Video transcript: What is Disability?

Cade Kuehl, Coordinator for UM's "Dismantling Ableism and Promoting Equity for Persons with Disabiity" project

Foundational disability frameworks reveal common societal understandings of disability. Each of these understandings affects people in different ways.

Impairment: When we separate impairment and disability, impairment is the non-normative physical, mental, or sensory functioning of how a person lives their life. This would include visual impairments, hearing impairments, cerebral palsy, and chronic pain. Despite the term 'impairment,' these are not necessarily negative. They can have entire rich cultures around them.

Chronic Health Conditions: Chronic health conditions (CHC) may change the way people accomplish daily tasks, navigate environments, and expend energy. When chronic health conditions are not visible, those who do not have chronic health conditions often challenge their legitimacy. This perpetuates ableism and invalidates the person's lived experience. Not everyone with chronic health conditions chooses to identify as disabled. Accommodation, support and alliance should not depend on formally proving disability or identifying as disabled, but should recognize that ableism affects anyone who works in non-normative ways.

Neurodivergence: Neurodivergence is the non-normative processing or communication of information, thoughts, or emotions. Examples include autism, attention deficit hyperactivity disorder (ADHD), and dyslexia. Neurodiversity is the diverse forms of processing and communication within a group. Neurodivergent people can be disabled by social, physical, and digital environments which enforce neurotypicality, or normative ways of processing and communicating.

Disability: We might think of disability as the social and structural barriers excluding people with impairments, chronic health conditions, and neurodivergent people from full societal engagement. For people with physical impairments, this exclusion happens via physical, social, and structural barriers. For people with chronic health conditions, inflexible work arrangements and questioning the reality of one's chronic health condition are barriers. For neurodivergent people, excessive stimulation, distractions, noise, and jargon all contribute to a cognitive environment. This cognitive environment may be a barrier, such as if it contributes to cognitive overload. Jargon or inaccessible language can also prevent a person's full engagement with content and contributions to discussion. Cognitive environments are usually constructed for neurotypical people and do not account for diverse ways of accessing and processing information.

Disability as Binary and Disability as Continuum: People are usually considered either disabled or non-disabled. Distinctions are made along various lines including pain, dependence, and the use of assistive technologies. Each of these areas are continuums whose lower levels have been normalized. Small amounts of pain are usually not considered markers of disability, nor are some types of technical aids. For example, glasses are such a widely utilized assistive technology that they rarely get acknowledged as such, even if wearing corrective lenses might be a requirement for legally driving. Similarly, all people receive forms of assistance in relation to tasks, health, or daily living, but some people have their independence invalidated by this, and are labeled as 'dependent.' Reluctance to recognize disability as a continuum within one's life is often driven by what Garland-Thomson (2002) calls "profound disincentives and few rewards to identifying as disabled" (p. 22).

Some disabled people may be labeled as 'dependent' if they require certain forms of support. This can ignore their contributions to personal and professional relationships, and ignore the fact that all people are interdependent. It can also frame some supports such as mobility aids as confining, when the people using them consider them to be granting freedom of mobility. Support for some disabilities may be considered undeserving, burdensome, or undesirable depending on common beliefs or attitudes about the specific disability. For example, chronic health conditions and invisible disabilities may be met with skepticism.

Diversity within Disability: Disability is often considered in isolation from other parts of one's identity. The universal symbol of disability continues to be a supposedly straight, middle class white man in a wheelchair. Many of the first instances of formally recognized disabled advocacy groups were overwhelmingly run by straight white men. Disability is one aspect of intersectional identities that include sexuality, gender identity, race and ethnicity, religion and spirituality, and more identity categories. Individuals with the same diagnoses/impairments will have different lived experiences as they occupy different intersections. These intersections significantly affect one's privileges. Privilege affects available opportunities, ability to meet needs, and urgency of daily stressors. Individuals also develop unique strategies to navigate ableism and inaccessible environments, and this also influences their experiences.

Scholars and activists such as Leah Lakshmi Piepzna-Samarasinha, Sami Schalk, Alice Wong, Mia Mingus, and Keah Brown are critically engaged in decentering whiteness and dismantling white supremacy, tackling both ableism and racism.

For further information, we welcome you to read our expanded content which discusses Critical Disability Studies and Disability Justice.