https://journal.joniandfriends.org/index.php/jcid/article/view/113>
- McNair, J. (2018). Theological perspectives on the valuation & ‘meaning’ of human impairment. *The SRV Journal*, 12(2), 83-90.
- McNair, J. (2000). The Local Church as a Network Supporting Adults with Disabilities in the Community: One perspective, *Journal of Religion, Disability & Health*, 4:1, 33-56, DOI: 10.1300/J095v04n01_03
- McNair, J. (1997). *A discussion of networks supporting adults with disabilities in the community*. Available at <https://disabledchristianity.blogspot.com/2020/08/networks-supporting-adults-with.html>
- McNair, J., & Rhodes, B. (2020). Social Healing: Cultural Change as an Alternative to the Devaluation of Persons with Disabilities. *Journal of the Christian Institute on Disability*, 9(1), 44-75. Retrieved from <https://journal.joniandfriends.org/index.php/jcid/article/view/225>
- McNair, J., & McKinney, B. (2015). Social Ramps. *Journal of the Christian Institute on Disability*, 4(1), 43-68. Retrieved from <https://journal.joniandfriends.org/index.php/jcid/article/view/103>
- Oliver, (1990).
- Owens, J. (2015). Exploring the critiques of the social model of disability; The transformative possibility of Arendt’s notion of power. *Sociology of health & Illness*, 37(3), 385-403.
- Rappaport, J. (1977). *Community Psychology: Values, research and action*. Holt, Rinehart and Winston.
- Samaha, A. (2007). What good is the social model of disability? *University of Chicago law review*, vol 74, p 1251-1308.
- Shakespeare, T. (2004). Social models of disability and other life strategies. *SJDR*, 6(1), 8-21.
- Shakespeare T., Watson N. (2010). Beyond Models: Understanding the Complexity of Disabled People’s Lives. In: Scambler G., Scambler S. (Eds) *New Directions in the Sociology of Chronic and Disabling Conditions* (pp. 57-76). Palgrave Macmillan.
- Supertramp, (1979). The logical song. On *Breakfast in America*. A & M.
- Waldschmidt, A. (2018). Disability – culture – society: Strengths and weaknesses of a cultural model of dis/ability. *ALTER, European Journal of Disability Research*, 12, 67-80.
- Wolfensberger, W. (2012). *Advanced issues in social role valorization theory*. Valor Press.

Wolfensberger (2003) What advocates have said, 2001. In D. Race (Ed.) *Leadership and change in human services: Selected readings from Wolf Wolfensberger* (pp. 132-149). Routledge.

Wolfensberger, W. (1998). *A brief introduction to social role valorization: A high-order concept for addressing the plight of societally devalued people, and for structuring human services* (3rd ed.). Training Institute for Human Service Planning, Leadership & Change Agency (Syracuse University).