



# Critical disability studies: Essential perspectives for occupational therapy

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SE13- Occupational justice/human  
rights/equity/social inclusion

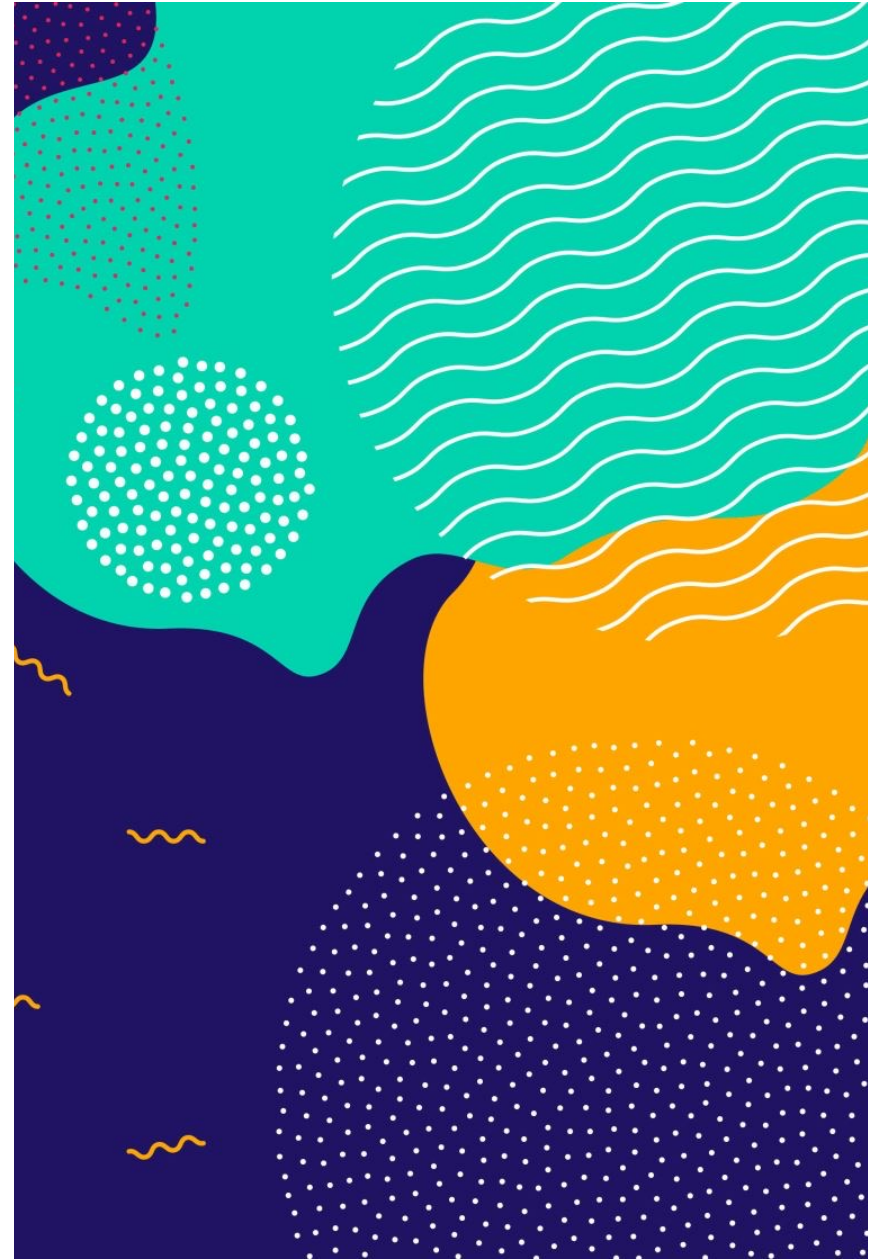
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# Introduction

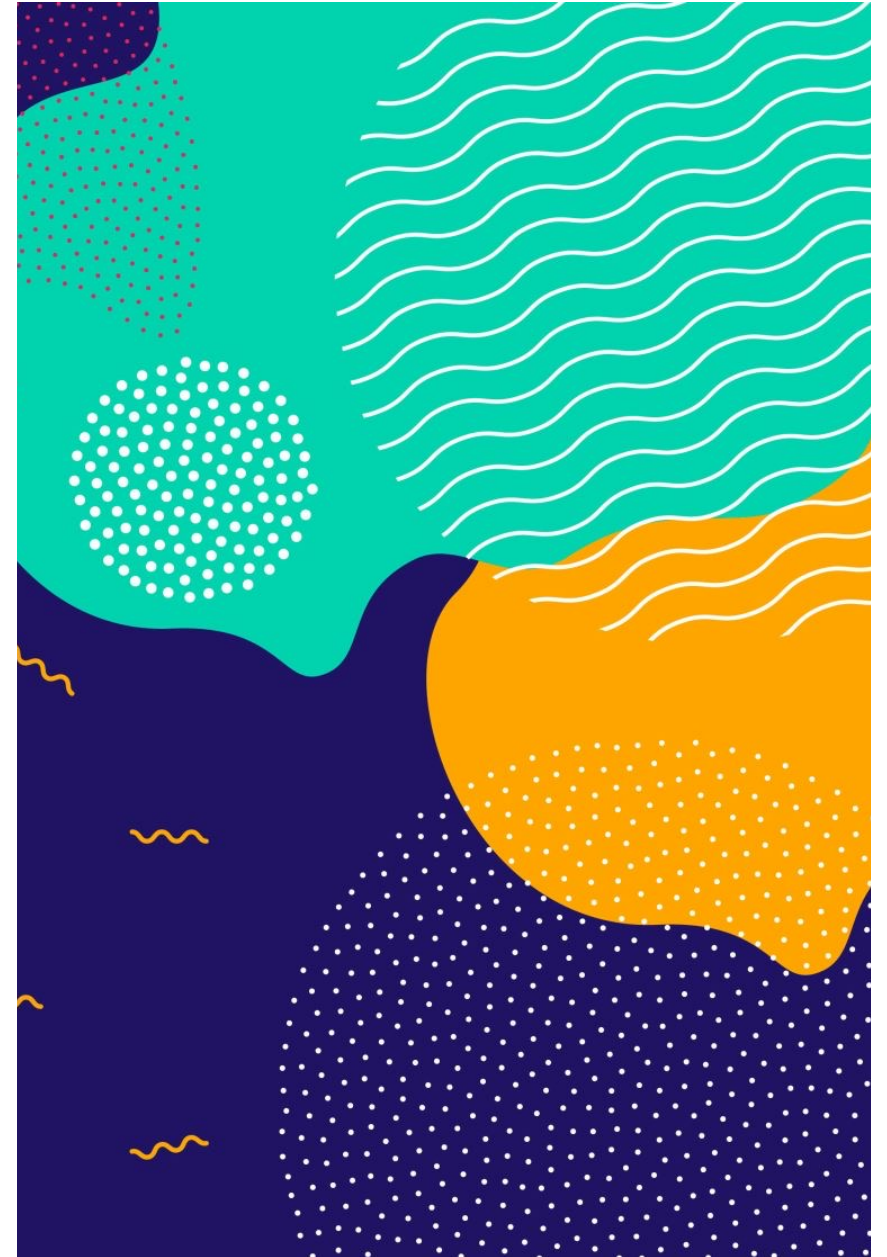
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- Critical disability studies and related areas have historically not been included within mainstream occupational therapy and occupational science literature.
  - Certain types of knowledge are privileged in occupational therapy/science, which has silenced other perspectives, including those from critical disability scholars.
  - Ableism, sanism, and disablism, are concepts that affect occupation as well as occupational therapy and occupational science.
  - The value placed on independence is rooted in ableism, sanism, and disablism.
    - The idea of independence can be used as an example of how occupational therapy and occupational science knowledge could better reflect critical disability and related discourses.

# Critical Disability Studies (CDS)

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# Biomedical perspectives in occupational therapy and occupational science

- Since the 1960s and 1970s, Disability Rights activists highlighted that biomedical perspectives and approaches are pervasive, including in occupational therapy.
- Biomedical perspectives **situate the 'cause' of disability** (and any disadvantage that arises from disability) as **due to individual impairment** or difference.
- Biomedical perspectives suggest that the way to fix disability is to treat the impairment or difference in the person.
- Biomedical perspectives tend to arise from assumptions about what is 'normal', good and accepted/acceptable. They judge disabled people as less than or inadequate if they cannot perform in ways that are 'normal' and 'acceptable'
- The medical and rehabilitation models of disability are based on biomedical perspectives.
- **Biomedical perspectives can harm disabled people.**



# Critical Disability Studies (CDS) perspectives

- Disability rights activists highlight that disability is not inherently an individual ‘problem’, neither is it an ‘abnormality’ to be cured, fixed, or eradicated within the person.
  - Instead, disability (and any resulting disadvantage) is **caused by societal structures** that do not take account of difference (e.g., UPIAS, 1978).
  - The way to ‘fix’ disability (and any resulting disadvantage) is to create a society and environments (physical, social, institutional, cultural) that are inclusive of difference.
  - There is no assumption of ‘normal’ – difference is valued and important.
  - Disability has been described as a **social construct**, initially explained through the social model of disability (Thomas, 2014; Oliver, 1990).
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# Ableism and Disablism

- **Ableism** is a system of assigning value to people's bodies and minds based on **societally constructed ideas of normality, productivity, desirability, intelligence, excellence, and fitness** (Lewis, 2022).
- Ableism is insidious, with “firm historical roots resulting in systems of oppression designed by people in power that still underpin society and beliefs in current times” (Mahipaul, 2022, p. 8).
- **Disablism** is avoidable restrictions on occupations, life experiences aspirations and exclusion of people who are considered to have an impairment.
- Disablism is socially constructed because it relies on what is considered to be ‘normal’ and what is considered to be ‘impaired’.
- As well as enacted in person-to-person interactions, disablism may manifest in institutionalised and other socio-structural forms



# The impact of ableist assumptions on human occupation

- Ableism results in some occupations and ways of doing being more or less valued.
  - Ableist values can limit what and how a person can do.
  - This means that occupational choices available may not be in line with the potential and aspirations of disabled individuals and communities.
  - Ableist values can result in disabled people's exclusion from meaningful occupations, their forced participation in purposeless activities, and limited participation in low-status or low-valued occupations.
  - These constitute occupational marginalization, occupational alienation, and occupational apartheid (see Durocher, Gibson, & Rappolt, 2014).
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# Independence

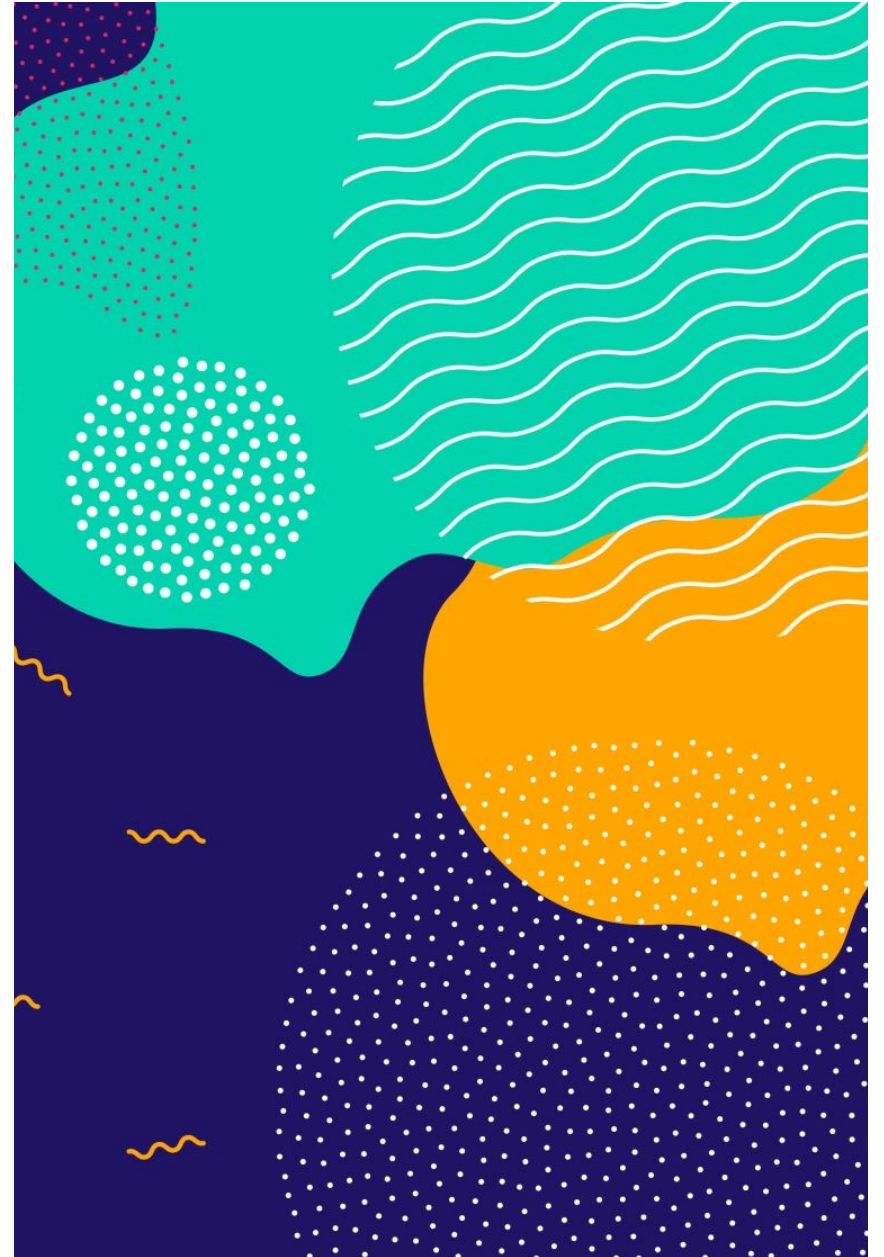
- Independence has long been assumed to be a goal of occupational therapy intervention (Collins, 2017)
- Independence in terms of performing human occupation can be interpreted differently, depending on the knowledge base used.
- In the professional view, which is situated within a medical model of disability, independence is characterised as doing *alone*, without interaction with other human or non-human actors (Reindal, 1999).
- The independent living perspective, on the other hand, describes independence as choice and autonomy in *the way* occupations are performed and perhaps what occupations are performed (Collins, 2017; Reindal, 1999).



**An occupational therapist who takes a critical disability perspective will ask the person which occupations are important and how the person would like to perform those occupations. No *normal* is assumed.**

Where to  
from here?

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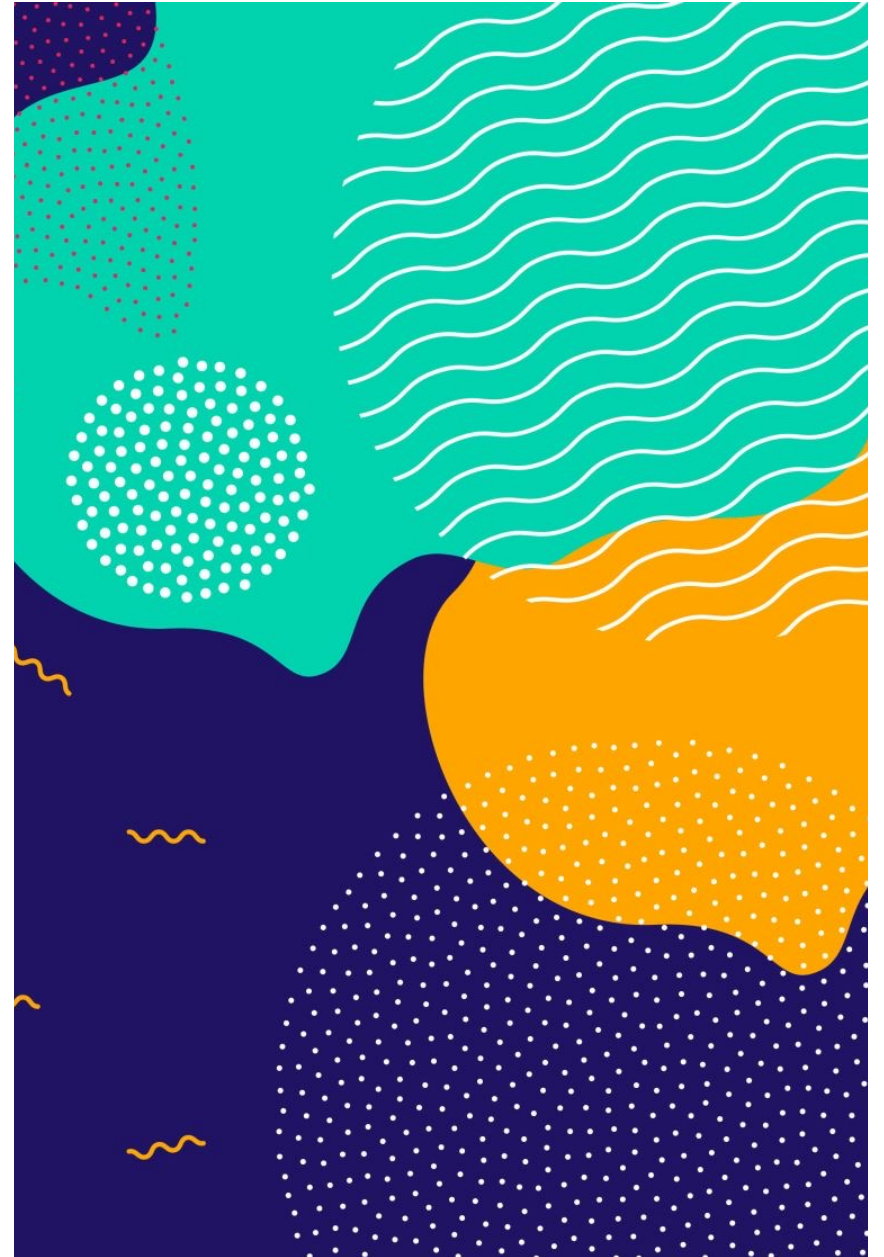


## Where to from here?

- Occupational scientists and occupational therapists can **critique the knowledges that inform their work**.
  - Where certain knowledges, such as experiential knowledge of disabled people, are missing, this **injustice should be redressed**.
- Occupational scientists and occupational therapists can critique knowledge, theory and practice to **examine the extent to which ableism is present**.
- **Critiquing taken-for-granted concepts** (such as independence) could lead to more client-centred, equitable and non-oppressive practice.

# Summary

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# Key messages

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Critical disability perspectives have been absent from mainstream occupational therapy literature: this is a form of epistemic injustice.

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Occupational therapists and scientists should critique the knowledge, theory and practice to question whether it is based on biomedical perspectives, which can lead to ableism.

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Ableism is a way of valuing bodies, minds and behaviours against a perceived normal. This tends to de-value disabled people and results in occupational injustice.

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By critiquing knowledges and questioning the assumptions (particularly ableism) occupational therapists can promote client-centred, non-oppressive practice. To do this, epistemic injustice needs to be redressed.

# References

- Collins, B. (2017). Independence: proposing an explanatory framework for occupational therapy. *Scandinavian Journal of Occupational Therapy* 24 (6), 398- 409 DOI: [10.1080/11038128.2016.1271011](https://doi.org/10.1080/11038128.2016.1271011)
- Dotson, K. (2011). Tracking epistemic violence, tracking practices of silencing. *Hypatia*, 26(2), 236-257.
- Durocher, E., Gibson, B. E., & Rappolt, S. (2014). Occupational justice: A conceptual review. *Journal of Occupational Science*, 21(4), 418-430.
- Fricker, M. (2007). *Epistemic injustice: Power and the ethics of knowing*. Oxford University Press.
- Hammell, K.W. (2022). A call to resist occupational therapy's promotion of ableism, *Scandinavian Journal of Occupational Therapy*, 1-13, DOI:10.1080/11038128.2022.2130821
- Lewis, T.L. (2022) *Working definition of ableism* Available at <https://www.talilalewis.com/blog/working-definition-of-ableism-january-2022-update>
- Mahipaul, S. (2022). Accounting for our history: Ableism & White supremacy in occupational therapy. *Occupational Therapy NOW* (25)2, 7-10.
- Oliver, M. (1990). *The politics of disablement*. Basingstoke: Macmillan.
- Pohlhaus, G. (2017). Varieties of epistemic injustice 1. In *The Routledge handbook of epistemic injustice* (pp. 13-26). Routledge.
- Reindal, S.M . (1999). Independence, Dependence, Interdependence: Some reflections on the subject and personal autonomy *Disability & Society* 14.(3) 353-367, DOI: 10.1080/09687599926190
- Thomas, C. (2014). Disability and impairment. In J. Swain, C. Thomas, C.Barnes, & S. French (Eds.). *Disabling barriers-Enabling environments* (3<sup>rd</sup> ed., pp. 9-16). Thousand Oaks, CA: Sage.